

Steve

Alkam

## 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
<input type="checkbox"/>	<input type="checkbox"/>

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

Veh No: SMH 1237S Yr Regn: 30/1/19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Alphard c.c. 2493Colour: white A/C: Insured / Std / NI / NASp. Reading 11771 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: AGH 300214515Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/50R18R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 1/9/22 D.O.I. 14/9/22Survey held at MovaDes. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-200K</u>

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Date/Time, File Return to?

☐ : Final Report

Transportation:

2) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) \$ + RS. \$☐ : Interview (\$ \_\_\_\_\_) Photos☐ : Tech. Invs (\$ \_\_\_\_\_) Others☐ : Weekend (\$ \_\_\_\_\_) TOTAL

Report Format: \_\_\_\_\_

Lump Sum / I.B.F. (\$) \_\_\_\_\_




**Main Office :** No. 22, Jalan Kilang, Singapore 159419  
Tel: 6476 3333 Fax: 6271 6891

**Service Centre :** Block 1008, Bukit Merah Lane 3,  
#01-04/06/08/116, Singapore 159722  
Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314  
www.mova.com.sg  
GST Reg. No: M2-0008804-2

**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.



INSURER:

**Allianz Insurance Singapore Pte, Ltd, (HQ)****PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	0	Date of Loss:	01/09/2022
Vehicle Reg. No.:	SMH7237S	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	WANG DEHAI		
Make/Model:	TOYOTA ALPHARD, 2.5 SC CVT (A)	Vehicle Reg. Date:	30/01/2019
Vehicle Colour:	WHITE	Chassis No:	AGH300214515
Engine No:	2ARJ214361		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	12		
Present Location:	MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH)		

**COST OF CLAIMS**

	Amount
Parts	17,869.55
Miscellaneous Items	0.00
Labour	3,480.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>21,349.55</b>
<b>+ GST 7.00% (S\$)</b>	<b>1,494.47</b>
<b>Nett Amount (S\$)</b>	<b>22,844.02</b>

**This claim is handled by: BRIAN**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System



## DETAILS

## reference

Source: MRM-SG  
 Parts: M1-MPV  
 Labour: Repairer's

Version: 1.0 (Last Synchronised: 13 Sep 2022)

TOYOTA ALPHARD 2.5 SC CVT (A) (Catalogue:Merimen Singapore 1.0)

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SMH7237S)  
 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 BONNET / <i>DD</i>	0.00	0.00	*350.00 F
2	2		*BONNET HINGE LH/RH / <i>BT</i>	0.00	0.00	*70.00 F
3	1		*BONNET INSULATOR / <i>CRU</i>	0.00	0.00	*100.00 F
4	10		*BONNET INSULATOR CLIPS / <i>MC</i>	0.00	0.00	*20.00 F
5	1		*BONNET STANDS / <i>MIS</i>	0.00	0.00	*35.00 F
6	1		*BONNET LOCK / <i>BT</i>	0.00	0.00	*90.00 F
7	1		*BONNET CHROME GARNISH / <i>MIS</i>	0.00	0.00	*170.00 F
8	2		*HEADLAMP LH/RH / <i>OR</i>	0.00	0.00	*5,460.00 F
9	1		*HEADLAMP ECU LH	0.00	0.00	*400.00 F
10	1		*FRONT BUMPER / <i>OR</i>	0.00	0.00	*950.00 F
11	2		*FRONT BUMPER SENSOR / <i>MIS</i>	0.00	0.00	*360.00 F
12	1		*FRONT BUMPER SENSOR WIRE / <i>MIS</i>	0.00	0.00	*250.00 F
13	2		*BUMPER RETAINER LH/RH / <i>OR</i>	0.00	0.00	*100.00 F
14	20		*BUMPER CLIPS / <i>MC</i>	0.00	0.00	*40.00 F
15	10		*BUMPER CLIPS / <i>X</i>	0.00	0.00	*20.00 F
16	1		*RADIATOR GRILLE, TOP COVER / <i>OR</i>	0.00	0.00	*150.00 F
17	10		*RADIATOR GRILLE, TOP COVER CLIPS / <i>MC</i>	0.00	0.00	*20.00 F
18	2		*FRONT FENDER LH/RH / <i>DD</i>	0.00	0.00	*840.00 F
19	1		*FRONT FENDER INNER LINER RH / <i>MC</i>	0.00	0.00	*170.00 F
20	20		*FRONT FENDER INNER LINER CLIPS / <i>MC</i>	0.00	0.00	*40.00 F
21	1		*FRONT FENDER SIDE, PIN HOLD CLIPS / <i>MC</i>	0.00	0.00	*5.50 F
22	1		*RADIATOR GRILLE / <i>OR</i>	0.00	0.00	*1,020.00 F
23	1		*ALPHARD LOGO / <i>MC</i>	0.00	0.00	*700.00 F
24	1		*RADAR / <i>MC</i>	0.00	0.00	*1,200.00 F
25	1		*RADAR WIRE / <i>OR</i>	0.00	0.00	*250.00 F
26	1		*NUMBER PLATE BACKING PLATE / <i>CVT</i>	0.00	0.00	*85.00 F
27	1		*TOWING COVER / <i>MIS</i>	0.00	0.00	*40.00 F
28	2		*FRONT BUMPER FOG LAMP BRKT LH/RH (RH) / <i>OR</i>	0.00	0.00	*90.00 F
29	2		*FRONT BUMPER FOG LAMP LH/RH (RH) / <i>CVT</i>	0.00	0.00	*300.00 F
30	2		*FRONT BUMPER FOG LAMP OUTER CHROME LH/RH / <i>CVT</i>	0.00	0.00	*340.00 F
31	2		*FRONT BUMPER FOG LAMP GARNISH LH/RH (RH) / <i>CVT</i>	0.00	0.00	*440.00 F
32	1		*FRONT BUMPER LOWER AIR GRILLE / <i>CVT</i>	0.00	0.00	*130.00 F
33	1		*FRONT BUMPER UNDERNEATH COVER / <i>CRU</i>	0.00	0.00	*150.00 F
34	1		*BUMPER SPONGE / <i>MIS</i>	0.00	0.00	*55.00 F
35	1		*BUMPER REINFORCEMENT / <i>MC</i>	0.00	0.00	*210.00 F
36	2		*ROOF MOULDING LH/RH (RH) / <i>CVT</i>	0.00	0.00	*400.00 F
37	1		*HORN / <i>OR</i>	0.00	0.00	*85.00 F
38	1		*WASHER TANK / <i>CRU</i>	0.00	0.00	*110.00 F
39	1		*SUPPORT - TOP PANEL / <i>BT</i>	0.00	0.00	*300.00 F
40	2		*SUPPORT - SIDE PANEL (RH) / <i>BT</i>	0.00	0.00	*470.00 F
41	1		*SUPPORT - LOWER PANEL (CHECK)	0.00	0.00	-
42	1		*BRACE PANEL / <i>BT</i>	0.00	0.00	*75.00 F
43	1		*A/C CONDENSER (CHECK) / <i>BT</i>	0.00	0.00	-
44	1		*RADIATOR (CHECK) / <i>BT</i>	0.00	0.00	-
45	1		*COOLANT / <i>MC</i>	0	0.00	*80.00 FS
46	1		*A/C GAS / <i>MC</i>	0	0.00	*50.00 FS
47	1		*NUMBER PLATE / <i>OR</i>	0	0.00	*40.00 FS

F=Franchise part, S=SpecNett.

Sub Total (\$\$)

16,260.50

+ Margin on L,N Items 10.00% (\$\$)

1,609.05

Total Parts (\$\$)

17,869.55

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

PM  
 Items on Miscellaneous Items  
 no new miscellaneous items selected.

# Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	TO CUT/ WELD/ KNOCKING FRONT SUPPORT PANEL, REPLACE LH/RH SIDE PANEL, FRONT BUMPER, BONNET & REALIGN ALL THE CONNECTION	New 1200	1,350.00
2	TO SPRAY PAINT ON BONNET, FRONT BUMPER, FENDER LH/RH, RH FRONT DOOR	New	1,100.00
3	TO REMOVE/ REFIT A/C CONDENSE & RADIATOR	New 780	150.00
4	TO ADJUST FOCUS HEADLAMP & CALIBRATION	New 300	250.00
5	TO PROGRAM RADAR & CALIBRATION ADAS	New 300	450.00
6	TO APPLY ANTI RUST PROOFING ON AFFECTED AREAS	New 30	60.00
7	TO CHECK & RECTIFY WIRING FAULT. TO CONDUCT DIAGNOSTIC CHECK & FUNCTIONAL CHECK	New 100	120.00
Gross Labour Cost (\$\$)			3,480.00

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

< END OF ESTIMATES >

Steve (LKK)

14/7/22, 12.30 PM

OD-M AL

Excess-?

P/P

My BIL S  
 9 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 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	02/09/2022 16:11 (SGT)
Reported by	Driver
Date of Accident	01/09/2022 17:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	90 BRAS BASAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7237S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WANG DEHAI
Passport No/FIN	GXXXX216P
Email Address	SAMMULIM@GMAIL.COM
Mobile Phone No	(Phone) +65-98166666
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	ALPHARD 2.5SC CVT
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2493

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

### DRIVER

Name of Driver	LIM YI QUAN, SAM
NRIC No	SXXXX395H
Date Of Birth	23/01/1992
Occupation	Outdoor



29/06/2021  
 1 YEAR AND 3 MONTHS  
 Male  
 (Phone) +65-98984707  
 -  
 SAMMULIM@GMAIL.COM  
 BLK 122B EDGEDALE PLAINS  
 #04-161  
 822122  
 No  
 Paid Driver  
 No  
 -  
 -  
 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  
 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 THE 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 ..... SBS3736S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 Name of Driver ..... -  
 Contact Number ..... -



## 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 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:

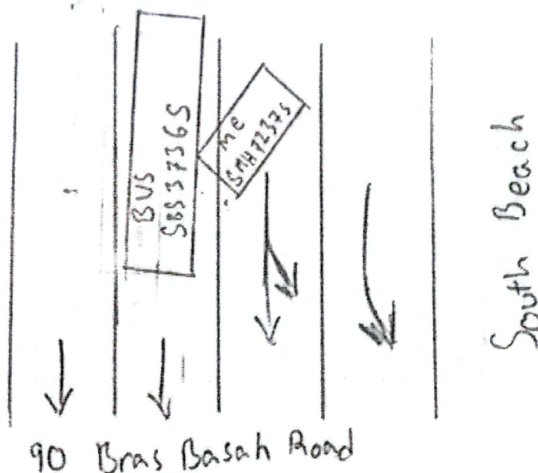
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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		ACCIDENT DATE & TIME: 01/09/2022 1703
LICENSE PLATE: SMP 72325	CONTACT NUMBER: 9816 6666	E-MAIL ADDRESS: SPMPULSM@GMAIL.COM
LOCATION: 90 Bras Basah Road		
<p>After turning left into Bras Basah Road from Beach Road, I was stuck in the left turning lane which leads to Nicoll Highway. As I need to turn right towards Nicoll Highway instead of turning left, I turn on my signal light and start moving to the right. While making my right turn to filter to the next lane a SPS bus got into a collision with me, knocking my right front portion of the car. Causing my head lamp and front bumper to be knocked off.</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 checked="" type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party	<input type="checkbox"/> Claim OD/TP at other workshop <span style="float: right;"><input type="checkbox"/> Reporting Only</span>

We declare the foregoing particulars are true in every respect.

