

ASS. REG. BY

Steve

CS/CT/121008672/EVC

ASSIGNMENT

From:

Date:

Estimated Cost:

OR TP/WS/TPR/OD/REG/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Makes of Veh

(Policy Condition)

Remedies: The veh has commenced its repair at the time of inspection.



Est. or Market Value:

IOAO Accident Report Consistent? Yes or No

GIA / PR Sent Consistent? Yes or No

Est. Repair: days Res.: Yes or No

Sum Sum % 3 Vol.: Yes or No

QA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

GRG130Y

Yr Regn: 25/5/17

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

Truck / Trailer or

Make: Toyota Dyna 150

CB 2989

Colour: Silver

A/O: Insured / Std / NI / N

Sp. Reading

97745

T/R: Insured / Std / NI / N

Eng/No:

ON: J1FAT35820KJ27884

Gen. Condi: Good / (Fair) / Poor / Bught

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size: P 195R15C

RI 11

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

TOYO / YOKO or B

Front

R/Bal: 4 mm

Rear

R/Bal: 4 mm

L/Bal: 4 mm

L/Bal: 4 mm

D.O.A. 4/8/21

Mova

O/O: 3/11/21

Survey held at

Des. of Damages: FR / Rear / O/S / N/S / UIC / Roof/Top or

Rear RH

The U/O / Chassis / Frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-55K

Method, File, Remarks



1 Prelim. Report



1 Final Report

Method, File, Remarks

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Witness (\$



Witness (\$

Approved / Signed:

Signature / Date:

Estimate

17/08/2021

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

Attention :- XA017

Page # :- 1

Veh # :- GBG130Y

Veh Model :- TOYOTA DYNA 150 5MT

Estimate# :- CK422174

Claim # :-

ACC. Date :- 04/08/21

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 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

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR GATE <i>DD</i>	1 PC	1,599.70	1,599.70
2.	REAR GATE STICKER "TOYOTA" <i>MC</i>	1 PC	141.80	141.80
3.	REAR GATE STICKER "DYNA" <i>MC</i>	1 PC	58.30	58.30
4.	REAR GATE LOCK RH <i>BT</i>	1 PC	171.30	171.30
5.	REAR GATE LOCK CATCH RH <i>Jamard</i>	1 PC	101.50	101.50
6.	REAR GATE HINGE <i>OT</i>	2 PC	97.60	390.40
7.	REAR SIDE GATE RH <i>DD</i>	1 PC	2,600.60	2,600.60
8.	REAR SIDE GATE HINGES RH <i>OT</i>	6 PC	97.60	585.60
9.	REAR SIDE GATE CATCH RH <i>Jamard</i>	1 PC	217.30	217.30
10.	REAR LAMP RH <i>X</i>	1 PC	248.60	248.60
11.	R/R CABIN PANEL <i>X R</i>	1 PC	675.30	675.30
12.	SIDE MIRROR LH BRACKET <i>X</i>	1 PC	277.30	277.30
13.	SIDE MIRROR MOTOR LH <i>X</i>	1 PC	696.70	696.70
LIST TOTAL S\$				7,764.40
25% DISCOUNT S\$				-1,941.10
				5,823.30
SPECIAL NET ITEMS :				
1.	REAR GATE STICKER "70KM" <i>MC</i>	1 PC	20.00	20.00
2.	REAR GATE STICKER "13PAX" <i>MC</i>	1 PC	20.00	20.00
3.	REAR GATE ALUMINIUM BOARD <i>DD</i>	1 PC	400.00	400.00
4.	REAR SIDE GATE ALUMINIUM BOARD RH <i>DD</i>	1 PC	500.00	500.00
5.	REAR NUMBER PLATE <i>X</i>	1 PC	40.00	40.00
SPECIAL NET TOTAL S\$				980.00
LABOUR :				
TO CUT & WELD CABIN END PILLAR RH, TO REPAIR CABIN BODY END PANEL, FLATBED CARRIAGE SIDE MEMBER, TO REMOVE & REFIX DAMAGED PARTS STRAIGHTEN & REALIGN AFFECTED AREAS				600 1,100.00
TO SPRAY REAR GATE, SIDE GATE, SIDE MEMBER, REAR MEMBER, REAR FLATBED CARRIAGE, CABIN END PANEL, CABIN SIDE PANEL RH AND AFFECTED AREAS				600 1,200.00
TO SUPPLY MATERIAL AND LABOUR TO REBUILD CANOPY TRUCK ROOFTOP CAN OPEN SIDE LIFT UP & DOWN WITH SLIDING CANVAS AND SLIDING DOOR <i>(photo)</i>				? 5,500.00
TO REMOVE & REFIX REAR FLATBED AND CABIN FOR ENABLE TO REPLACE CABIN SIDE PANEL AND REPAIR CABIN END PANEL				X 250.00
TO REMOVE & REFIX SAFETY BELT AND CUSHION CARPET AND OTHER ATTACHMENT PARTS				30 80.00

