

ASS. REC. BY: Steve

REF:

CS/CT1220016/Evy3

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. _____
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
X	X

Bal. or Market Value: _____
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

Veh No: SJP 7938X Yr Regn: 9/4/89
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota AX10 c.c. 1496
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 107874 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: NZE1416103069
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: 195/65R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or .
Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 9/2/92 D.O.I. 20/2/92
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

MV-47X

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format: _____

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

☐ : Prel. Report☐ : Final Report

Days Of Repair: _____

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

11/02/2022

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

Attention :- XA017

Page # :- 1

Veh # :- SJP7938X

Veh Model :- TOYOTA COROLLA AXIO 1.5X A

Estimate# :- CK422864

Claim # :-

ACC. Date :- 09/02/22

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	BOOT LID	1 PC	688.50	688.50
2.	BOOT LID HINGE RH & LH (REPAIR) X	2 PC		
3.	BOOT LID LOGO	1 PC	50.80	50.80
4.	BOOT LID EMBLEM - AXIO	1 PC	44.70	44.70
5.	BOOT LID EMBLEM - X	1 PC	36.60	36.60
6.	BOOT LID GARNISH	1 PC	252.80	252.80
7.	BOOT LID LOCK	1 PC	94.50	94.50
8.	BOOT LID WEATHERSTRIP	1 PC	167.20	167.20
9.	REAR END PANEL	1 PC	463.20	463.20
10.	TAILLAMP ASSY RH & LH	1 PC	339.40	678.80
11.	REAR BUMPER	1 PC	424.20	424.20
12.	REAR BUMPER BRACKET RH & LH X	2 PC	187.40	374.80
13.	REAR BUMPER RETAINER RH & LH	2 PC	174.20	348.40
14.	REAR BUMPER CLIPS	10 PC	5.50	55.00
LIST TOTAL S\$				3,679.50
25% DISCOUNT S\$				-919.88
				2,759.62
SPECIAL NET ITEMS :				
1.	REAR NUMBER PLATE X	1 PC	40.00	40.00
2.	REVERSE SENSOR	1 SET	200.00	200.00
SPECIAL NET TOTAL S\$				240.00
LABOUR :				
TO CUT/ WELD REAR END PANEL, KNOCK AND STRAIGHTEN REAR BOOT MEMBERS. REMOVE AND REPLACE ACCIDENT DAMAGED PARTS. REALIGN ALL CONNECTION.				
				500 800.00
SPRAY PAINT BOOT LID, REAR END PANEL, REAR BUMPER, SPARE WHEEL PANEL, REAR FENDERS				
				700 1,000.00
REMOVE AND REPLACE LUGGAGE COMPARTMENT INNER TRIM, GARNISH, COVERING				
				30 60.00
REMOVE AND REPLACE REVERSE SENSOR AND CHECK FUNCTION				
				30 50.00
TO APPLY SEAL ON WELDING JOINTS				
				30 80.00
RUST PROOF AFFECTED AREA				
				30 60.00
LABOUR TOTAL S\$				2,050.00



Automotive Pte Ltd

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Page # :- 1 143788

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-----	-------------	-----	---------	-------------

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 5,049.62

GST @ 7 % 353.47

AMOUNT DUE S\$ 5,403.09

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

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	09/02/2022 17:51 (SGT)
Date of Accident	09/02/2022 08:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BAHAR EXIT FROM PIE TO BOON LAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7938X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BASKARASETHUPATHY SWAMINATHAN
Company Reg No	SXXXX060E
Email Address	SWAMINATHB@GMAIL.COM
Mobile Phone No	(Phone) +65-92977798
Alternative Phone No	+65-92977798

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000171049
Cover Note Number	-

DRIVER

Name of Driver	BASKARASETHUPATHY SWAMINATHAN
Company Reg No	SXXXX060E

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

18/12/1970
Indoor
22/05/2004
17 YEARS AND 9 MONTHS
Male
(Phone) +65-92977798
+65-92977798
SWAMINATHB@GMAIL.COM
BLK 444 CHOA CHU KANG AVE 4
#14-325
680444
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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

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 GBG6366U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver HISHAM BIN MOHD AMIN
- SXXXX456F
Contact Number (Phone) +65-87666464
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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

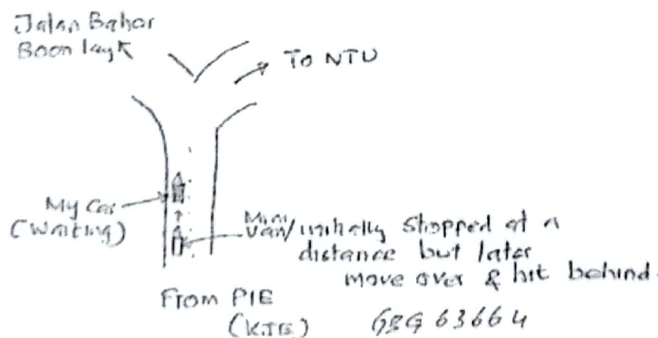
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

TS Swamed 9/2/22
 Policyholder's Signature / Date &
 Time 1700

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	SJP 7938X	ACCIDENT DATE & TIME	09/Feb/2022 0812
CONTACT NUMBER	92977798	E-MAIL ADDRESS	SWAMINATHS@gmail.com
LOCATION	Jalan Baser Exit from PIS to Boon Lay		
<p>While waiting for the traffic to clear, ^{my} van from behind (initially was stopped at a distance) but later move & hit behind - minor damage on the back bumper & loosened on the left sides & rear box dent.</p>			
<p>Third party driver - Hisham bin Mohd Amin 51516956 F 87666464</p>			
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			


Declaration

We declare the foregoing particulars are true in every respect.

B. S.  09/2/22

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel