

Steve

CS/SMR 22005213/Ervg3

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: SHB 1003E
 Policy No. _____
 Claims No. TAX/05/22/2059
 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 Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SMR 20T Yr Regn: 28/2/17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW X4 c.c. 1997
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading 70609 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WRAX W12 00 00R 581
 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: 245/50R18
 R: _____
 CS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or. cinturato
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 21/5/22 D.O.I. 21/6/22
 Survey held at Mava
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 Front RH
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MV-140K
30/8/22	Steve informed LS \$4200 (Red 2727.85, 39%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 31/8/22-typist

Report Format: TP

Lump Sum / H.S. (\$) \$4200

Days Of Repair: 4

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

Estimate

31/05/2022

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

Attention :- XA026

m AL
LIS
M AL
4 Lys

Page # :- 1
Veh # :- SMR20T
Veh Model :- BMW X4 XDRIVE

Estimate# :- CK423427
Claim # :- 7P/CK145406
ACC. Date :- 21/05/22
Terms :- C.O.D Days
Remarks :- MFE 28 FEB 2017 (2016)

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

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	HEADLAMP RH / CUT	1 PC	2,549.00	2,549.00
2.	HEADLAMP LOWER BRACKET RH	1 PC	187.00	187.00
3.	FRONT BUMPER X R	1 PC	1,446.00	1,446.00
4.	FRONT BUMPER LOWER / CUT	1 PC	354.00	354.00
5.	FRONT PARKING SENSOR OUTER RH	1 PC	295.00	295.00
6.	FRONT BUMPER SIDE RETAINER RH	1 PC	36.00	36.00
7.	FRONT BUMPER CLIPS X MK	10 PC	5.00	50.00
8.	RIVET X	16 PC	6.00	96.00
9.	FRONT FENDER ARCH GARNISH RH / CUT	1 PC	245.00	245.00
10.	FRONT FENDER ARCH GARNISH CLIPS / MK	10 PC	5.00	50.00
11.	FRONT FENDER COWLING RH X	1 PC	145.00	145.00
12.	FRONT FENDER COWLING CLIPS X	10 PC	5.00	50.00
13.	FRONT WHEEL RIM RH - REPAIR X	1 PC		
14.	FRONT FENDER RH - REPAIR X R	1 PC		
LIST TOTAL S\$				5,503.00
5% DISCOUNT S\$				-275.15
				5,227.85
SPECIAL NET ITEMS :				
1.	FRONT TYRE RH	1 PC	280.00 X	280.00
SPECIAL NET TOTAL S\$				280.00
LABOUR :				
TO INSPECT FRONT LIGHTING MECHANISM & CHECK WIRING				50 80.00
TO INSTALL PARKING SENSOR & DIGNOSE FUNCTION				30 80.00
TO REPAIR ON FRONT FENDER RH. TO REMOVE & REPLACE DAMAGED ITEMS. REALIGN CONNECTION				300 500.00
TO SPRAY PAINT ON REPAIRED AREAS				450 400 500.00
TO CHECK WHEEL ALIGNMENT				X 80.00
TO REFURBISH FRONT WHEEL RIM RH				X 180.00
LABOUR TOTAL S\$				1,420.00

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:

bizSAFE

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31/05/2022

MS FIRST CAPITAL INSURANCE LIMITED
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#16-01 City House
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Attention :- XA026

Page # :- 1 145406
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No.	Description	Qty	U.Price	Amounts S\$
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E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$

6,927.85

GST @ 7 %

484.95

AMOUNT DUE S\$

7,412.80

Customer's Signature/Co. Stamp *Jaclyn* **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 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 23/05/2022 11:09 (SGT)
Date of Accident 21/05/2022 17:45 (SGT)
Exact Location of Accident Killiney Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR20T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG PEI LING (HUANG PEILING)
NRIC No SXXXX427A
Email Address CHARLYGAL@HOTMAIL.COM
Mobile Phone No (Phone) +65-98737744
Alternative Phone No +65-98737744

VEHICLE PARTICULARS

Manufacturer BMW
Model X4 XDRIVE20I 4WD HID SR NAV
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 1997

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA006306
Cover Note Number -

DRIVER

Name of Driver NG PEI LING (HUANG PEILING)
NRIC No SXXXX427A

Accident report SM0M225N0002

Driving Pass 13/03/1981
 experience Indoor
 18/06/2002
 19 YEARS AND 11 MONTHS
 er Female
 (Phone) +65-98737744
 Mobile Number +65-98737744
 Alt. Phone Number CHARLYGAL@HOTMAIL.COM
 Email Address 21 KIM YAM ROAD
 Address 05-06
 Address complement 239332
 Postcode
 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 - Change/cross lane
 Weather Conditions Clear
 Road Surface 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

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 SHB1003E
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Taxi
 Name of Driver FONG SOON KIANG
 Contact Number (Phone) +65-97881627
 Address
 Address complement


Company Name *
Damage *
Property damaged in accident *
Passenger (Including Driver) *


SKETCH PLAN

IMPORTANT NOTICE

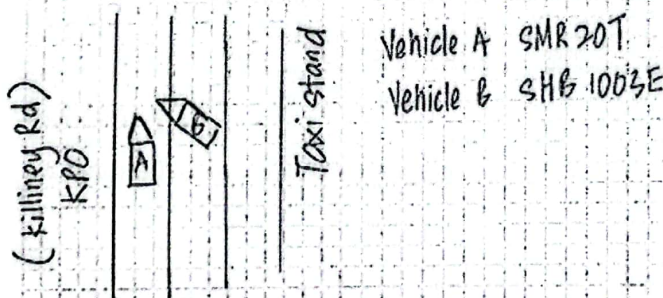
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
(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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan


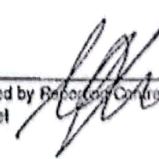


Describe Circumstances of the Accident

LICENSE PLATE: SMR 201	ACCIDENT DATE & TIME: 21/05/22 5:45pm
CONTACT NUMBER: 98731144	E-MAIL ADDRESS: charlygal@hotmail.com
LOCATION: Killiney Road (outside KPO)	
<p>At about 5:45pm on Saturday afternoon, I was driving along Killiney road on the extreme left lane at a low speed about 40km/hr. Suddenly, in front of KPO restaurant, there was a taxi (car plate 9HB100SE) turned out for the taxi stand at Orchard Central and cut into my lane and hit my car at the front part of my car.</p> <p>We stop and cars found scratch scratches on the right front part of my car. I am claiming the taxi driver for my damages.</p>	
<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.</p>	
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.

 Policyholder's Signature / Date & Time 23/05/22	Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reported Conting Personnel
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