

ASS. REC. BY:

Steve

REF:

CS/LPC 21904491 / EV f3

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. _____

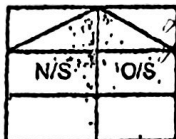
Sum Insured: _____ Excess: _____

(Client's Record) _____

Make of Veh: _____

(Policy Condition)

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



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:

SGJ 8869Y

Yr Regn:

5/1/13

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

Truck / Trailer or

Make:

Mazda - Denz C180A

c.c 1595

Colour:

White

A/C: Insured / Std / Nil / N

Sp. Reading

107248

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

W0024332A 773.730

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/40R17

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

27/3/21

D.O.A.

13/4/21

Survey held at

Mova

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

FL R/H

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-4TR

Time/Time, File, Poss to?



: Prel. Report



: Final Report

Time/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (%)



: Weekend (%)

\$ + RS, SI

Photos

Others

TOTAL

Special Form 1:

Time/Time, File, Poss to?

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

05/04/2021

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

Attention :- XA025

Stere (LKK)
13/4/21, 1.07pm
OD- AL PL
EXCISE - ?
L/S
My AL my
3 dgs

Page # :- 1
Veh # :- SGJ8869Y
Veh Model :- MERCEDES BENZ C180 A
Estimate# :- CK421731
Claim # :-
ACC. Date :- 27/03/21
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	SIDE MIRROR RH <i>/ CUT ?</i>	1	PC 650.00	650.00
2.	SIDE MIRROR COVER RH	1	PC 250.00	250.00
3.	SIDE MIRROR GLASS RH <i>- OR</i>	1	PC 880.00	880.00
4.	SIDE MIRROR LOWER COVE RH <i>/ CUT</i>	1	PC 55.00	55.00
5.	FRONT FENDER RH <i>- OD</i>	1	PC 450.00	450.00
6.	FRONT FENDER CHROME RH <i>- MC</i>	1	PC 35.00	35.00
7.	FRONT DOOR RH - TO REPAIR <i>X R</i>	1	PC	
8.	FRONT BUMPER - TO REPAIR <i>X</i>	1	PC	
LIST TOTAL S\$				2,320.00
15% COST PLUS S\$				348.00
				2,668.00
LABOUR :				
TO REPAIR FRONT DOOR RH, FRONT BUMPER TO REMOVE & REFIX DAMAGED PARTS, STRAIGHTEN & REALIGN AFFECTED AREAS				<i>300</i> 450.00
TO SPRAY FRONT BUMPER, FRONT FENDER RH, FRONT DOOR RH, SIDE MIRROR RH AND AFFECTED AREAS				<i>500</i> 750.00
LABOUR TOTAL S\$				1,200.00

E. & O.E

NON-TAX AMOUNT S
AMOUNT S\$ 3,868.00
GST @ 7 % 270.76
AMOUNT DUE S\$ 4,138.76

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

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 03/04/2021 16:59 (SGT)
Date of Accident 27/03/2021 16:00 (SGT)
Exact Location of Accident Serangoon Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DRIVER'S OWN VEHICLE DETAILS

Vehicle Registration Number SGJ8869Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAYAREL AMAN
Passport No/FIN GXXXX040Q
Email Address raj.rayarel@sjpp.asia
Mobile Phone No (Phone) +65-93841745
Alternative Phone No +65-93841745

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05028188
Cover Note Number -

DRIVER

Name of Driver RAYAREL AMAN
Passport No/FIN GXXXX040Q

Date of Birth	24/01/1976
Location	Indoor
Date of Driving Pass	09/07/2016
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93841745
Alt. Phone Number	+65-93841745
Email Address	raj.rayarel@sipp.asia
Address	1 LINCOLN ROAD
Address complement	#19-02
Postcode	308365
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	Collision - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AARON CHAI
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

PLEASE REFER TO THE SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GBD3407X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Driver
Permit No
Vehicle Number
Business
Business complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

KALIMUTHU SETHUPATHI
GXXXX410R
(Phone) +65-93263495

-
-
-
-
-
-
-

SKETCH PLAN


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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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
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
2/4/21

Sketch Plan


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

B ⇒ 9833407X

A ⇒ SGJ2869Y



PAN#2

Describe Circumstances of the Accident

LICENSE PLATE	S 9 J 8869Y	ACCIDENT DATE & TIME	27/2/21 14 pm
CONTACT NUMBER	9384 1745	E-MAIL ADDRESS	raj.ramya@supra.asia
LOCATION	Serangoon Road		


I was in the far left hand lane. The lights were red & traffic was stationary. I needed to turn right soon. So I indicated right & moved my car as much as possible to the adjacent right lane. When the lights changed the driver of other vehicle moved & took out my wing mirror & scraped side of my vehicle.

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

We declare the foregoing particulars are true in every respect.

 3/4/21 14.25 pm
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel