

08/11/13) wef
ASS. REC. BY: *[Signature]*

REF:

CS/LPL21006824/Rivf3

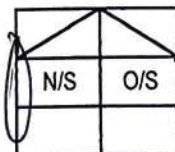
S
7736

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLQ 6950 L
at Workshop m/s MONA AUTOMOTIVE
of BLK 1008, BUKIT MERAH LWS #01-04/06/08
Insured: LR
Policy No. _____
Claims No. 20/21/21/VP05/024657
Sum Insured: _____ Excess: 4500
(Client's Record)
Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 98K
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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLQ 6950 L Yr Regn: 2017 / July
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA HARRIER PREMIUM 2.0A.C.C 1986
Colour: GRAY A/C: Insured / Std / NI / NA
Sp. Reading: 39689 T/Radio: Insured / Std / NI / NA
Eng/No: _____

C/No: 2SU6000B3691

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: 235/55R18

R: " "

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

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.	<u>13/06/21</u>	D.O.I.	<u>18/06/21</u>

Survey held at MONA (BN)

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 11am - 4pm

4/8/21 Final fig \$6509.80 confirmed by email (Red 2173.50, 25%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 9

1)

☐ : Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 4/8/21-Typist

Add Fee: ☐ : Site Insp (\$

) S + RS \$I

Report Format: OD

Lump Sum / I.B.I: (\$ 6509.80

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

TOTAL

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

15/06/2021

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

Attention :- **XA025**

Page # :- 1

Veh # :- SLQ6950L

Veh Model :- TOYOTA HARRIER

Estimate# :- CK421959

Claim # :-

ACC. Date :- 13/06/21

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT DOOR LH <i>buc</i>	1 PC	650.00	650.00
2.	FRONT DOOR PROTECTOR LH <i>cm</i>	1 PC	75.00	75.00
3.	FRONT DOOR RUBBER LH <i>ne</i>	1 PC	90.00	90.00
4.	FRONT DOOR LOWER RUBBER LH <i>ne</i>	1 PC	40.00	40.00
5.	FRONT DOOR BLACK TAPE LH <i>ne</i>	5 PC	40.00	200.00
6.	FRONT DOOR LOCK ?	1 PC	250.00	250.00
7.	FRONT DOOR CATCH LH <i>X</i>	1 PC	35.00	35.00
8.	REAR DOOR LH <i>buc</i>	1 PC	650.00	650.00
9.	REAR DOOR PROTECTOR LH <i>cm</i>	1 PC	80.00	80.00
10.	REAR DOOR RUBBER LH <i>ne</i>	1 PC	90.00	90.00
11.	REAR DOOR LOWER RUBBER LH <i>ne</i>	1 PC	46.00	46.00
12.	REAR DOOR BLACK TAPE LH <i>ne</i>	5 PC	40.00	200.00
13.	REAR DOOR LOCK ?	1 PC	260.00	260.00
14.	REAR DOOR CATCH <i>X</i>	1 PC	35.00	35.00
15.	REAR DOOR OUTER MOULDING LH ?	1 PC	75.00	75.00
16.	REAR DOOR HINGE LH <i>X</i>	2 PC	48.00	96.00
17.	REAR FENDER 1/4 GLASS C/W MOULDING LH <i>cut</i>	1 PC	390.00	390.00
18.	REAR FENDER 1/4 GLASS SEALANT <i>ne</i>	1 PC	40.00	40.00
19.	ROCKER GARNISH LH <i>Turn</i>	1 PC	390.00	390.00
20.	ROCKER GARNISH CLIPS <i>ne</i>	10 PC	5.00	50.00
21.	ROCKER PANEL LH <i>repair</i>	1 PC	300.00	300.00
22.	ROCKER PANEL TOP GARNISH LH ?	2 PC	75.00	150.00
23.	CENTRE PILLAR LH <i>lt</i>	1 PC	300.00	300.00
24.	CENTRE PILLAR INNER MEMBER LH <i>repair</i>	1 PC	250.00	250.00
25.	FLOOR PANEL - REPAIR	1 PC		
26.	REAR FENDER LH - REPAIR	1 PC		
LIST TOTAL S\$				4,742.00
15% COST PLUS S\$				711.30
				5,453.30

LABOUR :

TO CUT & WELD CENTRE PILLAR LH, CENTRE INNER MEMBER LH, ROCKER PANEL LH, TO REPAIR LH FLOOR PANEL, REAR FENDER LH. TO REMOVE & REFIT DAMAGED PARTS, STRAIGHTEN AND REALIGN AFFECTED AREAS

TO SPRAY AFFECTED AREAS

TO REMOVE & REFIX DOOR MECHANISM, TRANSFER DOOR POWER WINDOW, CHECK & TEST POWER WINDOW AND CENTRE LOCKING SYSTEM

TO REMOVE & REFIX SAFETY BELT, REAR CUSHION CARPET AND OTHER ATTACHMENT PARTS

TO PROGRAMMING ADAS SYSTEM

TO REMOVE & REFIX ROOF LILING, FRONT CUSHION

900 ~~1,400.00~~

800 ~~1,200.00~~

80 ~~160.00~~

60 ~~120.00~~

100 ~~200.00~~

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Estimate

15/06/2021

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

Page # :- 1 141268
Veh # :- SLQ6950L
Veh Model :- TOYOTA HARRIER
Estimate# :- CK421959
Claim # :-
ACC. Date :- 13/06/21
Terms :- C.O.D Days
Remarks :-

Attention :- XA025

No.	Description	Qty	U.Price	Amounts S\$
	& SAFETY BELT			100 150.00
	LABOUR TOTAL S\$			3,230.00

E. & O.E

NON-TAX AMOUNT S
AMOUNT S\$ 8,683.30
GST @ 7 % 607.83
AMOUNT DUE S\$ 9,291.13

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

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 "legal modification(s) is allowed
- Supplementary damage must be resurveyed and is subject to final approval by the Insurance Company

Acknowledged by: _____
Signature: _____
Date: _____

Rasul
Hp 90010068
9 days
4/5
18/06/21 @ 1600
Resy after repair
EXCESS: TBA
Revert

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	14/06/2021 15:33 (SGT)
Date of Accident	13/06/2021 01:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG JLN ISHAK TOWARDS LOR SALLEH (JUNCTION OF MARICAN)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6950L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN SEOK ENG
NRIC No	SXXXX773G
Email Address	DARYLJOELLEEE@GMAIL.COM
Mobile Phone No	(Phone) +65-97425667
Alternative Phone No	+65-97425667

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HARRIER PREMIUM 2.0 A
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	1986

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05027106
Cover Note Number	-

DRIVER

Name of Driver	DARYL JOEL LEE SI-XUAN
----------------	------------------------

IC No	SXXXX301B
Date Of Birth	31/10/1996
Occupation	Indoor
Date Of Driving Pass	19/08/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98753292
Alt. Phone Number	-
Email Address	DARYLJOELLEE@GMAIL.COM
Address	86 JALAN DAUD #12-92
Address complement	-
Postcode	419594
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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	DAPHNE LIM
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

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	GZ8491T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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

Commercial vehicle
LIAO LINHUL, ALEX
SXXXX447B

-
-
-
-
-
-
-
-

ES/E
C, 86
ONE
KWT
F4

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 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.

