

ASS. REC. BY: Steve

REF: CS/SMR22000380/Eqy3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. TAX/01/22/2013
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 12 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMN 6785B Yr Regn: 27/19/15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi A3 c.c. 1395
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 82935 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAZZ228V061018954
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 5 mm Rear 5 mm
 R/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 7/1/22 D.O.I. 12/1/22
 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	Action / Instruction
	<u>MV- 60K</u>
	<u>PV- 35,107</u>
	<u>NV- 74,893</u>
<u>24/02/22 @ 5.37pm</u>	<u>revised to Hua Yen by email</u>
<u>25/02/22 @ 10.05am</u>	<u>Wksp informed that the Vehicle claim under own damage and repair awarded to other workshop.</u>
<u>25/02/22</u>	<u>Submit Preli. report.</u>

Date/Time, File Pass to? ☒ : Prell. Report

1) 25/02 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Report Format : _____
 Lump Sum / I.B.I. (\$) _____)

Days Of Repair: 12

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	

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

Estimate

10/01/2022

MS FIRST CAPITAL INSURANCE LIMITED
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1

Veh # :- SMN6785B

Veh Model :- AUDI A3 1.4

Estimate# :- CK422741

Claim # :-

ACC. Date :- 07/01/22

Terms :- C.O.D Days

Remarks :- CK143393

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT DOOR RH / DO	1 PC	2,450.00	2,450.00
2.	FRONT DOOR OUTER HANDLE	1 PC	465.71	465.71
3.	FRONT DOOR OUTER HANDLE SEAL	1 PC	45.90	45.90
4.	FRONT DOOR OTR WINDOW MOULDING 8V5853284B2ZZ	1 PC	455.75	455.75
5.	FRONT DOOR TYRE PRESSURE STICKER	1 PC	79.50	79.50
6.	FRONT DOOR INNER TRIM	1 PC	2,450.70	2,450.70
7.	FRONT DOOR INNER TRIM CLIPS	10 PC	12.17	121.70
8.	FRONT DOOR INSULATION/ DOOR FOIL	1 PC	155.70	155.70
9.	FRONT DOOR WINDOW REGULATOR	1 PC	560.79	560.79
10.	FRONT DOOR LOCK	1 PC	859.60	859.60
11.	FRONT DOOR LOCK HANDLE BASE 8V0837885	1 PC	245.80	245.80
12.	RH FRONT DOOR AIRBAG SENSOR	1 PC	456.77	456.77
13.	REAR DOOR RH / DO	1 PC	2,450.00	2,450.00
14.	RH REAR DOOR OTR WINDOW MOULDING	1 PC	455.75	455.75
15.	RH REAR DOOR OUTER HANDLE X NN	1 PC	465.71	465.71
16.	RH REAR DOOR LOCK	1 PC	859.60	859.60
17.	RH DOOR LOCK HANDLE BASE X NN	1 PC	245.80	245.80
18.	RH REAR DOOR SEAL X NN	1 PC	386.91	386.91
19.	RH REAR DOOR HINGE UPPER BT	1 PC	345.97	345.97
20.	RH REAR DOOR HINGE LOWER BT	1 PC	345.97	345.97
21.	RH REAR DOOR CHECK BT	1 PC	179.89	179.89
22.	RH REAR DOOR WIRING HARNESS (CHECK)	1 PC		
23.	RH REAR DOOR WINDOW REGULATOR	1 PC	560.79	560.79
24.	RH REAR DOOR INNER TRIM	1 PC	2,450.70	2,450.70
25.	RH REAR DOOR INSULATION / DOOR FOIL	1 PC	155.70	155.70
26.	RH REAR DOOR INNER TRIM CLIPS	10 PC	12.17	121.70
27.	RH B-PILLAR 8V5809848 / DO	1 PC	4,150.00	4,150.00
28.	RH QTR GLASS MOULDING X NN	1 PC	700.71	700.71
29.	REAR WINDOW GLASS MOULDING X NN	1 PC	185.00	185.00
30.	RH DRIVER SEAT BR	1 PC	1,745.60	1,745.60
31.	RH DRIVER SEAT AIRBAG BR	1 PC	1,695.80	1,695.80
32.	LH SEAT BELT / Jemud	1 PC	1,750.60	1,750.60
33.	AIRBAG CONTROL UNIT / NN	1 PC	2,580.00	2,580.00
34.	ROOF LINING AIRBAG / NN	1 PC	2,355.91	2,355.91
35.	ROOF LINING / (RH) (CPU)	1 PC	2,380.60	2,380.60
LIST TOTAL S\$				34,916.63
5% DISCOUNT S\$				-1,745.83
				33,170.80
SPECIAL NET ITEMS :				
1.	QUATER GLASS SEALANT X NN	1 PC	40.00	40.00
2.	REAR GLASS SEALANT X NN	1 PC	40.00	40.00
3.	IROAD V7 / NN	1 PC	550.00	550.00
4.	BLIND RIVET / NN	1 SET	30.00	30.00
SPECIAL NET TOTAL S\$				660.00
LABOUR :				

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
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Estimate

10/01/2022

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36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1 143393

