ASS. REC. BY: Steve | CS/AIS22009087/Ery3 |

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.

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJN 3879Y Yr Regn: 12/9/09

Type: N.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Avante c.c 1591

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 166316 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHDN41BP9M688304

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Cinturato

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	16/9/22	D.O.I.	16/9/22

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-BK
	PV-3627
	MV-9318

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	

MOVA Automotive Pte Ltd

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

Service Centre : Block 1008, Bukit Merah Lane 3, #01-04/06/09/115, 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.

INSURER: **Allianz Insurance Singapore Pte. Ltd. (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	SP2001439724	Date of Loss:	10/09/2022
Vehicle Reg. No.:	**SJN3879U**	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	FOO FANG CHEE		
Make/Model:	HYUNDAI AVANTE, 1.6 HD DOHC ABS AIRBAG 2WD (A)	Vehicle Reg. Date:	13/02/2019
Vehicle Colour:	BLACK		
Engine No:	G4FC9U595891	Chassis No:	KMHDU41BR9U688304
Odometer:	166316 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	10		
Present Location:	MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH)		

COST OF CLAIMS	**Amount**
Parts	8,645.50
Miscellaneous Items	0.00
Labour	2,730.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**11,375.50**
+ GST 7.00% (S$)	796.29
Nett Amount (S$)	**12,171.79**

This claim is handled by: ONG

Generated using ***Merimen e-Claims Internet Estimation & Adjusting System***

REPAIR DETAILS

Reference

Part Source: MRM-SG — Version: 1.0 (Last Synchronised: 15 Sep 2022)
Parts: 143 — HYUNDAI AVANTE 1.6 HD DOHC ABS AIRBAG 2WD (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's — (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SJN3879U)
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	0.00	0.00	*520.00 F
2	1		*FRONT BONNET OUTER RUBBER	0.00	0.00	*95.00 F
3	1		*FRONT BONNET INSULATOR	0.00	0.00	*210.00 F
4	1		*FRONT BONNET INSULATOR CLIPS	0	0.00	*40.00 FS
5	1		*FRONT BONNET HINGE LH	0.00	0.00	*48.00 F
6	1		*FRONT BONNET HINGE RH	0.00	0.00	*48.00 F
7	1		*FRONT BONNET LOCK	0.00	0.00	*55.00 F
8	1		*FRONT BONNET CABLE	0.00	0.00	*40.00 F
9	1		*FRONT BONNET LOCK STAY PANEL	0.00	0.00	*75.00 F
10	1		*FRONT SUPPORT PANEL	0.00	0.00	*460.00 F
11	1		*FRONT AIR CLEANER DUCT	0.00	0.00	*196.00 F
12	1		*FRONT AIR CLEANER HOSE	0.00	0.00	*110.00 F
13	1		*FRONT GRILLE	0.00	0.00	*180.00 F
14	1		*FRONT GRILLE EMBLEM	0.00	0.00	*48.00 F
15	1		*FRONT GRILLE MOULDING	0.00	0.00	*110.00 F
16	1		*FRONT GRILLE CLIPS	0	0.00	*30.00 FS
17	1		*FRONT BUMPER	0.00	0.00	*380.00 F
18	1		*FRONT BUMPER REINFORCEMENT	0.00	0.00	*150.00 F
19	1		*FRONT BUMPER INNER SPONGE	0.00	0.00	*95.00 F
20	1		*FRONT BUMPER SIDE RETAINER LH	0.00	0.00	*30.00 F
21	1		*FRONT BUMPER SIDE RETAINER RH	0.00	0.00	*30.00 F
22	1		*FRONT BUMPER LOWER GRILLE	0.00	0.00	*62.00 F
23	1		*FRONT BUMPER FINISHER COVER RH	0.00	0.00	*46.00 F
24	1		*HEADLAMP LH	0.00	0.00	*420.00 F
25	1		*HEADLAMP RH	0.00	0.00	*420.00 F
26	1		*HORN	0.00	0.00	*72.00 F
27	1		*WIPER TANK	0.00	0.00	*80.00 F
28	1		*SPARE TANK	0.00	0.00	*62.00 F
29	1		*RADIATOR	0.00	0.00	*580.00 F
30	1		*RADIATOR FAN ASSY	0.00	0.00	*560.00 F
31	1		*RADIATOR FAN GUARD	0.00	0.00	*210.00 F
32	1		*RADIATOR COOLANT	0	0.00	*50.00 FS
33	1		*AIR COND CONDENSOR	0.00	0.00	*620.00 F
34	1		*AIR COND LIQUID TUBE	0.00	0.00	*175.00 F
35	1		*AIR COND PRESSURE PIPE	0.00	0.00	*380.00 F
36	1		*AIR COND COOLNIG PIPE	0.00	0.00	*158.00 F
37	1		*INKLET MANIFOLD	0.00	0.00	*480.00 F
38	1		*FRONT FENDER LH	0.00	0.00	*250.00 F
39	1		*FRONT FENDER RH	0.00	0.00	*250.00 F
40	1		*FRONT NUMBER PLATE	0	0.00	*30.00 FS
41	1		*FRONT NUMBER PLATE HOLDER	0	0.00	*20.00 FS
42	1		*FRONT WHEEL HOUSE LH/RH (REPAIR)	0.00	0.00	-
43	1		*FRONT WHEEL HOUSE CHASIS LH/RH (REPAIR)	0.00	0.00	-

F=Franchise part. S=SpcNett.

Sub Total (S$)	**7,875.00**
+ Margin on L,N Items 10.00% (S$)	770.50
Total Parts (S$)	**8,645.50**

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

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type		Amount
	Labour Items			
1	TO REMOVE, REPLACE, REFIT RADIATOR, RADIATOR FAN ASSY, AIRCOND CONDENSER, AIR COND LIQUID TUBE, AIR COND PIPE & ETC.	New	80	120.00
2	TO CHECK WIRING & ELECTRICAL SYSTEM	New	30	80.00
3	TO HYDRAOLICALLY JACK & REALIGN FRONT BOTH CHASIS FRAME & ETC. BACK TO ORIGINAL OPERATIONS	New		280.00 ?
4	TO REMOVE, REPLACE, REPAIR, READJUST FRONT ACICDENT AREAS SUCH AS FRONT BONNET, FRONT SUPPORT PANEL, FRONT BUMPER, FRONT WHEEL HOUSE L/R, FRONT WHEEL HOUSE CHASSIS L/R, FRONT FENDER L/R & ETC. BACK TO ORIGINAL CONDITIONS	New		850.00 ?
5	TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT GRILLE, FRONT BUMPER, FRONT SUPPORT PANEL, FRONT WHEEL HOUSE L/R, FRONT FENDER L/R & ETC.	New	1200	1,300.00
6	TO REFILL AIR COND GAS & VACUUM	New		100.00
			Gross Labour Cost (S$)	**2,730.00**

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

< END OF ESTIMATES >

Steve (LKK)
16/9/22, 10.10

OD - No AC
Excell - ?
L/S
My AF by
7 days

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	12/09/2022 18:32 (SGT)
Reported by	Driver
Date of Accident	10/09/2022 12:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3879U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOO FANG CHEE
NRIC No	SXXXX203F
Email Address	FANG.FOO@GMAIL.COM
Mobile Phone No	(Phone) +65-93889945
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001439724

DRIVER

Name of Driver	IVAN YEO
NRIC No	TXXXX599A
Date Of Birth	20/03/2000
Occupation	Indoor

ate Of Driving Pass	03/03/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83837551
Alt. Phone Number	-
Email Address	WISEYEO3@GMAIL.COM
Address	BLK 229 BISHAN ST 23
Address complement	11-57
Postcode	570229
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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)	3
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	-

PASSENGER 1

Name	PRESTON
Gender	Male

PASSENGER 2

Name	MAX
Gender	Male

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM7814A
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)	-

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.

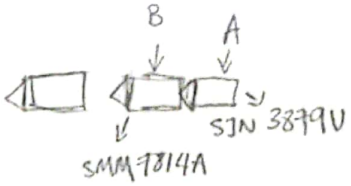
(collectively the "**Purposes**")

(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



SKETCH PLAN #2

Describe Circumstances of the Accident

LICENSE PLATE: SJN8879L	ACCIDENT DATE & TIME: 10 Sept 2022 2330 hr
CONTACT NUMBER: 8383 7551 / 83889945	E-MAIL ADDRESS: fang.fei@gmail.com / [illegible]@gmail.com
LOCATION:	

Driving on the expressway when the car infront suddenly jam braked. Hit the car infront. Could not brake in time. No injury

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

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

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel