

ASS. REC. BY:

Steve

REF

CS/CTI 21997669K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

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

SIA / PR Seen:

Consistent? : Yes or No

Est. Repaire:

days

Res.:

Yes or No

Cum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKZ 45790

Yr Regn:

22/1/16

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

Truck / Trailer or

Make:

Toyota Siesta

C.C.

1496

Colour:

white

A/C:

Insured / Std / NI / N

Sp. Reading

88889

T/Radio:

Insured / Std / NI / N

Eng/No:

C/N:

NHPI707005717

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

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

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

6/7/21

D.O.A.

9/7/21

Survey held at

Mora

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

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

Date / Time

Action / Instruction

AK-53K

Date/Time, File, Post to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Provision

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (%)



Veh and (%)

Approved by:

Date/Time/Signature

Estimate

08/07/2021

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

Attention :- **XA017**

Page # :- 1

Veh # :- SKZ4579D

Veh Model :- TOYOTA SIENTA 1.5G HYBRID

Estimate# :- CK422048

Claim # :-

ACC. Date :- 06/07/21

Terms :- C.O.D Days

Remarks :-

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 100B,
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\$
LIST ITEMS :				
1.	REAR BOOT / <i>DD</i>	1 PC	1,231.90	1,231.90
2.	REAR BOOT LOGO / <i>APC</i>	1 PC	76.50	76.50
3.	REAR BOOT EMBLEM / <i>APC</i>	1 PC	79.70	79.70
4.	REAR BOOT LOCK / <i>?</i>	1 PC	467.60	467.60
5.	REAR BOOT LOCK COVER / <i>?</i>	1 PC	69.30	69.30
6.	REAR BOOT LOCK CATCH / <i>X</i>	1 PC	28.20	28.20
7.	REAR BOOT RUBBER / <i>X</i>	1 PC	372.80	372.80
8.	REAR BOOT HINGES / <i>X</i>	2 PC	78.20	156.40
9.	REAR BOOT DAMPLE / <i>X</i>	1 PC	290.80	290.80
10.	REAR BOOT INNER TRIM / <i>?</i>	1 PC	561.60	561.60
11.	REAR BOOT LAMP RH / <i>?</i>	1 PC	371.70	371.70
12.	REAR WINDSCREEN MOULDING / <i>APC</i>	1 PC	273.60	273.60
13.	REAR LAMP RH / <i>DR</i>	1 PC	395.60	395.60
14.	REAR LAMP GROMMET / <i>APC</i>	2 PC	7.50	15.00
15.	REAR END PANEL / <i>?</i>	1 PC	783.80	783.80
16.	REAR END PANEL TRIM / <i>?</i>	1 PC	175.50	175.50
17.	REAR FLOOR TOP COVER / <i>?</i>	1 PC	561.40	561.40
18.	REAR FLOOR TRIM COVER / <i>X</i>	1 PC	371.30	371.30
19.	REAR FENDER INNER TRIM RH / <i>CRU</i>	1 PC	781.40	781.40
20.	REAR BUMPER / <i>DD</i>	1 PC	874.60	874.60
21.	REAR BUMPER PROTECTOR CTR / <i>CRU</i>	1 PC	298.20	298.20
22.	REAR BUMPER PROTECTOR RH / <i>CRU</i>	1 PC	186.70	186.70
23.	REAR BUMPER TOW COVER / <i>X</i>	1 PC	28.90	28.90
24.	REAR BUMPER REFLECTOR RH / <i>?</i>	1 PC	121.20	121.20
25.	REAR BUMPER SIDE SHIELD RH / <i>X</i>	1 PC	94.30	94.30
26.	REAR BUMPER BRACKET RH / <i>?</i>	1 PC	78.20	78.20
27.	REAR BUMPER CLIPS / <i>APC</i>	10 PC	3.50	35.00
LIST TOTAL S\$				8,781.20
25% DISCOUNT S\$				-2,195.30
				6,585.90

SPECIAL NET ITEMS :

