ASS. REC. BY: Kenneth

REF: SMO/22000614/K

CS/SMO22000614/Kty3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ MOVG

of _____

Insured: _____

Policy No. _____

Claims No. _____

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: $138K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SCD 1922U Yr Regn: 01, 21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Camry c.c 2487

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 30981 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTNB23HK 6030 60238

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: 245/35R19

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	7/1/22	D.O.I.	20/4/2022 11.10am

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

Frt N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

PART BY PART $1108.50, 2DAYS
RED: $2607.25;70%

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ + RS. SI

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ _____)

MOVA
Automotive Pte Ltd

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

13/01/2022

SOMPO INSURANCE SINGAPORE PTE LTD
50 RAFFLES PLACE
#05-01/06 SINGAPORE LAND TOWER
SINGAPORE 048623.

Attention :- **XA018**

Page # :- 1
Veh # :- SLD1922U
Veh Model :- TOYOTA CAMRY
Estimate# :- CK422756
Claim # :- TP/CK14346
ACC. Date :- 07/01/22
Terms :- C.O.D Days
Remarks :- MFG 02 JAN 2021 (2019)

No.	Description	Qty	U.Price	Amounts S$
	LIST ITEMS :			
1.	HEADLAMP LH	1 PC	2,719.00	2,719.00
2.	HEADLAMP LOWER MOULDING LH	1 PC	223.00	223.00
3.	FRONT BUMPER	1 PC	625.00	625.00
4.	FOG LAMP COVER LH	1 PC	161.00	161.00
5.	FRONT BUMPER LOWER LID LH	1 PC	228.00	228.00
6.	FRONT BUMPER CLIPS	10 PC	5.00	50.00
7.	FRONT BUMPER SIDE RETAINER LH	1 PC	95.00	95.00
	LIST TOTAL S$			4,101.00
	25% DISCOUNT S$			-1,025.25
				3,075.75
	LABOUR :			
	TO INSPECT FRONT LIGHTING MECHANISM & CHECK WIRING.			80.00
	TO REMOVE & REPLACE DAMAGED ITEMS, TO REMOVE TRANSFER AFFECTED ATTACHMENT. REALIGN CONNECTION			280.00
	TO SPRAY PAINT ON REPAIRED AREAS			280.00
	LABOUR TOTAL S$			640.00

Not Authorised
Resurvey B4 paint

E. & O.E 2days

NON-TAX AMOUNT S	
AMOUNT S$	3,715.75
GST @ 7 %	260.10
AMOUNT DUE S$	3,975.85

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:

Jacelyn

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

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 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 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	07/01/2022 18:55 (SGT)
Date of Accident	07/01/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Block 3017 Bedok North Ave 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1922U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Yen Lin
NRIC No	SXXXX118B
Email Address	peh_jh@hotmail.com
Mobile Phone No	(Phone) +65-98753269
Alternative Phone No	+65-91079169

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry 2.5 Hybrid
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA561903
Cover Note Number	-

DRIVER

Name of Driver	Peh Jun Hao
NRIC No	SXXXX746E

Describe Circumstances of the Accident

MY VEHICLE was Parked ~~downstairs~~ my office. I was Inform by my worker that Someone 'Bang' into my car. I Rushed down to see ~~damage~~ on my Front Bumper. ~~My worker told me~~ The opposite party that Hit my car was Present. I took down his particular and ~~snapped~~ some Photos. NOBODY WAS INJURED IN THE ACCIDENT

Declaration

I/We declare the foregoing particulars are true in every respect.

21/1/2022

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	16.25	HIN LUNG WORKSHOP