ASS. REC. BY: Gail | REF: CS/W0121000642/Rid3 | 338M

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YQ 663B

at Workshop m/s MOVA

of 15, FAN YOONN RD

Insured: NOI

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: 75K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YQ 663B Yr Regn: 2019 / MAY

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: MITSUBISHI CANTER FEB 71ER c.c 2998

Colour WHITE A/C: Insured / Std / NI / NA

Sp.Reading 116692 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB 71EA 30040

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/75R17.5

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	7/7 mm
L/Bal.	7 mm	L/Bal.	7/7 mm
D.O.A.	09/01/2021	D.O.I.	14/01/2021

Survey held at MOVA

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

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

Date / Time	Action / Instruction
	Repair limit - 63K

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / E.O.: ($ _____)

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	

MOVA
Automotive Pte Ltd

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

Estimate

11/01/2021

UNITED OVERSEAS INSURANCE
3 ANSON ROAD
#28-01 SPRINGLEAF TOWER
SINGAPORE 079909

Page # :- 1
Veh # :- YQ663B
Veh Model :- MITSUBISHI FUSO
Estimate# :- CK421418
Claim # :-
ACC. Date :- 09/01/21
Terms :- C.O.D Days
Remarks :- Alan 96869276

Attention :- **XA032**

No.	Description	Qty	U.Price	Amounts S$
	LIST ITEMS :			
1.	TAILLAMP RH scr ✓	1 PC	380.00	380.00
	LIST TOTAL S$			380.00
	25% DISCOUNT S$			-95.00
				285.00
	SPECIAL NET ITEMS :			
1.	REAR REINFORCEMENT bf ✓	1 PC	800.00	300 ~~800.00~~
2.	REAR STEP PANEL bf	1 PC	400.00	200 ~~400.00~~
3.	REAR NUMBER PLATE bf	1 PC	50.00	35 ~~50.00~~
4.	TAILLAMP BRACKET RH bf ✓	1 PC	150.00	80 ~~150.00~~
	SPECIAL NET TOTAL S$			1,400.00
	LABOUR :			
	TO INSPECT REAR LIGHTING WATER & LEAKAGE TEST			30 ~~40.00~~
	TO STRAIGHTEN & RENEW DAMAGED PARTS			300 ~~400.00~~
	TO SPRAY PAINT ON AFFECTED AREAS AND RENEW DAMAGED PARTS			200 ~~250.00~~
	LABOUR TOTAL S$			690.00

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:

Rasul
Hp 90010068
3 days
4/1
14/01/2021 @ 1650
Rasul after repair

E. & O.E

NON-TAX AMOUNT S	
AMOUNT S$	2,375.00
GST @ 7 %	166.25
AMOUNT DUE S$	2,541.25

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 witholding 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	11/01/2021 11:53 (SGT)
Date of Accident	09/01/2021 14:30 (SGT)
Exact Location of Accident	Tuas Ave 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ663B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CS CONSTRUCTION & GEOTECHNIC PTE. LTD.
Company Reg No	1XXXXX338M
Email Address	Anthony.Tan@cschl.com.sg
Mobile Phone No	(Phone) +65-65004734
Alternative Phone No	(Office) +65-65004734

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Great Eastern
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V0108600-VCV-R001
Cover Note Number	-

DRIVER

Name of Driver	MOMINUDDIN MD
Passport No/FIN	GXXXX706L
Date Of Birth	01/01/1985
Occupation	Outdoor

Date Of Driving Pass	30/08/2017
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93512379
Alt. Phone Number	-
Email Address	Anthony.Tan@cschl.com.sg
Address	C/O 2 TANJONG PENJURU CRESCENT
Address complement	-
Postcode	608968
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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

PASSENGER 1

Name	COLLEAGUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO STATEMENT ON THE SKETCH 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 VEHICLE PROPERTY 1]

Vehicle Registration Number	PC349P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Colour	-
Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOMINUDDIN MD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DISCOMFORT
Injured person in which vehicle?	YQ663B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER (FRONT)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DISCOMFORT
Injured person in which vehicle?	YQ663B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

CS CONSTRUCTION & GEOTECHNIC PTE LTD D21

Policyholder's Signature
Date & Time:

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

NOVA AUTOMOTIVE PTE LTD

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

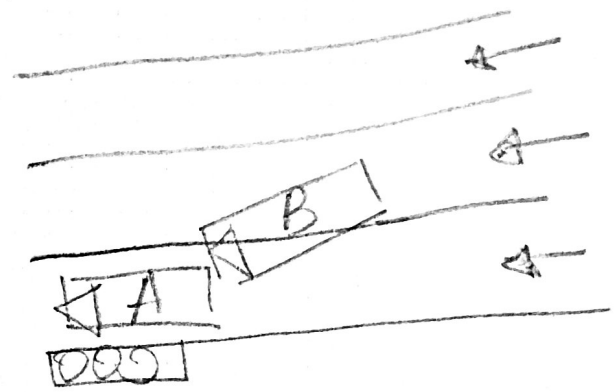
Nabilah
11/01/2021

ETCH PLAN #2

H PLAN

(02 pax)
A= YQ663B
B= PC349P
(02 pax)

ALONG TUAS AVE 8



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: YQ663B	ACCIDENT DATE & TIME: 09/01/2021 @ 1430hrs
CONTACT NUMBER: 9355 2379	E-MAIL ADDRESS:
LOCATION: Along Tuas Ave 8	

My vehicle was initially stationary on the extreme left lane, along Tuas Ave 8. When the traffic light turned green, I slowly moved off. When suddenly, veh B came from behind and hit onto the rear portion of my vehicle. Due to the impact, my vehicle was pushed forward. There were no vehicles infront of me. I wish to state that my passenger and I felt a discomfort due to the impact of accident and will seek medical treatment if necessary. Thats all.

Remarks: After the accident, my vehicle was not as smooth as before.

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

Please state:

( ) Claim Own Policy (✓) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

DECLARATION

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

GEOTECHNIC PTE LTD D21 CONSTRUCTION PTE LTD

Policyholder's Signature
Date & Time:

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

NOVA AUTOMOTIVE PTE LTD

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

Nambah
11/01/2021

CONFIDENTIAL

Annex D

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police
Annex D

NOTICE OF REPORTING

Informant Name	:	**Mominuddin Md**
Identity Card No	:	**G2262706L**
Sex / Age / Race	:	**Male/34yrs/Bangladeshi**
Address	:	**CDPL (Tuas) Dormitory**
Occupation	:	**Lorry driver**
Telephone No	:	**93512379**

This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred at Tuas Ave 8 junction on 09/01/2021 at 2.30 pm involving the following vehicles: YQ663B and PC349P.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	:	**SSS Thomas Ong**
Date / Time	:	**10/01/2020 @6.17pm**
Station Diary No	:	**85**
Police Post	:	**Jurong West NPC**

Signature of Informant	:	
Signature of Issuing Officer	:	Thomas Ong Boon Tiong (Mr) Group Leader (Team Bravo) Jurong West Neighbourhood Police Centre Jurong Division Hp: (65) 9003 0704 I Fax: (65) 6267 2438

Original - to be issued to Informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL