

ASS. REC. BY:

REF:

SMO/22010059/KV

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

Mova

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.

Bal. or Market Value:

884k

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMK9358Y

Yr Regn:

04, 19

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Vezel

c.c

1496

Colour

n. D Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

51230

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

R41

1312367

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

Front

Rear

R/Bal.

6

mm

R/Bal.

3

mm

L/Bal.

6

mm

L/Bal.

3

mm

D.O.A.

1/10/22

D.O.I.

20/12/2022

Survey held at

11-15am

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S + RS. SI

Fees

Others

Report Format:

ump Sum / I.B.I: (\$

TOTAL



# Estimate

11/10/2022

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

Attention :- XA018

*Not Authorized*  
*11/10/22*  
*Resurvey After Repair*

Page # :- 1  
 Veh # :- SMK9358Y  
 Veh Model :- HONDA VEZEL 1.5L  
 Estimate# :- CK424138  
 Claim # :-  
 ACC. Date :- 01/10/22  
 Terms :- C.O.D Days  
 Remarks :-



**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

No.	Description	Qty	U.Price	Amounts S\$
<b>LIST ITEMS :</b>				
1.	REAR BOOT	1 PC	1,153.70	1,153.70 ✓
2.	REAR BOOT LOGO	1 PC	69.30	69.30 ✓
3.	REAR BOOT EMBLEM "VEZEL"	1 PC	78.20	78.20 ✓
4.	REAR BOOT LOCK	1 PC	253.50	253.50 ✓
5.	REAR BOOT WINDSCREEN MOULDING	4 PC	56.30	225.20 ✓
6.	REAR BOOT RUBBER	1 PC	117.20	117.20 ✓
7.	REAR END PANEL	1 PC	450.60	450.60 ✓
8.	REAR KEYLESS SENSOR	1 PC	258.10	258.10 ✓
9.	REAR BUZZER	1 PC	186.20	186.20 ✓
10.	REAR BUMPER	1 PC	689.70	689.70 ✓
11.	REAR BUMPER CLIPS	10 PC	5.00	50.00 ✓
12.	REAR BUMPER REFLECTOR RH	1 PC	108.70	108.70 ✓
<b>LIST TOTAL S\$</b>				3,640.40
<b>20% DISCOUNT S\$</b>				-728.08
				<b>2,912.32</b>
<b>SPECIAL NET ITEMS :</b>				
1.	REAR BOOT WINDSCREEN SEALANT	1 PC	80.00	80.00 ✓
<b>SPECIAL NET TOTAL S\$</b>				80.00
<b>LABOUR :</b>				
TO CUT & WELD REAR END PANEL, TO REPAIR REAR FLOOR PANEL, REAR CHASSIS MEMBER, TO REMOVE & REFIX DAMAGED PARTS, STRAIGHTEN & REALIGN AFFECTED AREAS				750.00 ✓
TO SPRAY AFFECTED AREAS				220.00 ✓
TO REMOVE & REFIX REAR WINDSCREEN GLASS				120.00 ✓
TO REMOVE & REFIX REAR BOOT MECHANISM CHECK & TEST WIPER MOTOR & CENTRE LOCKING SYSTEM				80.00 ✓
TO INSTALL REVERSE SENSOR & CHECK WATER SEEPAGE				40.00 ✓
TO RUST PROOF AFFECTED AREAS				40.00 ✓
<b>LABOUR TOTAL S\$</b>				1,890.00

**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	06/10/2022 20:08 (SGT)
Reported by	Both
Date of Accident	01/10/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CAUSEWAY AFTER WOODLANDS IMMIGRATION TOWARDS JOHOR IMMIGRATION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK9358Y

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHRIS ANTHONY LAWRENCE
NRIC No	S7538641I
Email Address	CLAWRENCE@ATLASPROFESSIONALS.COM
Mobile Phone No	(Phone) +65-91710665
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121789174-01

#### DRIVER

Name of Driver	CHRIS ANTHONY LAWRENCE
NRIC No	S7538641I
Date Of Birth	12/11/1975



## IMPORTANT NOTICE

## SKETCH PLAN

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 based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

06/10/2022

Sketch Plan 1930hrs

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH

A- SMK9358Y

B - SJJ3636A

Causeway after Woodlands  
Immigration towards Johor  
Immigration

