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Main Office:

Mova Building No. 22, Jalan Klang, 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. M2-0088884-2

**Estimate** 

26/11/2021

Attention :- XA017

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

Estimate# :- CK422574 Claim #

Page #

Veh#

:- TP/CK142960

ACC. Date :- 24/11/21

Veh Model :- MAZDA 3

**Terms** :- C.O.D Days

Remarks :- mFft 25 M/V 2015 (2015)

- SKX572J

No.	Description	Qty	U.Price	Amou	ints S\$
	LIST ITEMS :	***************************************			
1.	BOOT LID	1 PC	1,004.00	1	1.004.00
2.	BOOTLID LOGO	1 PC	77.00		77.00
3.	BOOTLID EMBLEM - MAZDA 3 / MK	1 PC	55.00		55.00
4.	BOOTLID EMBLEM - SKYACTIVE / ME	1 PC	66.00		66.00
5.	BOOTLID LAMP LH	1 PC	275.00		275.00
6.	BOOTLID HINGE LH & RH X	2 PC	158.00		316.00
7.	BOOTLID LOCK / 07	1 PC	186.00		186.00
8. 9.	BOOTLID RUBBER / CRV	1 PC	135.00		135.00
10.	TAILLAMP LH 7	1 PC	534.00		534.00
11.	REAR BUMPER / GR	1 PC	1,127.00	1	,127.00
12.	REVERSE SENSOR LH	1 PC	193.00		193.00
13.	REAR BUMPER TOW COVER LH MISSING REAR BUMPER REFLECTOR LH	1 PC	28.00		28.00
14.	4.5	1 PC	55.00		55.00
15.		10 PC	5.00		50.00
16.	REAR BUMPER SIDE RETAINER RH & LH ( ) ( ) hita )	2 PC	38.00	30	76.00
17.	REAR BUMPER REINFORCEMENT / BI () hita)	1 PC	563.00		563.00
18.	END PANEL	1 PC	99.00		99.00
19.	ANTENNA SENSOR ?	1 PC	530.00		530.00
20.	SPARE TYRE TOP BOARD - CHECK	1 PC	143.00		143.00
21.	TOOL SPONGE LH - CHECK	1 PC			
22.	SPARE TYRE PANEL - REPAIR	1 PC			
23.	REAR CHASSIS LH - REPAIR	1 PC 1 PC			
24.	REAR FENDER LH - REPAIR	1 PC			
25.	TAILLAMP PANEL LH - REPAIR	1 PC			
	LIST TOTAL S\$			5	,512.00
	20% DISCOUNT S\$				,102.40
				4	,409.60
	SPECIAL NET ITEMS :		****		*******
1.	REAR NUMBER PLATE / (VI	1 PC	40.00		40.00
	SPECIAL NET TOTAL S\$				40.00
	LABOUR: TO INSPECT REAR LIGHTING MECHANISM & CHECK			**********	
	WIRING			30	80.00
	TO INSTALL REVERSE SENSOR & DIAGNOSE FUNCTION			30	80.00
	TO CUT OFF END PANEL, TO KNOCK & STRAIGHTEN ON REAR FENDER LH. TAILLAMP PANEL LH , SPARE TYRE PANEL & CHASSIS MEMBER LH. TO REMOVE &				
	REPLACE DAMAGED ITEMS, REALIGN CONNECTION		5	00	900.00
	TO REMOVE & REFIT REAR COMPARTMENT & FITTING			50	80.00
	TO APPLY BODY JOINT SEALANT ON CUTTING AREA			70	100.00
				30	



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Tel: (65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

Estimate

26/11/2021

CHINA TAIPING INSURANCE (S) PTE LTD 3 Anson Road Singapore 079909.

#16-00 Springleaf Tower

Attention :- XA017

No.

Description

TO RUST PROOF ON REPAIR AREAS TO REMOVE & ALIGN REAR EXHAUST MUFFLER

TO SPRAY PAINT ON REPAIRED AREAS

LABOUR TOTAL S\$

Qty

142960

U.Price Amounts S\$

:- SKX572J

MAZDA 3

CK422574

:- C.O.D Days

(phop)

Page #

Veh#

Veh Model :-

Estimate# :-

Remarks :-

ACC. Date :- 24/11/21

Claim #

80.00 900.00

100.00

2,320.00

E. & O.E

Jacelyn

NON-TAX AMOUNT S

**AMOUNT S\$** GST @ 7 %

6,769.60

473.87

**AMOUNT DUE S\$** 

7,243.47

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

Steve CLKK) WL 11 30/11/21, 17.99 L/S

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(z) 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

Date:



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 fodgement 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** Date of Accident

**Exact Location of Accident** Additional Location Information

Country/State of Loss

25/11/2021 18:58 (SGT) 24/11/2021 15:22 (SGT)

Jurong East Street 21, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKX572J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No.

Yes

MOVA AUTOMOTIVE PTE LTD

1XXXXX033G

NITHA@MOVA.COM.SG

(Phone) +65-64763333

(Office) +65-64763333

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Mazda

MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

Employment

No - Claiming third party

Private car

Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

**Policy Number** 

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

999993609

DRIVER

Name of Driver

NRIC No

ADBULLAH BIN BORHAN SXXXX918C

Accident report SM0M21BP0002

Page 1 of 21

te Of Birth 12/06/1968 ccupation Outdoor Jate Of Driving Pass 14/02/1989 Driving experience 32 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-93264977 Alt. Phone Number **Email Address** NITHA@MOVA.COM.SG Address **BLK 169B PUNGGOL FIELD** Address complement 07-681 Postcode 822169 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 DRIZZLED Road Surface Wet 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name SUHAIMI BIN ABDULLAH Gender Male PASSENGER 2 Name RAHIM BIN ABDULLAH Gender Male PASSENGER 3 Name JOENDY BIN JURAIMI Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Tanah Merah Neighbourhood Police Post Police Station Phone No (Phone) +65-18004499999 Alt. Police Station Phone No (Fax) +65-62447251 Police Station Address Blk 51 New Upper Changi Road #01-1514 Singapore 461051 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

accident photos available for attachment?

As there any video captured by Car Camera?

No
No
No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SJP7306U Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver CHEN DENGJUN NRIC No SXXXX781F Contact Number (Phone) +65-97254442 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

- 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
- 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)

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

Policyholder's Signature / Date &

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

Witnessed by 8

Sketch Plan

JUROAG EAST ST DI

のようなはなり

CAR A - SXXSIZ" CAR B - STP7301

Describe Circumstances of th	n Applia		
		Note and	
CONTACT NUMBER (125/11	The same of the sa	ACCIDENT DATE & THE AND	· ·
LOCATION THE CO	The state of the s	E-MAIL ADDRESS AL	12021 (1522 Her)
LOCATION JURING EAST	Succes 21	ACCIDENT DATE & TIME: 24-11 E-MAIL ADDRESS: aboutlant	sisting to 16 grand con
KEFFE TO Paul	Marine and the second s	design of the second of the second	the sea
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NOTE: PLEASE NOT	E THAT YOUR INSURER M	AY HAVE 14 DAYS TIME FRAME FOR YOU	
OWN DAMAGE CLAIM	UNDER YOUR OWN POLICE	Y. PLEASE CHECK YOUR POLICY FOR M	J TO SUBMIT AN
Please state:		THE CHECK YOUR POLICY FOR M	ORE INFORMATION.
( ) Claim Own Policy	Claim Third Party		
	and the same of th	( ) Claim OD/TP at other workshop	( ) Reporting Only

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witgessed by Reporting Centre Personnel





Police Station Of Origin: Tenah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

Report No. 1/20211124/2096

# REPORT OF A TRAFFIG ACCIDENT

Date/Time Report Made: 24/11/2021 18:07			Vide Report No.:	Station Diary No.:
nformant's Particulars		lars		44
ABDULL	Informant: AH BIN BO	the state of the s	Address: APT BLK 169B PUNGGOL FI 822169	ELD #07.681 SINCAROR
ID Type NRIC NO Nationali	/ \$68219	8C	Contact No.: Home/Office:	
SINGAP	ORE CITIZ	EN	Email:	Mobile: 93264977
Sex: Male	Age: 53	Date of Birth: 12/06/1968	Type of Informant:	
Race: Malay		1000	Driver Language:	In all the
Occupat	on:			Institution / School Name:
CERTIS	CISCO		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident:	-	Type of Location	
Location:	cation:		24/11/2021 15:20		X-Junction	
Weather						
		Road Surface:		Ros	ad Speed Limit	
Drizzling Traffic Flow:		Wet		Ros	ad Speed Limit:	
Weather: Drizzling Traffic Flow: One Way Type of Collis	ion		sing		ffic Volume:	

Vehicle No.	Type	Make	Model	10		
SJP7306U	Car		Iwodei	Color	Condition	No of Passenge
					Slightly	0
SKX572J	Car	The same of the sa			Damaged	

Use of Pedestrian Crossing: NA
,



Police Station Of Origin. 1500 Sp. 68 Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

Report No. T/20211124/2096

GONTINUATION OF REPORT

Driver		AL PROPERTY			
Name	CHEN DENGJUN		ID No		S9171781F
Related Vehicle	SJP7306U (Car)		Conta	ct No.	97254442
Hospital/Clinic	NIL.		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	-	NIL	
	ted Medical Leave NIL	Degree of			
Driver		A STATE OF THE STA	PARTY.	10000	STATE OF THE STATE
Name	ABDULLAH BIN BORHAN		ID No		S6821918C
Related Vehicle	SKX572J (Car)		Contact No.		93264977
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of	_	NIL	

#### Brief Details.

I am a certis cisco officer and currently I am attached to NEA assignment by my company to perform duties to lookout for vehicles that had smoke ignition.

On the 24/11/2021 at about 7.15am, I reported for duty and I was tasked to perform enforcement duties for NEA to lookout for vehicles that had smoke ignition. I was partner with 3 other cisco officers (colleagues) and I was tasked to be the driver and to send my colleagues to different locations for them to perform their duties. I was given an unmarked vehicle bearing the plate number of SKX572J (white Madza) and I proceeded to carry out my duties.

On the 24/11/2021 at about 3.22pm at Jurong East Street 21, turning left towards Jurong Gateway Road at the slip road, all 3 of my colleagues were in the vehicle and while I stopped at the giveaway for the other vehicles when suddenly one blue car bearing the plate number of SJP7306U (Peugeot) hit onto our vehicle rear. No one was injured and the said driver alighted from his vehicle and we exchanged particulars for insurance claiming. I then reported the matter to my management and I was directed to lodge a police report for the company recording purposes. I wish to state that none of my colleagues were injured and we also did confirm with the other party and he also informed that he has no injuries.

My 3 colleague details as follows:

- 1) Suhaimi Bin Abdullah, NRIC: \$7219381D
- 2) Rahim Bin Abdullah, NRIC: S8132264C
- 3) Joendy Bin Juraimi, NRIC: S6946268E



Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



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CONTINUATION OF REPORT



Police Station Of Origin: Teheh-Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999



com deputation Commencial Land Course have surry the total

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Informant:  Date/Time:
Date/Time:
24/11/2021 18:07
Classification Of Case: