

Steve

CS/CT122006001/E943

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. SNM22D204266/C02

Sum Insured: _____

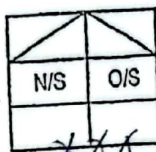
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

3

days

Res.: Yes or No

Lump Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKA 5676Y Yr Regn: 10/12/14

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes-Benz A180 c.c. 1895

Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading: 117029

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD17604 225396316

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/40R18

R: 11

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. 17/6/22

D.O.I. 27/6/22

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-56X

28/06/22 @ 5.10pm revised to Kah Leong via Merimen.

Steve finalised LS \$2750, 3 days. (Red \$2847.15, 51%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 15/07 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: MER-TP

Lump Sum H.R. (\$) 2750

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + R.S. \$ _____

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

22/06/2022

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

Attention :- XA017

Page # :- 1

Veh # :- SKQ5676Y

Veh Model :- MERCEDES A180

Estimate# :- CK423544

Claim # :-

ACC. Date :- 17/06/22

Terms :- C.O.D Days

Remarks :- CK145808

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR BUMPER	1 PC	1,904.50	1,904.50
2.	REAR BUMPER RETAINER LH & RH	2 PC	42.00	84.00
3.	REAR BUMPER SPONGE	4 PC	385.00	1,540.00
4.	REAR BUMPER SENSOR RING	4 PC	13.00	52.00
5.	REAR BUMPER CLIPS	10 PC	9.50	95.00
6.	REAR BUMPER LOWER GARNISH	1 PC	356.00	356.00
7.	RR BUMPER CENTER SUPPORT 176 885 0065	1 PC	132.00	132.00
8.	REAR BUMPER REINFORCEMENT	1 PC	715.00	715.00
9.	TOW EYE	1 PC	85.00	85.00
LIST TOTAL S\$				4,963.50
10% DISCOUNT S\$				-496.35
				4,467.15
LABOUR :				
TO REPLACE REAR BUMPER & REAR BUMPER REINFORCEMENT, TO PANEL BEAT, REPAIR REAR END PANEL & REALIGN ALL CONNECTION			250	450.00
TO SPRAY PAINT ON REAR BUMPER, BUMPER SENSOR & END PANEL			220	450.00
TO APPLY ANTI RUST PROOFING ON AFFECTED AREAS			30	50.00
TO CODING REAR BUMPER PDC SENSOR			120	180.00
LABOUR TOTAL S\$				1,130.00

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 5,597.15

GST @ 7 % 391.80

AMOUNT DUE S\$ 5,988.95

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
- Customer's Signature/Co. Stamp
- 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:

BRIAN ENG

H/P: 8717 3377

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 CJA 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	20/06/2022 15:28 (SGT)
Date of Accident	17/06/2022 18:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BALESTIER RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ5676Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMAD SHAMSUL BIN SUTOHMOH
NRIC No	SXXXX006A
Email Address	SHAM_WINA@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96738445
Alternative Phone No	+65-96738445

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	1595

INSURANCE COMPANY

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

DRIVER

Name of Driver	MOHAMAD SHAMSUL BIN SUTOHMOH
NRIC No	SXXXX006A

Date Of Birth	10/11/1980
Occupation	Indoor
Date Of Driving Pass	08/11/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96738445
Alt. Phone Number	+65-96738445
Email Address	SHAM_WINA@HOTMAIL.COM
Address	BLK 818A CHOA CHU KANG AVE 1
Address complement	#04-100
Postcode	681818
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	GBG5773J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN1644D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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;

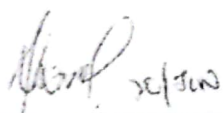
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

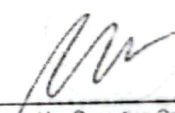
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

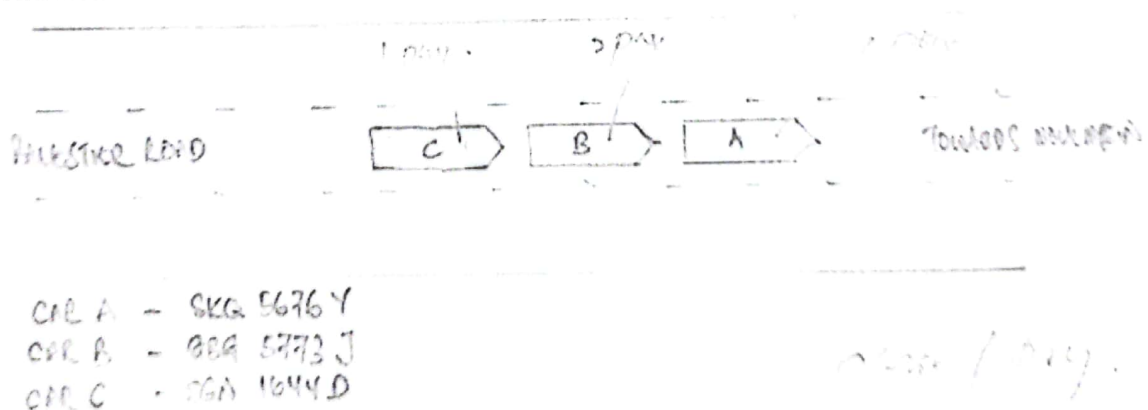
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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 SKQ 5676 Y ACCIDENT DATE & TIME 17 June 2022 @ 18:28 Hrs.
 CONTACT NUMBER 96738445 E-MAIL ADDRESS sheng-wing@hotmail.com

LOCATION

DRIVING AT A GOLF JUNCTION, WAS HIT BY A LORRY (BLUE) VEH PLATE
 GBA 5773 J. GOT OUT OF MY CAR (SKQ 5676 Y), THEN GOT TO KNOW
 ANOTHER VEHICLE (BLACK) CAR SGN 16440 COLLIDED ONTO THE BLUE
 LORRY AND CAUSED A COLLISION CHAIN. NO ONE WAS INJURED AT THAT
 MOMENT BUT MY KNEE HAVE COME TO A BAD PAIN HAVE YET TO
 VISIT ANY DOCTOR
 BOTH CAR AND LORRY WERE DAMAGED THERE WAS SCRATCHES AND
 DENT ON MY REAR BUMPER.

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 OD/TP at other workshop☐ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 20/June
 Policyholder's Signature / Date &
 Time

[Signature]
 Driver's Signature (If driver is not the policyholder) / Date
 & Time

[Signature]
 Witnessed by Reporting Centre
 Personnel