ASS. REC. BY: Steve | CS/SMO2200913 8/Eny31

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
XXX	

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: SNC 1212S Yr Regn: 27/12/18

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

Make: Volvo XC40 c.c 1969

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

Sp.Reading 59433 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1XZ16ACK1088778

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: 225/60R17

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	14/9/22	D.O.I.	16/9/22

Survey held at MOVO

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-127K

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:
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

16/09/2022

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

Attention :- **XA018**

Page # :- 1
Veh # :- SNC1212S
Veh Model :- VOLVO XC40 T5
Estimate# :- CK423985
Claim # :-
ACC. Date :- 14/09/22
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S$
	LIST ITEMS :			
1.	REAR TAILGATE / OO	1 PC	3,430.00	3,430.00
2.	REAR TAILGATE "VOLVO" EMBLEM / NPC	1 PC	162.00	162.00
3.	REAR TAILGATE "XC40" EMBLEM / NPC	1 PC	162.00	162.00
4.	REAR TAILGATE "T5" EMBLEM / NPC	1 PC	105.00	105.00
5.	REAR TAILGATE "AWD" EMBLEM / NPC	1 PC	125.00	125.00
6.	REAR TAILGATE INNER LOCK	1 PC	476.00	476.00
7.	REAR TAILGATE INNER TRIM COVERING / CUT	1 PC	793.00	793.00
8.	REAR TAILGATE INNER TRIM UPPER COVERING LH / CUT	1 PC	528.00	528.00
9.	REAR TAILGATE INNER TRIM UPPER COVERING RH / CUT	1 PC	528.00	528.00
10.	REAR TAILGATE UPPER HINGE RH / OT	1 PC	108.00	108.00
11.	REAR TAILGATE PULL HANDLE GARNISH / BR	1 PC	235.00	235.00
12.	REAR TAILGATE WIPER MOTOR	1 PC	830.00	830.00
13.	REAR W/SCREEN GLASS / BR	1 PC	1,580.00	1,580.00
14.	REAR W/SCREEN SEAL / NC	1 PC	220.00	220.00
15.	REAR BUMPER / OO	1 PC	2,015.00	2,015.00
16.	REAR TAILLAMP RH / OR	1 PC	1,320.00	1,320.00
17.	REAR SIDE BUMPER RH / CRY	1 PC	640.00	640.00
18.	REAR END PANEL (REPAIR) X R	1 PC		
19.	REAR QUATER PANEL RH (REPAIR) X R	1 PC		
	LIST TOTAL S$			13,257.00
	10% DISCOUNT S$			-1,325.70
				11,931.30
	SPECIAL NET ITEMS :			
1.	REAR TAILGATE INNER TRIM COVERING CLIPS / NC	1 SET	50.00	50.00
2.	REAR W/SCREEN TINTED / NPC	1 PC	350.00 250	350.00
3.	REAR W/SCREEN SEALANT / NPC	1 PC	40.00	40.00
4.	REAR VIDEO CAMERA	1 PC	400.00	400.00
5.	REAR BUMPER CLIPS / NC	1 SET	60.00 30	60.00
	SPECIAL NET TOTAL S$			900.00
	LABOUR :			
	TO REMOVE, REPLACE REAR W/SCREEN GLASS, REAR W/SCEEN SEAL, REAR W/SCREEN SEALANT & ETC.			120.00 /
	TO REMOVE, REPLACE, REFIT REAR TAILAGTE INNER MECHANISM SUCH AS REAR TAILGATE INNER COVERING, REAR TAILGATE INNER LOCK, REAR TAILGATE CENTRAL LOCKING SYSTEM & ETC. TO EFFECT REPLACE OF REAR TAILGATE		80	130.00
	TO REMOVE, REFIT REAR BUMPER REVERSE SENSOR, REAR VIDEO CAMERA & ETC. TO EFFECT REPLACE OF REAR BUMPER, REAR TAILGATE & ETC.			100.00 /
	TO REMOVE, REPLACE, REPAIR, READJUST REAR ACCIDENT AREAS SUCH AS REAR TAILGATE, REAR			

bizSAFE

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GST Reg. M2-0088864-2

Estimate

16/09/2022

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

Attention :- **XA018**

Page # :- 1 147034
Veh # :- SNC1212S
Veh Model :- VOLVO XC40 T5
Estimate# :- CK423985
Claim # :-
ACC. Date :- 14/09/22
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S$
	BUMPER, REAR END PANEL, REAR BUMPER LOWER LIP & REAR QUATER PANEL RH BACK TO ORIGINAL CONDITIONS	600		800.00
	TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR QUATER PANEL RH, REAR END PANEL & ETC.	700		900.00
	TO CHECK WIRING & ELECTRICAL SYSTEM	30		80.00
	TO DIAGNOSIS FAULTY CODE & RESET MEMORY	150		180.00
	LABOUR TOTAL S$			2,310.00

E. & O.E

NON-TAX AMOUNT S	
AMOUNT S$	15,141.30
GST @ 7 %	1,059.89
AMOUNT DUE S$	16,201.19

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

Steve (LKK)
16/9/22, 4.17p

M A
P/P

My BL 5y
5 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

bizSAFE 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	14/09/2022 16:01 (SGT)
Reported by	Both
Date of Accident	14/09/2022 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CORPORATION ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC1212S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUO ZHONGYOU,LEON
NRIC No	SXXXX245H
Email Address	S99203962@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91890102
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	XC40 T5 MOMENTUM
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	1969

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LUO ZHONGYOU,LEON
NRIC No	SXXXX245H
Date Of Birth	28/10/1982
Occupation	Indoor

Date Of Driving Pass	28/02/2001
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91890102
Alt. Phone Number	-
Email Address	99920362@HOTMAIL.COM
Address	56 HAVELOCK ROAD
Address complement	30-146
Postcode	161056
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 - 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)	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

-

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	PC4064J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	YOE HENRY
NRIC No	SXXXX773J

Contact Number	(Phone) +65-96685217
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

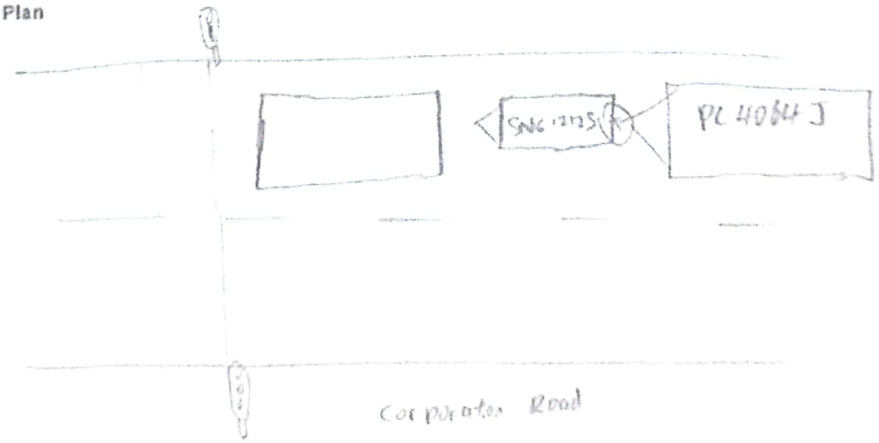
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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: SNC 1712 S	ACCIDENT DATE & TIME: 14/09/22 9:15 AM
CONTACT NUMBER: 91890102	E-MAIL ADDRESS: 5991203962@hotmail.com
LOCATION: CORPORATION ROAD	

While driving along corporation Road, Vehicle cam into the back of my car while stationary at traff. light. No injury involve.

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