

REG. BY:

Steve

REF:

CS/LPC 21903470 / Evd3

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. 20/21/21/VC00/024339

Sum Insured: _____

Excess: 2000

(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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YP4579R

Yr Regn: 18/12/16

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

Truck / Trailer or

Make: Hino XZ470R

c.c. 4999

Colour: White

A/C: Insured / Std / NI / N

Sp. Reading: 84268

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: TH14CS3H29K98779

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 195R15C

R: _____

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

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 15/3/21

D.O.I. 17/3/21

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

MV-SSK

4/6/21 LS \$12,500 confirmed by email (Red 10,885.46%)

File/Time, File, Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS, SI

Provision

Others

TOTAL

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inve (\$)
☐ : Weigh and (\$)
☐ : _____ (\$)
☐ : _____ (\$)
☐ : _____ (\$)
☐ : _____ (\$)

(\$)

(\$)

(\$)

(\$)

(\$)

(\$)

(\$)

(\$)

(\$)

(\$)

File/Time, File Return to?

4/6/21-Typist

Prepared: OD

Total Sum / L.B. / LS \$12,500

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. M2-008884-2

Estimate

16/03/2021

LONPAC INSURANCE BHD
 300 BEACH ROAD
 #17-04/07 The Concourse
 SINGAPORE 199555.

Attention :- XA025

Page # :- 1

Veh # :- YP4579R

Veh Model :- HINO XZU710R-HKFMS3

Estimate# :- CK421647

Claim # :-

ACC. Date :- 15/03/21

Terms :- C.O.D Days

Remarks :- *Alcin 96869276*

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT BUMPER / <i>00</i>	1 PC	650.00	650.00
2.	FRONT BUMPER BRACKET / <i>BT</i>	3 PC	250.00	750.00
3.	FRONT FOG LAMP	2 PC	220.00	440.00
4.	FRONT GRILLE / <i>OR</i>	1 PC	520.00	520.00
5.	FRONT GRILLE LOGO / <i>nec</i>	1 PC	80.00	80.00
6.	FRONT GRILLE CLIPS / <i>nec</i>	10 PC	5.00	50.00
7.	HEADLAMP / <i>OR</i>	2 PC	650.00	1,300.00
8.	FRONT CORNER PANEL (RH) / <i>OR</i>	1 PC	210.00	420.00
9.	FRONT CORNER PANEL CLIPS / <i>nec</i>	10 PC	3.00	30.00
10.	FRONT PANEL / <i>00</i>	1 PC	720.00	720.00
11.	FRONT PANEL (HINO) STICKER / <i>nec</i>	1 PC	55.00	55.00
12.	FRONT PANEL (300) STICKER / <i>nec</i>	1 PC	55.00	55.00
13.	FRONT WIPER NOZZLE LH	1 PC	35.00	35.00
14.	FRONT WIPER LINKAGE LH	1 PC	250.00	250.00
15.	FRONT WIPER MOTOR	1 PC	450.00	450.00
16.	FRONT WIPER ARM LH	1 PC	180.00	180.00
17.	FRONT WINDSCREEN BOTTOM MOULDING / <i>nec</i>	1 PC	220.00	220.00
18.	FRONT CABIN BRACKET	2 PC	450.00	900.00
19.	FRONT CABIN BRACKET MOUNTING	2 PC	220.00	440.00
20.	FRONT CABIN TORSION BAR	1 PC	550.00	550.00
21.	FRONT CABIN CROSSMEMBER	1 PC	750.00	750.00
22.	A/C PIPE / <i>BT</i>	2 PC	230.00	460.00
23.	HEATER PIPE / <i>BT</i>	2 PC	150.00	300.00
24.	A/C EVAPORATOR ASSY	1 PC	1,510.00	1,510.00
25.	A/C BLOWER AIR HOUSING ASSY	1 PC	250.00	250.00
26.	HORN / <i>BT</i>	1 PC	75.00	75.00
27.	FRONT PANEL INNER	1 PC	800.00	800.00
28.	FRONT WINDSCREEN MOULDING / <i>nec</i>	1 PC	480.00	480.00
29.	RH FRONT SIDE MIRROR / <i>OR</i>	1 PC	220.00	220.00
LIST TOTAL S\$				12,940.00
15% COST PLUS S\$				1,941.00
				14,881.00
SPECIAL NET ITEMS :				
1.	FRONT WINDSCREEN SEALANT / <i>nec</i>	1 PC	40.00	40.00
2.	FRONT NUMBER PLATE / <i>BT</i>	1 PC	50.00	50.00
SPECIAL NET TOTAL S\$				90.00
LABOUR :				
TO INSPECT FRONT LIGHTING WATER & LEAKAGE TEST				40.00 <i>30</i>
TO REMOVE & INSTALL FRONT WINDSCREEN				120.00 <i>✓</i>
TO REMOVE & INSTALL DASHBOARD IN ORDER TO CUT OFF FRONT PANEL & STRAIGHTEN				300.00 <i>200</i>

biSAFE

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Co. Reg. 198904033G
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Estimate

16/03/2021

LONPAC INSURANCE BHD
300 BEACH ROAD
#17-04/07 The Concourse
SINGAPORE 199555.

Attention :- XA025

Page # :- 1 140505
Veh # :- YP4579R
Veh Model :- HINO XZU710R-HKFMS3
Estimate# :- CK421647
Claim # :-
ACC. Date :- 15/03/21
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
	TO REMOVE & INSTALL A/C EVAPORATOR IN ORDER TO CUT OFF FRONT PANEL		80	160.00
	TO REMOVE & INSTALL FRONT CABIN IN ORDER TO STRAIGHTEN FRONT BOTH CHASSISMEMBER	(photo) ?		1,000.00
	TO CUT OFF FRONT PANEL, INNER PANEL, STRAIGHTEN FRONT BOTH CHASSISMEMBER AND AFFECTED AREAS AND RENEW DAMAGES PARTS	1000		2,800.00
	TO SPRAY PAINT IN REPLACED AREAS	500		1,600.00
	LABOUR TOTAL S\$			6,020.00

E. & O.E

NON-TAX AMOUNT S	
AMOUNT S\$	20,991.00
GST @ 7 %	1,469.37
AMOUNT DUE S\$	22,460.37

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

Steve (LKK)

DD- AL AL

EXTR - ?

L/S

My AL spy

10 days

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:

bizSAFE



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	16/03/2021 15:24 (SGT)
Date of Accident	15/03/2021 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA CENTRE BOULEVARD ROAD
Country/State of Loss	Singapore

VEHICLE PARTICULARS

Vehicle Registration Number YP4579R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BOK HUNG TRANSPORT SERVICE
Company Reg No	5XXXX854M
Email Address	jaclynlai@asmauto.com.sg
Mobile Phone No	(Phone) +65-62650026
Alternative Phone No	(Office) +65-62650026

VEHICLE PARTICULARS

Manufacturer	Hino
Model	HINO XZU710R-HKFMS3
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?	Yes
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/NC00/108728
Cover Note Number	-

DRIVER

Name of Driver	YEW KEONG CHUAN
NRIC No	SXXXX506Z
Date Of Birth	02/07/1965
Occupation	Outdoor



Date Of Driving Pass	12/09/1985
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97437719
Alt. Phone Number	-
Email Address	jaclynlai@asmauto.com.sg
Address	BLK 329 BUKIT BATOK STREET 33
Address complement	#05-103
Postcode	650329
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KYAW LIN TUN
Gender	Male

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

-

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

Vehicle Registration Number	SKD8380Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)

-
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBB7161M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -

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.
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7. By the lodging 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.

木 邦 交 通
BOK HUNG TRANSPORT SERVICE
184 Choa Chua Kang Avenue 1
Singapore 689463
Tel: 6760 0635 Fax: 6760 0698

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

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

