

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: SKQ 9079UPolicy No. DMPCSNW00112422203Claims No. SNM22D205826/C02/CHNGPW

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
<u>X</u>	<u>X</u>

Bal. or Market Value: _____

iDAC Accident Report: _____ 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: SLM 5828X Yr Regn: 31/3/17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Harrier c.c. 1986Colour: Black A/C: Insured / Std / Nil / NASp. Reading 87304 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: 284600100650

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 715/65R16R: "

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

TOYO / YOKO or _____

Front 5 mm Rear 5 mmR/Bal. 5 mm L/Bal. 5 mmD.O.A. 18/8/22 D.O.I. 17/10/22Survey held at MovaDes. 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-92K

23/12/22 Lump Sum \$3100 confirmed by email (Red 1884.87, 37%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) 23/12/22-typist

Report Format: MerimenLump Sum / L.S. (\$) \$3100Days Of Repair: 5Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + R.S. \$ _____

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

27/09/2022

CHINA TAIPING INSURANCE (S) PTE LTD
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909.

Attention :- XA017

Page # :- 1

Veh # :- SLM5828K

Veh Model :- TOYOTA HARRIER 2.0

Estimate# :- CK424041

Claim # :-

ACC. Date :- 27/09/22

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR BOOT	1 PC	2,544.40	2,544.40
2.	REAR BOOT EMBLEM "HARRIER"	1 PC	76.80	76.80
3.	REAR BUMPER TOP	1 PC	1,580.70	1,580.70
4.	REAR BUMPER LOWER	1 PC	456.80	456.80
5.	REAR BUMPER REFLECTOR LH	1 PC	65.10	65.10
6.	REAR BUMPER RETAINER LH	1 PC	65.70	65.70
7.	REAR BUMPER CLIPS	10 PC	5.70	57.00
8.	REAR END PANEL - TO REPAIR	1 PC		
9.	REAR FENDER LH - TO REPAIR	1 PC		
LIST TOTAL S\$				4,846.50
25% DISCOUNT S\$				-1,211.63
				3,634.87
SPECIAL NET ITEMS :				
1.	REAR WINDSCREEN SEALANT	1 PC	40.00	40.00
SPECIAL NET TOTAL S\$				40.00
LABOUR :				
TO CUT & WELD REAR PANEL, TO REPAIR REAR END PANEL, REAR FENDER LH, TO REMOVE & REFIX DAMAGED PARTS, STRAIGHTEN & REALIGN AFFECTED AREAS				500.00
TO SPRAY AFFECTED AREAS, REAR BOOT, REAR FENDER LH, REAR END PANEL, REAR BUMPER & AFFECTED AREAS				750.00
TO REMOVE & REFIX REAR BOOT MECHANISM, CHECK & TEST WIPER MOTOR & CENTRE LOCKING SYSTEM				60.00
LABOUR TOTAL S\$				1,310.00

for record

2126.40

3659.70

-25%

2744.77

40

1030

3814.77

L/S - 3051.82
= 3050

KK 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
subject to final approval from Insurance Company

acknowledged by Repairer

signature: *bizSAFE*

date:

Main Office:

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No. 22, Jalan Kilang,
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Tel: **(65) 6476 3333**
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www.mova.com.sg

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Estimate

27/09/2022

CHINA TAIPING INSURANCE (S) PTE LTD
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909.

Attention :- XA017

Page # :- 1 147123

Veh # :- SLM5828K

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Estimate# :- CK424041

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Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
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E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 4,984.87

GST @ 7 % 348.94

AMOUNT DUE S\$ 5,333.81

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

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	19/08/2022 17:58 (SGT)
Reported by	Both
Date of Accident	18/08/2022 19:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BATTERY ROAD BESIDE OF STANDARD CHARTERED BUILDING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5828K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	THONG KO SHEN
NRIC No	S8202013F
Email Address	KESHEN82@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98387263
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5099283632-04

DRIVER

Name of Driver	THONG KO SHEN
NRIC No	S8202013F
Date Of Birth	09/01/1982

Occupation	Indoor
Date Of Driving Pass	08/10/2004
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98387263
Alt. Phone Number	-
Email Address	KESHEN82@HOTMAIL.COM
Address	95 #21-10 PRINCE CHARLES CRESCENT
Address complement	-
Postcode	159027
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	Raining
Road Surface	Wet

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)	5
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	NICOLAS KHOO
Gender	Male

PASSENGER 2

Name	AKI KONG
Gender	Female

PASSENGER 3

Name	JEAN TAN
Gender	Female

PASSENGER 4

Name	SHIREEN WONG
Gender	Female

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

STOPPED MY VEHICLE AT EXTRME RIGHT LANE. WHEN I WAS ABOUT TO MOVE OFF AND VEHICLE B COLLIDED
TO REAR OF MY VEHICLE.

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	SKQ9079U
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 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 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.

19/08/2022
17:30

Lim Kai Chuan

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

↑	↑	↑	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 40px;"> <div style="text-align: center;">A</div> <div style="text-align: center;">B</div> </div>	<p>A : SLM5828K</p> <p>B : SKQ9079U</p>
BATTERY ROAD NEAR STANDARD CHARTERED BUILDING				

1

Describe Circumstance of the Accident

Refer to GEARS

Declaration

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

19/08/2022
17:30

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)

LIM KAI CHUAN

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