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Estimate

17/08/2021

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

Attention :- XA017

Page # :- 1 141840
Veh # :- GBG130Y
Veh Model :- TOYOTA DYNA 150 5MT
Estimate# :- CK422174
Claim # :-
ACC. Date :- 04/08/21
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
	TO PROGRAMMING ADAS SYSTEM			30 180.00
	TO RUST PROOF AFFECTED AREAS			30 100.00
	TO APPLY BODY JOINT SEALANT ON CUTTING AREAS			30 100.00
	LABOUR TOTAL S\$			8,510.00

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 15,313.30

GST @ 7 % 1,071.93

AMOUNT DUE S\$ 16,385.23

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

Steve (LKK)
3/11/21, 12.00pm

Mr PL
L/S
My LC by
8 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:

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 12/08/2021 13:05 (SGT)
Date of Accident 04/08/2021 15:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG KRANJI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG130Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MODEST RENOVATION SERVICES PTE. LTD
Company Reg No 2XXXXX160G
Email Address MODESTRENO@GMAIL.COM
Mobile Phone No (Phone) +65-97429956
Alternative Phone No +65-97429956

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 150 5MT
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
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118097916
Cover Note Number -

DRIVER

Name of Driver MOHD SALLEH BIN ARSHAD
NRIC No SXXXX027C

Date Of Birth	14/05/1973
Occupation	Indoor
Date Of Driving Pass	06/10/1993
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97429956
Alt. Phone Number	-
Email Address	MODESTRENO@GMAIL.COM
Address	BLK 450 JURONG WEST STREET 42
Address complement	#01-76
Postcode	640450
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	RANA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
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	XE316D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KUEK BOON CHEONG
NRIC No	SXXXX650H
Contact Number	(Phone) +65-84181678
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHD SALLEH BIN ARSHAD
Gender	Male
Phone No	(Phone) +65-97429956
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG130Y
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 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.

MODEST RENOVATION SERVICES PTE LTD

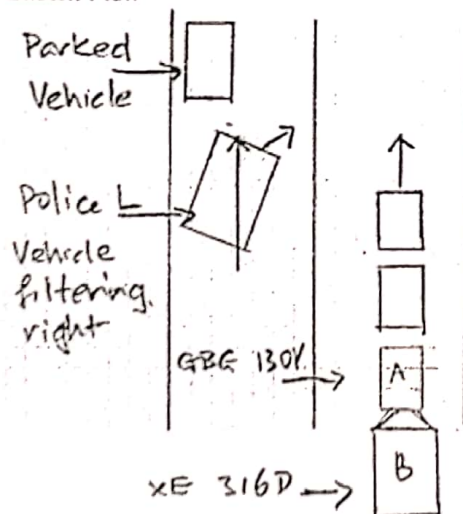
UEN NO: 201631160G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

LICENSE PLATE: GTRG 130Y ACCIDENT DATE & TIME: 4/8/2021 3.45pm
 CONTACT NUMBER: 9742 9956 E-MAIL ADDRESS: modestreno@gmail.com
 LOCATION: along Kranji Road, outside 28 Propel company

Refer to Police Report

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/IP at other workshop

☐ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

MODEST RENOVATION SERVICES PTE LTD
UEN NO: 201631160G

Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel