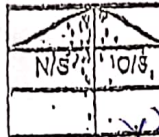


ASS. REC. BY: Steve CS/EQ/1101/469/Eqf3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 ON (S) / WS / P / R / O / D / R / E / E / V / A / L / I / N / Y / M / Y
 To inspect Vehicle No: _____
 at Workshop m/s: _____
 Injured: _____
 Policy No: _____
 Claims No: DM21HO01666
 Sum Insured: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remarks: The vehicle commenced its
 repair at the time of inspection.
 Ret. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 SIA / PR Seen: _____ Consistent? Yes or No
 Est. Repair: 11 days Rep. Yes or No
 Cum Sum: _____ % 3 Vol.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Veh No: GBG 2767Y Yr Regn: 7/7/17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Hiace C.C. 2982
 Colour: Silver A/O: Insured / Stolen / N
 Sp. Reading: 147902 TIR: Insured / Stolen / N
 Eng No: _____
 O/Nr: JTH02P000219360
 Gen. Cond: Good / Fair / Poor / Bught
 Steering: In order / Jammed / Locked / Burnt or
 Brake: In order / Jammed / Locked / Burnt or
 Mod: All / 3/4 / 3/2 / 3/1 / 3/0 / 2/1 / 2/0 / 1/1 / 1/0 / 0/1 / 0/0
 Tyre Size: P1 _____ R1 _____
 BY: DUN / EXNÖVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
 Front: _____ Rear: _____
 R/Sel: 5 mm R/Sel: 5 mm
 U/Sel: 5 mm U/Sel: 5 mm
 D.O.A. 5/11/21 Mova
 Survey held at: _____
 Des. of Damages: FR / Rear / O/S / N/S / VIC / Roof top or
Rear RH
 The V/O / CHASSIS frame / Body structure affected due to collision

Date / Time Action / Instruction
09/12/21 @ 10.48am revised to Melody Teoh via Merimen.
04/12/21 @ 11.01am Steve finalised with Billy LS \$5900, 11 days (Red \$3040 70, 34%)

09/12 Typist ☐ Prel. Report ☐ Final Report
 Add Fee: ☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Insp (\$ _____)
☐ Witness (\$ _____)
 Days of Repair: 11
 Resurvey No. of Trips: 2
 Survey Fee: _____
 Transport: _____
 S + RS: _____
 Final: _____
 MER-IP
 5900



Main Office : No. 22, Jalan Kilang, Singapore 159410
Tel: 6476 3333 Fax: 6271 5891

Service Centre : Block 1008, Bukit Merah Lane 3,
#01-04/08/08/116, Singapore 169722
Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314
www.mova.com.sg
GST Reg. No: M2-0008804-2

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2K Oven Spray Painting System

Power-M Automotive Pte Ltd
Specialise In Car Air-con Services,
Car Audio & Hi-Fi System.

Hilton Car Rental Centre

Hilton Auto Trading

Dealing In New/Used Cars, Hire Purchase & Insurance.



TP INSURER:
UNKNOWN

EQ Insurance Company Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|---------------------------------------|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 05/11/2021 |
| Vehicle Reg. No.: | GBG2767Y | Driveable? | |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | TOYOTA HIACE, 3.0 D TURBO 5 DR (M) | Vehicle Reg. Date: | 07/07/2017 |
| Vehicle Colour: | SILVER | Chassis No: | JTFHT02P000219360 |
| Engine No: | 1KD2697120 | | |
| Odometer: | 0 KM | | |
| Paint Type: | | | |
| List Item Discount: | 25.00 % | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 14 | | |
| Present Location: | MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH) | | |

COST OF CLAIMS

| | Amount |
|-------------------------|-----------------|
| Parts | 6,360.70 |
| Miscellaneous Items | 0.00 |
| Labour | 2,580.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (\$) | 8,940.70 |
| + GST 7.00% (\$) | 625.85 |
| Nett Amount (\$) | 9,566.55 |

This claim is handled by: BILLY

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 09 Nov 2021)

Parts: 213 TOYOTA HIACE 3.0 D TURBO 5 DR (M) (Catalogue Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GBG2767Y)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

| No. | Qty | Part No. | Particulars | %Disc | %Depr | Amount |
|-----|-----|----------|--|-------|-------|--------------|
| 1 | 1 | | *TAILGATE <i>DD</i> | 25.00 | 0.00 | *2,150.00 FL |
| 2 | 1 | | *TAILGATE GLASS SEALANT <i>NPC</i> | 0 | 0.00 | *40.00 FS |
| 3 | 1 | | *TAILGATE LOGO <i>NPC</i> | 25.00 | 0.00 | *65.00 FL |
| 4 | 1 | | *TAILGATE STICKER - TOYOTA <i>NPC</i> | 25.00 | 0.00 | *65.00 FL |
| 5 | 1 | | *TAILGATE STICKER -70KM/H <i>NPC</i> | 0 | 0.00 | *10.00 FS |
| 6 | 1 | | *TAILGATE LOCK <i>BT</i> | 25.00 | 0.00 | *275.00 FL |
| 7 | 1 | | *TAILGATE WEATHERSTRIP <i>TN</i> | 25.00 | 0.00 | *395.00 FL |
| 8 | 1 | | *TAILGATE STOPPER - RH <i>X</i> | 25.00 | 0.00 | *20.00 FL |
| 9 | 1 | | *TAILGATE INNER TRIM - CHECK <i>X</i> | 25.00 | 0.00 | - |
| 10 | 1 | | *TAILGATE ASSY RH <i>BR</i> | 25.00 | 0.00 | *360.00 FL |
| 11 | 1 | | *TAILLAMP PANEL RH <i>DD</i> | 25.00 | 0.00 | *283.40 FL |
| 12 | 1 | | *TAILLAMP LOWER GARNISH RH <i>MIS</i> | 25.00 | 0.00 | *100.00 FL |
| 13 | 1 | | *REAR BUMPER <i>BR</i> | 25.00 | 0.00 | *415.00 FL |
| 14 | 1 | | *REAR BUMPER BRACKET RH <i>BR BT</i> | 25.00 | 0.00 | *31.00 FL |
| 15 | 1 | | *REAR BUMPER RETAINER RH <i>* BR</i> | 25.00 | 0.00 | *31.00 FL |
| 16 | 1 | | *TAILLAMP LOWER GARNISH RETAINER RH <i>BR</i> | 25.00 | 0.00 | *30.00 FL |
| 17 | 1 | | *REVERSE SENSOR <i>BR</i> | 0 | 0.00 | *200.00 FS |
| 18 | 1 | | *REAR FENDER RH <i>DD</i> | 25.00 | 0.00 | *1,580.00 FL |
| 19 | 1 | | *REAR FENDER INNER TRIM RH <i>TN</i> | 25.00 | 0.00 | *555.10 FL |
| 20 | 1 | | *REAR FENDER INNER PANEL RH (REPAIR) <i>X R</i> | 25.00 | 0.00 | - |
| 21 | 1 | | *REAR FENDER AIR DUCT RH <i>BR</i> | 25.00 | 0.00 | *110.00 FL |
| 22 | 1 | | *REAR SLIDING DOOR RAILING RH <i>X</i> | 25.00 | 0.00 | *332.10 FL |
| 23 | 1 | | *REAR SLIDING DOOR RAILING END COVER RH <i>X</i> | 25.00 | 0.00 | *90.00 FL |
| 24 | 1 | | *REAR EXHAUST SILENCER <i>X</i> | 25.00 | 0.00 | *295.00 FL |
| 25 | 3 | | *REAR EXHAUST MOUNTING <i>X</i> | 25.00 | 0.00 | *135.00 FL |
| 26 | 1 | | *TAILGATE GRAPHIC STICKER <i>NPC</i> | 25.00 | 0.00 | *350.00 FL |
| 27 | 1 | | *REAR FENDER GRAPHIC STICKER <i>NPC</i> | 25.00 | 0.00 | *480.00 FL |

F=Franchise part, S=SpclNett, L=ListItemDisc.

Sub Total (\$\$) 8,397.60
 - List Item Discount on 1 Items (\$\$) 2,036.90
 Total Parts (\$\$) 6,360.70

Report was unsubmitted during this print-out.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|-------------------------|--|----------|----------|
| Labour Items | | | |
| 1 | TO CUT/WELD REAR FENDER RH, TAILLAMP PANEL RH, REAR END PANEL. REMOVE & REPLACE ACCIDENT DAMAGED PARTS. REALIGN ALL CONNECTION | New 900 | 1,000.00 |
| 2 | SPRAY PAINT REAR FENDER RH, TAILLAMP PANEL RH, REAR END PANEL, TAILGATE, REAR BUMPER, REAR INNER PANEL RH, REAR FLOOR PANEL | New 800 | 1,000.00 |
| 3 | REMOVE & REPLACE TAILGATE GLASS & CHECK WATER LEAKAGE | New | 120.00 |
| 4 | REMOVE & REPLACE TAILGATE INNER TRIM, MECHANISM & CHECK LOCKING SYSTEM | New 50 | 60.00 |
| 5 | REMOVE & REPLACE REAR FENDER INNER TRIM, UPHOUSTERY, GARNISH | New 30 | 150.00 |
| 6 | REMOVE & REPLACE REVERSE SENSOR & CHECK FUNCTION | New 30 | 50.00 |
| 7 | RUST PROOF AFFECTED AREAS | New 30 | 100.00 |
| 8 | TO APPLY SEAL ON WELDING JOINT | New 30 | 100.00 |
| Gross Labour Cost (S\$) | | | 2,580.00 |

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve (LKK)
10/11/21, 11:30am

ML PL
L/S
My AC sy
8 dgs

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 | 06/11/2021 13:46 (SGT) |
| Date of Accident | 05/11/2021 14:53 (SGT) |
| Exact Location of Accident | AYE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG2767Y

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | KELANTAN ELECTRIC COMPANY |
| Company Reg No | 0XXXX100B |
| Email Address | SALES@KELANTANELECTRIC.COM |
| Mobile Phone No | (Phone) +65-83999247 |
| Alternative Phone No | +65-83999247 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| 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 | 5110359697-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | CHUA KUN CHENG |
| NRIC No | SXXXX816H |

| | |
|--|-------------------------------------|
| Date Of Birth | 29/09/1983 |
| Occupation | Indoor |
| Date Of Driving Pass | 20/05/2004 |
| Driving experience | 17 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97695187 |
| Alt. Phone Number | - |
| Email Address | KIAN2909@GMAIL.COM |
| Address | APT BLK 490D CHOA CHU KANG AVENUE 5 |
| Address complement | #07-295 |
| Postcode | 684490 |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | SUBMIT TO NTUC |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMR7323Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LIM PANG HAI |
| NRIC No | SXXXX031E |
| Contact Number | (Phone) +65-96341365 |

| | |
|---|---|
| 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 | GBC5615D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| NRIC No | SXXXX940Z |
| Contact Number | (Phone) +65-90053772 |
| 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.
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.

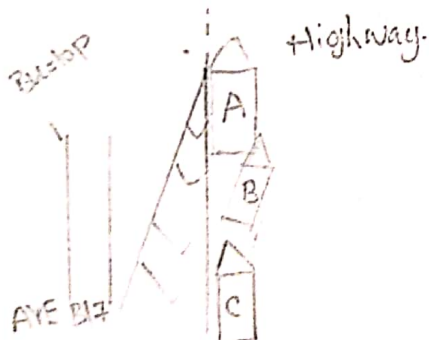
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AYE towards city (near to the exit of Clementi Ave 6)



A: GBC 2967 Y (Van)
B: SMR 7323 Z (1/50)
C: GBC 5615 D (Lorry)

Describe Circumstances of the Accident

Describe Circumstances of the Accident

LICENSE PLATE: GBG 2767Y ACCIDENT DATE & TIME: 5/11/2021, 2.53pm
CONTACT NUMBER: 9769 5187 E-MAIL ADDRESS: kian2909@gmail.com
LOCATION: AYE towards city (Near to the exit of Clementi Ave 6)

The vehicle in front of me stopped while I am driving towards the exit.
I heard a loud bang bang sound from behind. The car, SMR 7323Z,
behind me, hit my rear right 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.

0950 6/11
Policyholder's Signature / Date &
Time

21 SD 6/11/2021 0950
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|-------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Business |
| Owner ID: | 100B |
| Vehicle Details | |
| Vehicle No.: | GBG2767Y |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 06 Nov 2021 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | HIACE VAN TURBO 5DR MT |
| Primary Colour: | Silver |
| Manufacturing Year: | 2017 |
| Engine No.: | 1KD2697120 |
| Chassis No.: | JTFHT02P000219360 |
| Maximum Power Output: | - |
| Open Market Value: | \$28,138.00 |
| Original Registration Date: | 07 Jul 2017 |
| First Registration Date: | 07 Jul 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,407.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 06 Jul 2027 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$36,879.00 |
| COE Rebate Amount: | \$20,898.00 |
| Total Rebate Amount: | \$20,898.00 |

The information contained herein is correct as at 06 Nov 2021

OK