

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMM 1192A Yr Regn: 18/6/19
 Type: MC / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda / HRV c.c. 11296
 Colour: Brown N/C: Insured / Std / NI / NA
 Sp. Reading: 61736 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHMRY1830JXED1795
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jaimmed / Leaked / Burnt or
 Brake: In order / Jaimmed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/65R16
 R: _____

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

N/S	O/S
<u>XXX</u>	<u>XXX</u>

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 2/1/22 D.O.I. 29/8/22
 Survey held at MIAA
 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
	<u>MR-95X</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / I.E.F. (%) _____

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

11/08/2022

SOMPO INSURANCE SINGAPORE PTE LTD
50 RAFFLES PLACE
#05-01/06 SINGAPORE LAND TOWER
SINGAPORE 048623.

Page # :- 1
Veh # :- SMM1192A
Veh Model :- HONDA HRV
Estimate# :- CK423773
Claim # :- TP/CK146301
ACC. Date :- 27/07/22
Terms :- C.O.D Days
Remarks :- MFR 18 JUN 2019 (2019)

Attention :- XA018

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	TAILGATE / <i>00</i>	1	PC 1,150.00	1,150.00
2.	TAILGATE EMBLEM - HRV - <i>PC</i>	1	PC 45.00	45.00
3.	TAILGATE EMBLEM - IVTEC - <i>PC</i>	1	PC 45.00	45.00
4.	TAILGATE LOCK	1	PC 256.00	256.00
5.	TAILGATE RIBBER	1	PC 105.00	105.00
6.	REAR BUMPER - <i>CR4</i>	1	PC 411.00	411.00
7.	REAR BUMPER REFLECTOR LH X	1	PC 107.00	107.00
8.	REAR BUMPER CLIPS - <i>PC</i>	10	PC 5.00	50.00
9.	REAR BUMPER SIDE RETAINER LH & RH ?	2	PC 32.00	64.00
10.	REAR BUMPER CENTRE RETAINER X	1	PC 107.00	107.00
11.	ANTENNA SENSOR	1	PC 65.00	65.00
12.	END PANEL TOP GARNISH	1	PC 85.00	85.00
13.	END PANEL - REPAIR <i>y R</i>	1	PC	
	LIST TOTAL S\$			2,490.00
	20% DISCOUNT S\$			-498.00
				<u>1,992.00</u>
SPECIAL NET ITEMS :				
1.	SEALANT - <i>m</i>	1	PC 40.00	40.00
2.	REVERSE SENSOR - <i>shd</i>	1	PC 280.00	280.00
	SPECIAL NET TOTAL S\$			<u>320.00</u>
LABOUR :				
	TO REMOVE & REFIT REAR WINDSCREEN GLASS			120.00 ✓
	TO INSPECT REAR LIGHTING MECHANISM & CHECK WIRING			50 80.00
	TO INSTALL REVERSE SENSOR & DIAGNOSE FUNCTION			30 80.00
	TO REPAIR ON END PANEL. TO REMOVE & REPLACE DAMAGED ITEMS, REALIGN CONNECTION			400 600.00
	TO RUST PROOF ON REPAIRED AREAS			30 80.00
	TO SPRAY PAINT ON REPAIRED AREAS			400 600.00
	LABOUR TOTAL S\$			<u>1,560.00</u>

Steve (LKK)
29/8/22, 10.30am
m R
LIS
My AL y
S Gf

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

mate
/2022

JMPO INSURANCE SINGAPORE PTE LTD
10 RAFFLES PLACE
#05-01/06 SINGAPORE LAND TOWER
SINGAPORE 048623.

Attention :- XA018

Page # :- 1 146301
Veh # :- SMM1192A
Veh Model :- HONDA HRV
Estimate# :- CK423773
Claim # :-
ACC. Date :- 27/07/22
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
-----	-------------	-----	---------	-------------

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$

3,872.00

GST @ 7 %

271.04

AMOUNT DUE S\$

4,143.04

Customer's Signature/Co. Stamp *Jacelyn* 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:

NTUC Income Insurance Co-operative Ltd
DATE & TIME: 28/07/2022 10:01 (SGT)
REPORTED BY: Muhammad Nizam bin Alias
DATE & TIME: 28/07/2022 10:01 (SGT)

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 Actual 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	28/07/2022 10:01 (SGT)
Reported by	Both
Date of Accident	27/07/2022 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG LAVENDER STREET TOWARDS SERANGOON ROAD, NEAR TO UNIT 265.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1192A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIANG KOK KIN
NRIC No	S1455221I
Email Address	Joechiang20@gmail.com
Mobile Phone No	(Phone) +65-94798816
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122508726-01

DRIVER

Name of Driver	CHIANG KOK KIN
NRIC No	S1455221I
Date Of Birth	20/10/1960

Accident report SN07227S0005



Driving Pass
experience
Number
Phone Number
Address
Address
Address complement
Postcode

Indoor
17/10/1980
41 YEARS AND 9 MONTHS
Male
(Phone) +65-94798816
-
Joechiang20@gmail.com
26 BUKIT BATOK EAST AVENUE 2 #21-03
-
659920
Yes
-
No
-
-

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

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
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC3094B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver IRENE

Number (Phone) +65-93664528
Complement -
Insurance Company Name -
Amount Of Damage -
Amount of property damaged in accident -
Number Of Passenger (Including Driver) 3

PASSENGER 1
Name UNKNOWN
Gender Male

PASSENGER 2
Name UNKNOWN
Gender Male

IMPORTANT NOTICE

SKETCH PLAN

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 Actual 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 reputate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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:

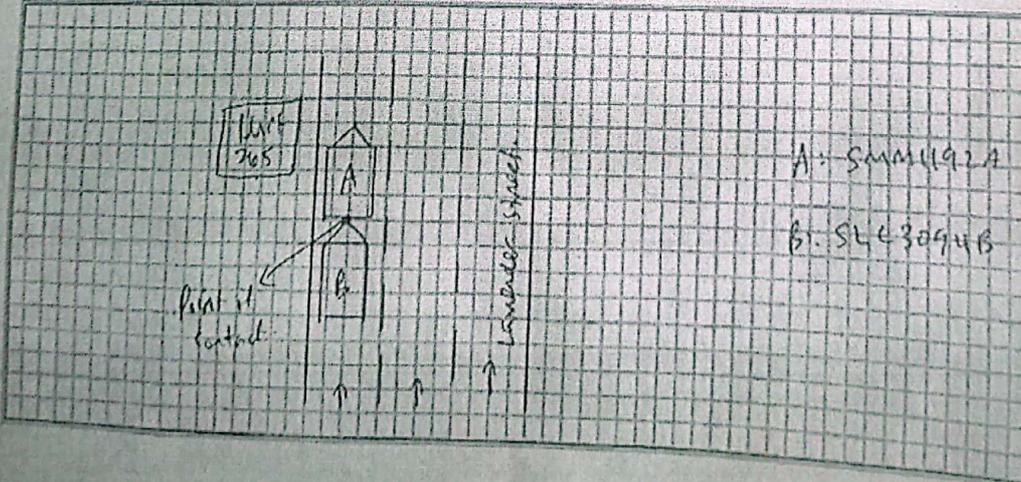
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the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

[Signature] 28/7/2022
2:10:00pm
Policyholder's Signature / Date & Time

[Signature] 28/7/2022
2:10:00pm
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] Muhammad Nizam
R-11113
983385
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the 27/7/2022 at about 1.20pm, I was driving my car SMM1192A along Lawrence street. It was a slow traffic. I was driving in the left most lane.

While driving slowly, suddenly the rear of my car SMM1192A was hit by car SLE30946. The front of car SLE30946 hit the rear of my car SMM1192A.

There were no injuries.

Declaration

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

[Signature] 28/7/2022
E 1000655
Policyholder's Signature / Date & Time

[Signature] 28/7/2022
E 1000655
Driver's Signature (if driver is not the policy holder) / Date & Time

[Signature] Muhammad Wilson
S/O Aries
Witnessed by Reporting Centre Personnel
(Name as in NRIC / ID card) 993555