

(08/11/13) wef

ASS. REC. BY:

REF:

CS/CT1210/3323/Rity3

2260

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMS 2110

at Workshop m/s MOVA

of BUKIT MERAH

Insured:

CT1

Policy No.

Claims No.

Sum Insured:

Excess:

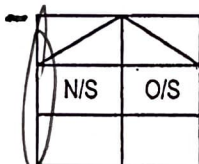
3000

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

260k

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

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

REPAIR LIMIT - 171K

SUBMIT PRELI REPORT

submit preli report
owner withdraw claim

Veh No:

SMS 2110

Yr Regn: 2018 / N/R

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

Truck / Trailer or

Make:

MERCEDES BENZ SL400AMH LN c.c 2996

Colour:

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading

27667

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD2314662F053043

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

255/35R19

R:

2

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

17/12/21

D.O.I.

31/12/21

Survey held at

MOVA

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, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

7

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee:

☐

: Site Insp (\$

): S + RS, SI

☐

: Interview (\$

): Photos

☐

: Tech. Invs (\$

): Others

☐

: Weekend (\$

):

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

Estimate

22/12/2021

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

Attention :- XA017

Page # :- 1

Veh # :- SMS211D

Veh Model :- Mercedes Benz SL 400

Estimate# :- CK422672

Claim # :-

ACC. Date :- 17/12/21

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT BUMPER <i>repair</i>	1 PC	2,760.00	2,760.00
2.	FRONT BUMPER SENSOR ?	1 PC	295.00	295.00
3.	FRONT BUMPER RETAINER LH	1 PC	69.00	69.00
4.	FRONT BUMPER RIVET <i>na</i>	10 PC	9.00	90.00
5.	HEADLAMP LH <i>X</i>	1 PC	5,350.00	5,350.00
6.	FRONT FENDER LH <i>SL</i>	1 PC	1,850.00	1,850.00
7.	FRONT FENDER MOULDING LH <i>X</i>	1 PC	205.00	205.00
8.	FRONT FENDER COLWING LH <i>X</i>	1 PC	417.00	417.00
9.	FRONT FENDER COLWING RIVET LH <i>X</i>	10 PC	9.00	90.00
10.	ROCKER GARNISH LH <i>mu</i>	1 PC	1,710.00	1,710.00
11.	ROCKER GARNISH BRACKET <i>na</i>	1 SET	140.00	140.00
12.	ROCKER GARNISH CLAMP KIT <i>na</i>	1 PC	280.00	280.00
13.	FRONT ALLOY WHEEL LH <i>ser</i>	1 PC	1,915.00	1,915.00
14.	FRONT LOWER ARM LH ?	1 PC	1,008.00	1,008.00
15.	FRONT UPPER ARM LH ?	1 PC	1,330.00	1,330.00
16.	FRONT KNUCKLE ARM LH ?	1 PC	885.00	885.00
17.	FRONT KNUCKLE BEARING LH <i>ent</i>	1 PC	986.00	986.00
18.	REAR FENDER COWLING LH <i>te</i>	1 PC	297.00	297.00
19.	REAR FENDER COLWING RIVET	10 PC	10.00	100.00
20.	REAR ALLOY WHEEL LH <i>ser</i>	1 PC	1,915.00	1,915.00
21.	REAR FENDER LH (PRICE TO CONFIRM) <i>repair</i>	1 PC		
LIST TOTAL S\$				21,692.00
10% DISCOUNT S\$				-2,169.20
				19,522.80

LABOUR :

TOWING CHARGE

TO CUT & WELD REAR FENDER LH, TO REPAIR REAR INNER PANEL LH, ROCKER PANEL LH, TO REMOVE & REFIX DAMAGED PARTS, STRAIGHTEN & REALIGN AFFECTED AREAS

TO SPRAY AFFECTED AREAS

TO REMOVE & REFIX FRONT UNDER CARRIAGE LOWER ARM, UPPER ARM, SHOCK ABSORBER & OTHER ATTACHMENT PARTS

TO CHECK WHEEL ALIGNMENT

TO RESET WARNING LIGHT

LABOUR TOTAL S\$

800 1,100.00
1100 1,200.00
100? 200.00
60 100.00
100 200.00
2,800.00

Estimate

22/12/2021

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

Attention :- XA017

Page # :- 1 143292

Veh # :- SMS211D

Veh Model :-

Estimate# :- CK422672

Claim # :-

ACC. Date :- 17/12/21

Terms :- C.O.D Days

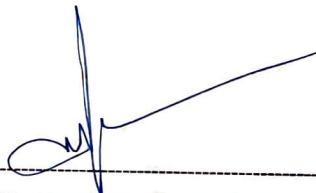
Remarks :-

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

No.	Description	Qty	U.Price	Amounts S\$
-----	-------------	-----	---------	-------------

E. & O.E



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

NON-TAX AMOUNT S	
AMOUNT S\$	22,322.80
GST @ 7 %	1,562.60
AMOUNT DUE S\$	23,885.40

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:

Rahul
Hp 900 100 68
7 days
P/P
31/12/21 @ 1010
EXCESS: 3000
Revert
Resy before paint

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	20/12/2021 11:45 (SGT)
Date of Accident	17/12/2021 10:25 (SGT)
Exact Location of Accident	Moulmein Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS211D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIN YEE LEE
NRIC No	SXXXX226D
Email Address	yeeleechin@hotmail.com
Mobile Phone No	(Phone) +65-98301552
Alternative Phone No	+65-98301552

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	SL400 AMG LINE AUTO
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	2996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00041302100
Cover Note Number	-

DRIVER

Name of Driver	CHIN YEE LEE
NRIC No	SXXXX226D

Date Of Birth	11/04/1966
Occupation	Indoor
Date Of Driving Pass	17/06/1996
Driving experience	25 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98301552
Alt. Phone Number	+65-98301552
Email Address	yeeleechin@hotmail.com
Address	49 TAMARIND ROAD
Address complement	-
Postcode	806137
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	Side Swipe
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)	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 SKETCH PLAN

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	SLP890X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98778901
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 willful 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.
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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.

Policyholder's Signature / Date & Time
12/12/2021 18:11

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

Witnessed by Reporting Centre Personnel

Sketch Plan



MOLU MEN FORD

A: SMS211D
B: SLP890X

LICENSE PLATE: SMS 211D	ACCIDENT DATE & TIME 17/12/2021 10-25
CONTACT NUMBER: 98301552	E-MAIL ADDRESS: yvelrechin@hotmail.com
LOCATION Moulmein Road	
I was travelling on Moulmein Road on 17/12/2021 at 1025 On vehicle number SMS 211D. I did not see a car (registration no SLP 890V) on my left in my blind spot zone I was travelling too close to that car causing damage at left side of car body and bumper	
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	

We declare the foregoing particulars are true in every respect.

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:

Singapore NRIC

Owner ID:

226D

Vehicle Details

Vehicle No.:

SMS211D

Vehicle to be Exported:

Yes

Intended Deregistration Date:

20 Dec 2021

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

SL400 AMG LINE AUTO

Primary Colour:

Black

Manufacturing Year:

2018

Engine No.:

27682530794858

Chassis No.:

WDD2314662F053043

Maximum Power Output:

270.0 kW (362 bhp)

Open Market Value:

\$56,324.00

Original Registration Date:

26 Apr 2018

First Registration Date:

02 Mar 2020

Transfer Count:

0

Actual ARF Paid:

\$73,384.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

25 Apr 2028

PARF Rebate Amount:

\$55,038.00

Intended COE Rebate Details

COE Expiry Date:

01 Mar 2030

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$41,805.00

COE Rebate Amount:

\$33,444.00

Total Rebate Amount:

\$88,482.00

The information contained herein is correct as at 20 Dec 2021

OK