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

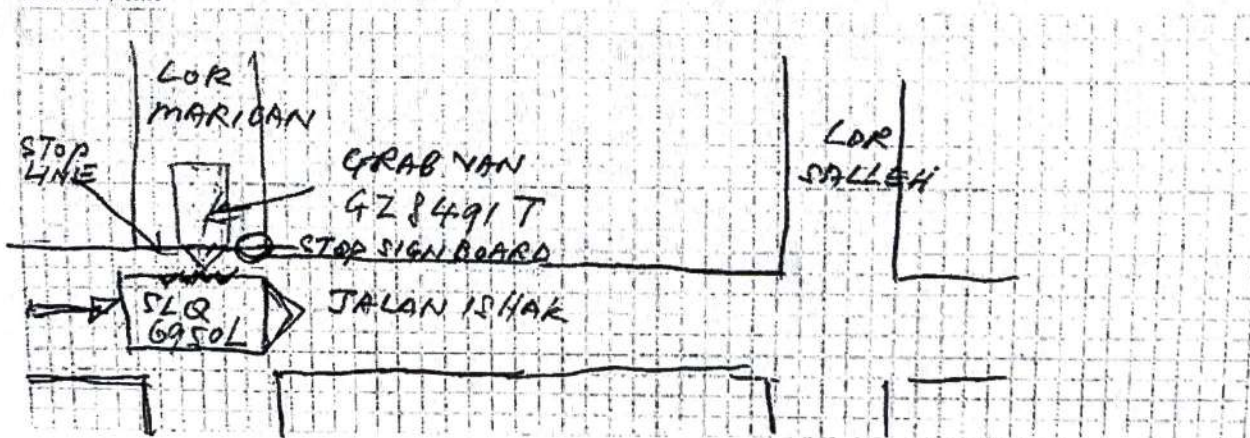
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

LICENSE PLATE: J106950L	ACCIDENT DATE & TIME: 13/6/2021 0115h
CONTACT NUMBER: 98753242	E-MAIL ADDRESS: danyjoellie@gmail.com
LOCATION: Junction of JALAN ISHAK & LOR MAKAN.	
<p>1) I was driving along Jalan Ishak towards Lor Salleh.</p> <p>2) At the junction of Jalan Ishak and Lor Makam, a van collided into the passenger side of my car. The van is a grab van, GZ 8441T. driven by Mr LIAO LINHUS, ALEX, S8308447B.</p> <p>3) This vehicle belongs to my mother, TAN SEOK ENG SJ485773G.</p> <p>4) NO ONE WAS INJURED in the accident.</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.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

Declaration

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

Witnessed by Reporting Centre Personnel

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that Daryl Joel Lee Si-Xuan, NRIC: S9642301B, Tel: 98753292 has reported to the Police a non-injury traffic accident which occurred along Jln Ishak towards Lor Salleh at the junction of Lor Marican on 13/06/2021 at 01:15 a.m. involving the following vehicles:-

- i) SLQ6950L (Complainant vehicle)
- ii) GZ8491T

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


Rank/Name of Issuing Officer: SSS T130275 Hafiz

Date: 13/06/2021

Time: 1352 hrs

Station Diary ref: 5

Police Post/Unit: Kg Kembangan NPP


Kg Kembangan NPP
Block 112 Lengkok Tiga
#01-215 Singapore 410117
Tel: 1800-7489999

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

CONFIDENTIAL

version as of 15 Sep 2000

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	773G
Vehicle No.:	SLQ6950L
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER PREMIUM 2.0 A
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	3ZRB830643
Chassis No.:	Z5U600083691
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$34,030.00
Original Registration Date:	19 Jul 2017
First Registration Date:	19 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$34,642.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jul 2027
PARF Rebate Amount:	\$25,981.00
COE Expiry Date:	18 Jul 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,802.00
COE Rebate Amount:	\$30,246.00
Total Rebate Amount:	\$56,227.00

The information contained herein is correct as at 21 Jun 2021

OK

Toyota Harrier 2.0A Premium Panoramic

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**Price****\$99,800****Depreciation** ?

\$13,350 /yr

[View models with similar depre](#)**Reg Date**

03-Aug-2017

(6yrs 1mth 12days COE left)

Mileage

31,676 km (8.2k /yr)

Manufactured ?

2015

Road Tax ?

\$1,196 /yr

Transmission

Auto

Dereg Value ?\$57,802 as of today ([change](#))**OMV** ?

\$35,202

COE ?

\$50,001

ARF ?

\$36,283

Engine Cap

1,986 cc

Power

111.0 kW (148 bhp)

Curb Weight ?

1,610 kg

No. of Owners ?

1

Type of Vehicle

SUV