

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ QD / 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: SLF 3844M Yr Regn: 24/8/16Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Mazda Bionte c.c. 1998Colour: White A/C: ☐ Insured / ☐ Std / ☐ M / ☐ NASp. Reading 127984 T/Radio: ☐ Insured / ☐ Std / ☐ M / ☐ NA

Eng/No: _____

C/No: 3M6CC1071G01/0183Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☐ Nil / ☒ S/Rim / ☐ STD A/Rim orTyre Size: F: 205/60R16R: 11

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

TOYO / YOKO or: Firenz

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 24/9/22 Mov D.O.I. 27/9/22

Survey held at _____

Des. of Damages: ☐ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop orFront LH

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

MP-74K

Date/Time, File Pass to?

☐ : Prel. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Report Format: _____

Lump Sum / L.S.: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL



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

Service Centre : Block 100B, Bukit Merah Lane 3,
#01-04/06/08/115, Singapore 159722
Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314
www.mova.com.sg
GST Reg. No: M2-0095564-2

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:	SP2002564379-01	Date of Loss:	26/09/2022
Vehicle Reg. No.:	SLF3844M	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	BOON BEN BERNARD TAN		
Make/Model:	MAZDA BIANTE, 2.0 SKYACTIV-G SP.6EAT (A)	Vehicle Reg. Date:	24/08/2016
Vehicle Colour:	WHITE	Chassis No:	JM6CC1071G0110183
Engine No:	PE30927227		
Odometer:	127984 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	7		
Present Location:	MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH)		

COST OF CLAIMS

	Amount
Parts	6,004.30
Miscellaneous Items	0.00
Labour	1,460.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	7,464.30
+ GST 7.00% (\$\$)	522.50
Nett Amount (\$\$)	7,986.80

This claim is handled by: ONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

AIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Sep 2022)
 Parts: M1-MPV MAZDA BIANTE 2.0 SKYACTIV-G SP.6EAT (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: (Unsubmitted, no print-code for SLF3844M)
 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 GRILLE / RR	0.00	0.00	*1,350.00 F
2	1		*FRONT GRILLE TOP MOUNTING LH (CHROME) / BR	0.00	0.00	*290.00 F
3	1		*FRONT GRILLE LOWER MOUNTING LH (CHROME) / BR GR	0.00	0.00	*320.00 F
4	1		*FRONT GRILLE CLIPS / AC	0	0.00	*30.00 FS
5	1		*FRONT BUMPER / BR	0.00	0.00	*680.00 F
6	1		*FRONT BUMPER SIDE RETAINER BRACKET LH / BR	0.00	0.00	*48.00 F
7	1		*FRONT BUMPER UPPER BOLDER BRACKET LH / BR	0.00	0.00	*65.00 F
8	1		*FRONT BUMPER FOG LAMP FINISHER COVER LH / BR	0.00	0.00	*110.00 F
9	1		*FRONT BUMPER CLIPS / AC	0	0.00	*40.00 FS
10	1		*FRONT NUMBER PLATE / X	0	0.00	*30.00 FS
11	1		*FRONT NUMBER PLATE HOLDER / X	0	0.00	*20.00 FS
12	1		*FRONT SUPPORT PANEL / BR	0.00	0.00	*360.00 F
13	1		*FRONT HEADLAMP LH / BR	0.00	0.00	*1,350.00 F
14	1		*FRONT FENDER LH / BR	0.00	0.00	*260.00 F
15	1		*FRONT FENDER INNER LINER LH / TM	0.00	0.00	*110.00 F
16	1		*FRONT FENDER LINER CLIPS LH / TM	0	0.00	*40.00 FS
17	1		*FRONT FENDER UPPER LAMP LH / TM	0.00	0.00	*370.00 F
18	1		*FRONT BONNET (REPAIR) / R	0.00	0.00	-
19	1		*FRONT WHEEL HOUSE LH (REPAIR) / R	0.00	0.00	-

F=Franchise part. S=SpcNett.

Sub Total (\$\$)	5,473.00
+ Margin on L,N Items 10.00% (\$\$)	531.30
Total Parts (\$\$)	6,004.30

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

Estimates on Miscellaneous Items
are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO CHECK WIRING & ELECTRICAL SYSTEM	New	60.00
2	TO REMOVE, REPLACE, REPAIR & READJUST FRONT ACCIDENT AREAS SUCH AS FRONT BONNET, FRONT BUMPER, FRONT SUPPORT PANEL, FRONT WHEEL HOUSE LH & FRONT FENDER LH. BACK TO ORIGINAL CONDITIONS	New	600.00 ✓
3	TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT BUMPER, FRONT WHEEL HOUSE LH & FRONT FENDER LH	New	800.00 ✓
Gross Labour Cost (\$\$)			1,460.00

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

< END OF ESTIMATES >

Steve (LKK)
27/9/22, 5.00p

AD-MAL
EXCIS-2
P/P

MAL
6
Lp

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 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. 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	26/09/2022 18:21 (SGT)
Reported by	Driver
Date of Accident	26/09/2022 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF ANG MO KIO AVE 6 AND ANG MO KIO AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF3844M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BOON BENG BERNARD TAN
NRIC No	SXXXX134H
Email Address	NGYANNEE@GMAIL.COM
Mobile Phone No	(Phone) +65-91525514
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	BIANTE SKYACTIV-G 2.0 SP.6EAT
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	1998

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002564379-01

DRIVER

Name of Driver	NG YAN NEE RUTH
NRIC No	SXXXX227H
Date Of Birth	02/06/1975
Occupation	Indoor

Of Driving Pass
ing experience
ender

Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

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

01/12/2000
21 YEARS AND 9 MONTHS
Female
(Phone) +65-91524115
-
NGYANNEE@GMAIL.COM
865 WOODLANDS STREET 83
#12-307
730865
No
Spouse
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Side Swipe
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

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 YQ2562X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver AH KAI (LEONG HUP FOOD PTE LTD)
Contact Number (Phone) +65-93734560

Business	-
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 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 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 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.

5. 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 (Name as in NRIC/ID card)

Sketch Plan

Clear / Dry

1st car

2nd car

A=SLF3844M

B=YQ2562X

Describe Circumstance of the Accident

VEHICLE NO: SLF 3844M ACCIDENT DATE & TIME 26 Sep 2022 / 1:15PM

CONTACT NUMBER: 91524715 / 91525514 E-MAIL: ngyannee@gmail.com

LOCATION: Junction of ANG MO KIO AVE 6 and ANG MO KIO AVE 5

- Trying to filter from right-turn lane to go straight.
- Check rear-view no more cars and blind spot to execute change of lane.
- The chiller truck appeared on my left side and knock over vehicle's the front bumper of my vehicle.

No injury involved

TP: Y@2562X 93734560 Ah Kai (Leong Hup Food Pte Ltd)

94984173 Raymond Ng

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 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 ODTP AT OTHER WORKSHOP ☐ REPORTING ONLY

Declaration

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 (Name as in NRICID card)