1.	REAR WINDSCREEN SEALANT / <i>APC</i>	1 PC	40	80.00	80.00
2.	REAR BUMPER SENSOR / <i>Shiled</i>	1 PC	220	220.00	220.00

SPECIAL NET TOTAL S\$

300.00

LABOUR :

TO CUT & WELD REAR END PANEL, TO REPAIR REAR FLOOR PANEL, REAR FENDER RH, REAR CHASSIS MEMBER, TO REMOVE & REFIX DAMAGED PARTS, STRAIGHTEN AND REALIGN AFFECTED AREAS

700 840.00

TO SPRAY AFFECTED AREAS, REAR BOOT, END PANEL REAR FLOOR PANEL, REAR FENDER, REAR BUMPER AND AFFECTED AREAS

750 850.00

TO REMOVE & REFIX REAR WINDSCREEN GLASS

120 180.00

Estimate

08/07/2021

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3 Anson Road
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Singapore 079909.

Attention :- XA017

Page # :- 1 141521
Veh # :- SKZ4579D
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No.	Description	Qty	U.Price	Amounts S\$
	TO REMOVE & REFIX REAR BOOT MECHANISM CHECK & TEST WIPER MOTOR & CENTRE LOCKING SYSTEM		31	80.00
	TO REMOVE & REFIX THIRD ROLL CUSHION REAR SAFETY BELT, SIDE COVER, SIDE GARNISH AND OTHER ATTACHMENT PARTS		50	100.00
	TO INSTALL REVERSE SENSOR & CHECK WATER SEEPAGE		30	60.00
	TO RUST PROOF AFFECTED AREAS		31	80.00
	LABOUR TOTAL S\$			2,190.00

E. & O.E

NON-TAX AMOUNT S
AMOUNT S\$ 9,075.90
GST @ 7 % 635.31
AMOUNT DUE S\$ 9,711.21

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

Steve (LKK)
9/7/21, 3.00pm

Wn PL
L/S
My ALG
S d/s

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:

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	06/07/2021 11:12 (SGT)
Date of Accident	06/07/2021 09:25 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4579D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM KAH MIN LESTER
NRIC No	SXXXX101B
Email Address	LESTERLAM07@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94231942
Alternative Phone No	+65-94231942

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENIA 1.5G HYBRID CVT ABS D/AIRBAG 2WD
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
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5077129488-05
Cover Note Number	-

DRIVER

Name of Driver	LAM KAH MIN LESTER
NRIC No	SXXXX101B

Date Of Birth	02/08/1977
Occupation	Indoor
Date Of Driving Pass	19/07/2002
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-94231942
Alt. Phone Number	+65-94231942
Email Address	LESTERIAM07@HOTMAIL.COM
Address	BLK 22 JALAN MEMBINA
Address complement	#09-66
Postcode	166022
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 - Head to Rear
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 vehicle 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	KEONG BEE LIAN DOREEN
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?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SEND TO INSURANCE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number	SMC3139U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category
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)

Private car
MR RAVINDERJIT SINGH
(Phone) +65-98912309

-
-
-
-
-
-
-

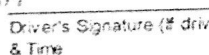
SKETCH PLAN

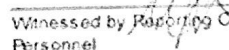
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

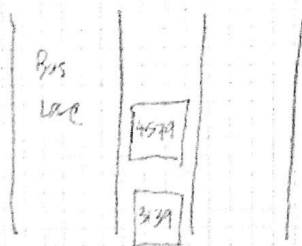
 06/07/21 0929hrs

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:	9K24579D	ACCIDENT DATE & TIME:	06/07/21 0925hrs
CONTACT NUMBER:	94231942	E-MAIL ADDRESS:	1esterkm176@hotmail.com
LOCATION:	Sembawang Road		

I was driving along Sembawang Road. Suddenly a car SKV1394K cut into my lane as he was exiting the bus lane. I gave way to him & as a result another vehicle SMC31394 collided into my rear.

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

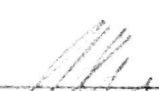
☐ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.


06/07/21
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel