

ASS. REC. BY:

Steve

CS/HLA 22005188/43

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.

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

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKJ 57457 Yr Regn: 18/4/13Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Volkswagen Passat c.c. 1390Colour: BlackA/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 146300T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: WYV 2223C2DP029577Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 225/40ZR18R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or PirelliFront R/Bal. 4 mm

Rear

R/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 11/5/22D.O.I. 15/6/22Survey held at MorgDes. of Damages: ☒ Frt / ☒ Rear / ☒ O/S / ☒ N/S / ☒ U/C / ☒ Rooftop orFront RH & LH

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

Date / Time

Action / Instruction

MV-13K

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL



Main Office : No. 22, Jalan Kilang, Singapore 159419
Tel: 6476 3333 Fax: 6271 5891

Service Centre : Block 1008, Bukit Merah Lane 3,
#01-04/06/08/115, Singapore 159722
Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314
www.mova.com.sg
GST Reg. No: M2-0088864-2

Mova Spray Centre
2K Oven Spray Painting System

Power-M Automotive Pte Ltd
Specialise in Car Air-con Services,
Car Audio & Hi-Fi System.

Hilton Car Rental Centre
Hilton Auto Trading
Dealing in New/Used Cars, Hire Purchase & Insurance.



TP INSURER:
UNKNOWN

HL Assurance Pte Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	11/05/2022
Vehicle Reg. No.:	SKJ5745T	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	VOLKSWAGEN PASSAT, 1.4 TSI DSG 3623A7	Vehicle Reg. Date:	18/04/2013
Vehicle Colour:	(A) BLACK	Chassis No:	CAXB99526
Engine No:	WWWZZZ3CZDP029577		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH)		

COST OF CLAIMS	Amount
Parts	1,337.75
Miscellaneous Items	0.00
Labour	880.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,217.75
+ GST 7.00% (\$\$)	155.24
Nett Amount (\$\$)	2,372.99

This claim is handled by: JACELYN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

PAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 31 May 2022)
 Parts: 143 VOLKSWAGEN PASSAT 1.4 TSI DSG 3623A7 (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: (Unsubmitted, no print-code for SKJ5745T)
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT BUMPER SIDE RETAINER RH X	0.00	0.00	*55.00 F
2	1		*FRONT WHEEL RIM RH X	0	0.00	*500.00 FS
3	1		*FRONT WHEEL RIM LH X CUT	0	0.00	*500.00 FS
4	1		*FRONT TYRE LH X	0	0.00	*280.00 FS
5	1		*FRONT FENDER RH - REPAIR X R	0.00	0.00	-
6	1		*FRONT BUMPER - REPAIR X R	0.00	0.00	-
Sub Total (\$\$)						1,335.00
+ Margin on L,N Items 5.00% (\$\$)						2.75
Total Parts (\$\$)						1,337.75

F=Franchise part. S=SpcNett.

Report was unsubmitted during this print-out.
 Generated using Merimen e-Claims IEAS

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO REPAIR ON FRONT FENDER RH & FRONT BUMPER, TO REMOVE & REFIT AFFECTED ATTACHMENT. REALIGN CONNECTION	New 200	400.00
2	TO SPRAY PAINT ON REPAIRED AREAS	New	400.00 ✓
3	TO CHECK WHEEL ALIGNMENT	New 60	80.00
Gross Labour Cost (\$\$)			880.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Stew (CLKK)
15/6/22, 11.11m

ML
P/P
17.1.19
3 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	11/05/2022 14:41 (SGT)
Date of Accident	11/05/2022 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG JURONG WEST AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5745T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ENG HUAT
NRIC No	S1739545I
Email Address	ERICLIM96965023@GMAIL.COM
Mobile Phone No	(Phone) +65-96965023
Alternative Phone No	+65-96965023

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5065136786-08
Cover Note Number	-

DRIVER

Name of Driver	LIM ENG HUAT
NRIC No	S1739545I

Birth	25/08/1966
Location	Indoor
Date Of Driving Pass	22/03/1985
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96965023
Alt. Phone Number	+65-96965023
Email Address	ERICLIM96965023@GMAIL.COM
Address	54 LAKESIDE DRIVE
Address complement	#17-22 CASPIAN
Postcode	648317
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20220511/2051 AND SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	INFORM DRIVER TO EMAIL VIDEO TO INCOME
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL330S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Category	Private car
Driver	x
Plate Number	x
Pass	x
Clothing complement	x
Postcode	x
Insurance Company Name	x
Nature Of Damage	x
Details of property damaged in accident	x
No. Of Passenger (Including Driver)	1

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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time: 11/05/2022
1430HRS

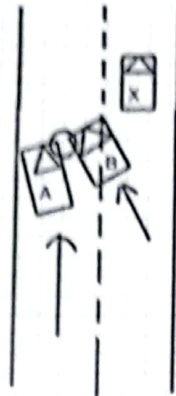
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138

SKETCH PLAN

ALONG JURONG WEST AVENUE 1



A: SKJ5745T

B: SLL330S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : T/20220511/2051

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 11/05/2022
1430HRS

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

[Signature]

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138



**SINGAPORE
POLICE FORCE**



T/20220523/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20220523/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2022 16:24		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: TAN SOO LEONG			Address: 1 LEICESTER ROAD #06-11 SINGAPORE 358828		
ID Type / ID No.: NRIC NO / S0240342J			Contact No.: Home/Office: Mobile: 96319039		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 29/12/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 23/05/2022 12:45	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDA5551R	Car				Seriously Damaged	1
SJU9671A	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220523/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No: T/20220523/2065

CONTINUATION OF REPORT

Driver			
Name	TAN SOO LEONG		ID No. S0240342J
Related Vehicle	SDA5551R (Car)		Contact No. 96319039
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CALVIN TAY TIAN HO		ID No. S8020040D
Related Vehicle	SJU9671A (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/05/2022 at about 1245hrs, I was driving my wife's vehicle SDA5551R travelling on the third lane along Thomson Road towards Mount Alvernia Hospital. I noticed that the traffic light at the front junction was in red and there were several vehicles stopped at the junction occupying the first and second lane of the road. I continue to drive towards the junction and out of a sudden, a vehicle SJU9671A came out of the second lane and collided with my vehicle. We stopped our vehicle and exchange our particulars, the person told me that he was driving a private police vehicle and shown me his police warrant card, issued a NP122 form to me and informed me to lodge a police report for the insurance claims. I wished to state that due to the collision, my vehicle suffered damages(dents and scratches) on the rear bumper, both driver, right passenger's door and right rear wheel area. While his vehicle suffered damages (dent and scratches) on the front left bumper and left wheel area. I also handed over my in car camera SD card over to him. I wished to state that the accident happened too fast, I did not managed to see if the vehicle did signal before he drove out from his lane and both of us did not suffered from any injuries.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T20220523/2085

1 of 1

Report No: T20220523/2085

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
D /
Other LIU FENGZHAN, GERRY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
Other MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Signature Of Informant:

Date/Time:
23/05/2022 16:24

Classification Of Case:

NP168