

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: _____

Veh No: GBG 4169K Yr Regn: 10/8/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mitsubishi Canter c.c. 2998
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 12372 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FEAQ1BA20639
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/70R157
 R: 11

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

<input checked="" type="checkbox"/> N/S	<input type="checkbox"/> O/S

ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMII / TOYO / YOKO or _____
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 13/5/22 D.O.I. 24/5/22
 Survey held at MARA
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

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

Date / Time	Action / Instruction
	<u>MV-53K</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / I.B.F. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

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

Main Office:
 Mova Building
 No. 22, Jalan Kilang,
 Singapore 159419
 Tel: (65) 6478 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

18/05/2022

LONPAC INSURANCE BHD
300 BEACH ROAD
#17-04/07 The Concourse
SINGAPORE 199555.

Attention :- XA025

Page # :- 1

Veh # :- GBG4169K

Veh Model :- MITSUBISHI FUSO

Estimate# :- CK423355

Claim # :-

ACC. Date :- 13/05/22

Terms :- C.O.D Days

Remarks :- CK145084

No.	Description	Qty	U.Price	Amounts S\$
SPECIAL NET ITEMS :				
1.	CORNER END CAP / <i>nc</i>	2 PC	180.00	360.00
2.	SIDE STAINLESS STEEL FRAME PROFILE / <i>BT</i>	3 PC	580.00	1,740.00
3.	SIDE DOOR ASSY / <i>PR</i>	1 PC	950.00	950.00
4.	STAINLESS STEEL DOOR HINGE / <i>BT</i>	2 PC	150.00	300.00
5.	DOOR RUBBER GASKET (METER) / <i>nc</i>	10 PC	55.00	550.00
6.	GRP BOARD INTERNAL / <i>BR</i>	1 PC	2,500.00	2,500.00
7.	SIKA FORCE GLUE / <i>nc</i>	8 PC	85.00	680.00
8.	WHITE SILICON / <i>nc</i>	10 PC	40.00	400.00
9.	RIVET SET / <i>nc</i>	1 PC	15.00	15.00
10.	BLUE STYROFOAM / <i>nc</i>	4 PC	80.00	320.00

SPECIAL NET TOTAL S\$

7,815.00

LABOUR :

TO REPLACE INNER GRP BOARD (SKIN)

400 680.00

TO REPLACE LH FREEZER DOOR & SIDE STAINLESS STEEL FRAME PROFILE

600 1,000.00

TO SPRAY PAINT LH SIDE FREEZER BOX

300 500.00

TO DISCHARGE & TOP UP REFRIGERANT

180 250.00

TO CONDUCT FREEZER LEAK DETECTION TEST

200 350.00

LABOUR TOTAL S\$

2,780.00

Steve (LKK)

OP-M AL

EXPLN-?

24/5/22, 2.00pm

6 dys E. & O.E

M AL Ly

BRIAN ENG

H/P: 8717 3377

NON-TAX AMOUNT S

AMOUNT S\$ 10,595.00

GST @ 7 % 741.65

AMOUNT DUE S\$ 11,336.65

Customer's Signature/Co Stamp MOVA AUTOMOTIVE PTE LTD

- 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

biSAFE

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	14/05/2022 12:04 (SGT)
Date of Accident	13/05/2022 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	25 DEPOT LANE #01-05 S 109764
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG4169K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NICHIRYO FOODS PTE LTD
Company Reg No	2XXXXX069Z
Email Address	CCHLEE96@GMAIL.COM
Mobile Phone No	(Phone) +65-98162257
Alternative Phone No	+65-98162257

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z22VC05010187
Cover Note Number	-

DRIVER

Name of Driver	KEE JET SENG
Work Permit No	GXXXX856T

Date Of Birth	03/09/1987
Occupation	Outdoor
Date Of Driving Pass	19/07/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98162257
Alt. Phone Number	-
Email Address	CCHLEE96@GMAIL.COM
Address	NICHIRYO FOODS PTE LTD
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

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' law yers/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' law yers/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 & Time

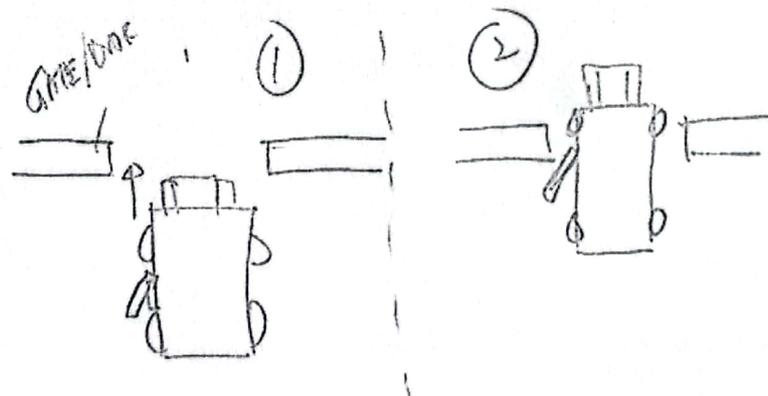
[Handwritten Signature]

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: G864169K ACCIDENT DATE & TIME: 13 MAY 2022 / 0800 HRS
 CONTACT NUMBER: 95162257 (Lee) E-MAIL ADDRESS: CCHLEE06@GMAIL.COM
 LOCATION: 25 DEPOT LANE #01-05 SINGAPORE 109764.

ON 13 MAY 2022 0800HRS, AFTER FINISHING LOADING UP OF CARGO ONTO G864169K, #1 DRIVER KEE JET SENG (LICENSE NO G7421856T), FORGOT TO LOCK THE FREEZER CABIN SIDE DOOR.

AS HE WAS ABOUT TO LEAVE OUR WAREHOUSE AT DEPOT (AS SHOWN IN ATTACHED DIAGRAM), THE LEFT SIDE FREEZER CABIN COLLIDED AGAINST THE ENTRANCE DOOR.

THE SIDE DOOR CAME OFF.

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 CD/TP at other workshop () Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.



 Police / Date & Time



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



 Witnessed by Reporting Centre Personnel