Veh # :- SMN6785B

Veh Model :- AUDI A3 1.4

Estimate# :- CK422741

Claim # :-

ACC. Date :- 07/01/22

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
	TO PANEL BEAT / KNOCKING / WELDING AND CUT THE RH, B-PILLAR, ROCKER PANEL, REAR FENDER. TO KNOCKING & REALIGN RH A-PILLAR. TO REPLACE BOTH RH DOOR & DAMAGED PARTS	1200		1,850.00
	TO SPRAY PAINT ON RH FRONT DOOR REAR DOOR, REAR FENDER, ROCKER PANEL,, B-PILLAR AND A-PILLAR	1000		1,250.00
	TO REMOVE & REFIT FRONT DASHBOARD	X		200.00
	TO REMOVE & REFIT BOTH FRONT SEAT IN ORDER TO REMOVE & ROOF LINING	80		200.00
	TO REMOVE & REPLACE ROOF LINING, ROOF LINING AIRBAG	80		100.00
	TO APPLY BODY JOINT SEALANT ON CUTTING AREAS	30		120.00
	TO APPLY ANTI RUST PROOFING ON AFFECTED AREAS	30		120.00
	TO REMOVE & REFIT RH QUATER GLASS	X		100.00
	TO REMOVE & REFIT REAR WINDSCREEN	X		150.00
	TO REMOVE & REFIT REAR SEAT, UPHOSTERY, SIDE TRIM / COVERING, INNER TRIM TO ASSIST REPAIR	50		150.00
	TO RROGRAM AIBAG CONTOL UNIT	150		350.00
	TO TRANSFER RH FRONT DOOR WINDOW GLASS & RELATED ITEMS TO NEW UNIT	50		80.00
	TO TRANSFER RH REAR DOOR WINDOW GLASS & RELATED ITEMS TO NEW UINIT	50		80.00
	TO REMOVE / INSTALL IN CAR CAMERA "IROAD V7" & CHECK FUNCTIONING	80		180.00
	TO CONDUCT CHASSIS ALIGNMENT CHECK ON LASER LOCK MACHINE	200 (phn)		450.00
	TO CONDUCT WIRING CHECK / DIAGNOSE & RESET SYSTEM AFTER REPAIR	100		180.00
	LABOUR TOTAL S\$			5,560.00

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No.	Description	Qty	U.Price	Amounts S\$
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E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$

39,390.80

GST @ 7 %

2,757.36

AMOUNT DUE S\$

42,148.16

Brian Eng

H/P: 8717 3377

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

Stela (LKK)

12/1/21, 11.30am

ML RL

L/S

My Al Syn

12 dys

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	08/01/2022 10:13 (SGT)
Date of Accident	07/01/2022 19:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ADAM ROAD (FOOD CENTRE) JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN6785B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO BING LEANG
NRIC No	SXXXX483F
Email Address	MONTH.OF.JULY@GMAIL.COM
Mobile Phone No	(Phone) +65-81891068
Alternative Phone No	+65-81891068

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	1395

INSURANCE COMPANY

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

DRIVER

Name of Driver	HO BING LEANG
NRIC No	SXXXX483F

Date Of Birth	21/07/1974
Occupation	Indoor
Date Of Driving Pass	16/01/1995
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-81891068
Alt. Phone Number	+65-81891068
Email Address	MONTH.OF.JULY@GMAIL.COM
Address	945 BUKIT TIMAH ROAD
Address complement	#10-58
Postcode	589660
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 - Major/Minor Rd
Weather Conditions	Raining
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)	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

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	SHB5336T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)

-
-
-
-

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.
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.

5. 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

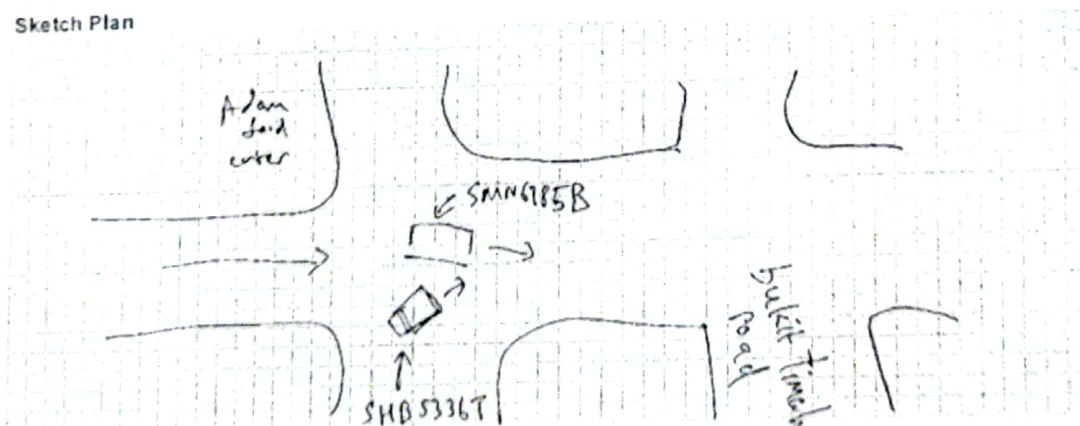
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 8/1/22
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: <u>SMN 6785 B</u>	ACCIDENT DATE & TIME: <u>7/1/22 7:45 pm</u>
CONTACT NUMBER: <u>81891069</u>	E-MAIL ADDRESS: <u>month. of july @ gmail. com</u>
LOCATION: <u>Adam Road (Food centre) junction</u>	

When travelling along the road towards Bukit Timah Road junction a car hit me on my right (driver & passenger) side. At that time the rain + torrential rain reduced road visibility and I did not see the traffic on my right side. At time of travelling, there is no other vehicle on the road. The car that hit me SM65236 T was damaged on ~~both~~ her left right side.

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:

<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party	<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only
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Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 8/1/22
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel