

ASS. REC. BY: Taujkh

REF:

CTI

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Sachin

Vehicle: IN / OUT

WP

Veh No: SLR 6269 R. Yr Regn: 2017 / Aug

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel 1.5X c.c. 1496

Colour Dark Green A/C: Insured / Std / NI / NA

Sp. Reading 38440 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: Ru11209097

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S Rim / STD A/Rim or

Tyre Size: F: 215/55R17

R: 4 7

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 5/1/21

Survey held at Mara BM.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / I.B.F. (Rs. \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ S + RS. \_\_\_\_ SI

Photos

Others

TOTAL

# Estimate

29/12/2020

**CHINA TAIPING INSURANCE (S) PTE LTD**  
 3 Anson Road  
 #16-00 Springleaf Tower  
 Singapore 079909.

Attention :- XA017

Page # :- 1

Veh # :- SLR6269R

Veh Model :- HONDA VEZEL 1.5

Estimate# :- CK421374

Claim # :- TP/CK139825

ACC. Date :- 23/12/20

Terms :- C.O.D Days

Remarks :- WFA 22 AUG 2017 (2016)

**Main Office:**  
 Mova Building  
 No. 22, Jalan Kilang,  
 Singapore 159419  
 Tel : (65) 6476 3333  
 Fax : (65) 6271 5891  
 www.mova.com.sg

**Workshop Dept:**  
 Block 1008,  
 Bukit Merah Lane 3,  
 #01-04/06/08/94  
 Singapore 159722  
 Tel : (65) 6272 3892  
 Fax : (65) 6270 8314  
 Co. Reg. 198904033G  
 GST Reg. M2-0088864-2

No.	Description	Qty	U.Price	Amounts S\$
<b>LIST ITEMS :</b>				
1.	HEADLAMP LH	1 PC	1,715.00	1,715.00
2.	FRONT BUMPER	1 PC	801.00	801.00
3.	FRONT BUMPER SIDE RETAINER LH	1 PC	18.00	18.00
4.	FRONT BUMPER CLIPS	10 PC	3.50	35.00
5.	FRONT FENDER LH	1 PC	398.00	398.00
6.	FRONT FENDER ARCH GARNISH LH	1 PC	165.00	165.00
7.	FRONT FENDER COWLING LH	1 PC	130.00	130.00
8.	FRONT FENDER COWLING CLIPS	10 PC	3.50	35.00
LIST TOTAL S\$				3,297.00
20% DISCOUNT S\$				-659.40

2,637.60

**LABOUR :**  
 TO INSPECT FRONT LIGHTING MECHANISM & CHECK WIRING.

30. 80.00

TO REMOVE & REPLACE DAMAGED ITEMS, REALIGN CONNECTION

300. 500.00

TO RUST PROOF ON REPAIRED AREAS

30. 50.00

TO SPRAY PAINT ON REPAIRED AREAS

400. 500.00

TO CHECK WHEEL ALIGNMENT

X 80.00

LABOUR TOTAL S\$

1,210.00

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

Tanpin 97495749 WP 5/1/21 @ 1230  
 4/5 Resurvey after repair.  
 Tanpin @ 1/1/21 @ 1230  
 4 days 215/55K17.  
 Continuation.

NON-TAX AMOUNT S

AMOUNT S\$ 3,847.60

GST @ 7 % 269.33

AMOUNT DUE S\$ 4,116.93

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	24/12/2020 10:09 (SGT)
Date of Accident	23/12/2020 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 63 LENGKOK BAHRU
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6269R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WEE MIN JOSEPH
NRIC No	SXXXX752H
Email Address	tspurs14@hotmail.com
Mobile Phone No	(Phone) +65-81832286
Alternative Phone No	+65-81832286

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118769604
Cover Note Number	-

#### DRIVER

Name of Driver	TAN WEE MIN JOSEPH
NRIC No	SXXXX752H
Date Of Birth	26/02/1977
Occupation	Indoor



Date Of Driving Pass	12/04/2001
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81832286
Alt. Phone Number	+65-81832286
Email Address	tspurs14@hotmail.com
Address	BLK 25 TELOK BLANGAH CRESCENT
Address complement	#25-77
Postcode	090025
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ALICE LIM
Gender	Female

#### PASSENGER 2

Name	ZENIA
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKRTCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLES INVOLVED

Vehicle Registration Number	GX7143R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE CHIN ANN
Contact Number	(Phone) +65-96923723
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

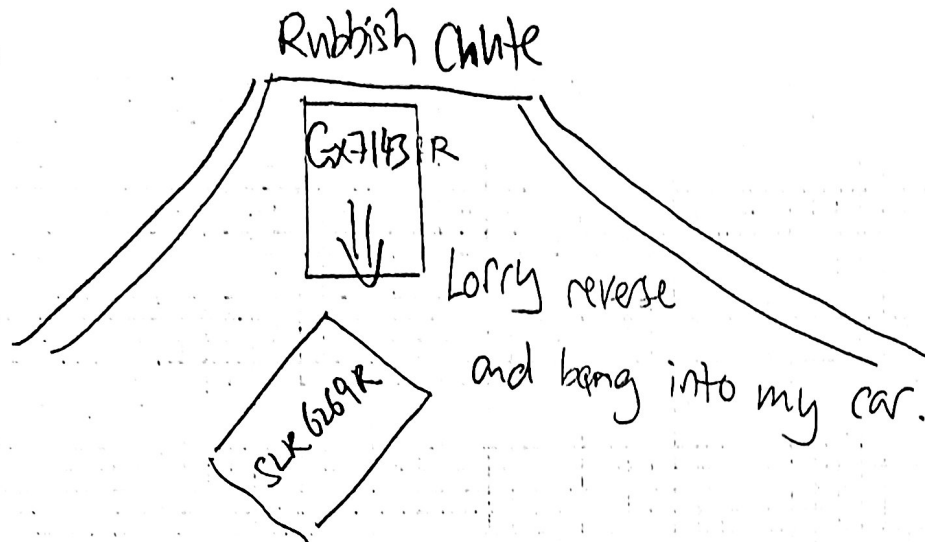
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLR 6269 R	ACCIDENT DATE & TIME: 23/12/2020 @ 6pm
CONTACT NUMBER: 8183 2286	E-MAIL ADDRESS: tspurs14@hotmail.com
LOCATION: BK 63B Lengkok Bahru.	
<p>I was sending friend home and drive in to BK 63B Lengkok Bahru. I stop behind a lorry, GX7143R. As my friend was alighting the lorry, without checking, <del>he</del> started to reverse and knock into my car on the left side.</p>	
<p>Passenger (1) - wife - Alice Lim.</p>	
<p>Passenger (2) - friend - Zenia.</p>	
<p>Lorry Driver: Lee Chin Ann</p> <p>9692 3723</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
<p>Please state:</p> <p>( ) Claim Own Policy    <input checked="" type="checkbox"/> Claim Third Party    ( ) Claim OD/TP at other workshop    ( ) Reporting Only</p>	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: