

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: _____

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
<u>XX</u>	<u>XX</u>

Bail. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est Repairs: _____

6

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: SLK 9725H Yr Regn: 9/11/17Type: MCap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyotac.c. 1598Colour: Red

A/C: Insured / Std / Nil / NA

Sp. Reading 113/51

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: NIRC53 KPH 10455687

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / STD / STD A/Rim or

Tyre Size: F: 185/60R15R: 11

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmU/Bal. 4 mmU/Bal. 4 mmD.O.A. 8/11/22D.O.I. 11/11/22Survey held at Mova

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

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

Date / Time

Action / Instruction

MV-67X

Steve finalised LS \$5050, 6 days. (Red \$888.51, 15%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 29/11 Typist

☐

: Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

TP

Lump Sum 113/51

5050

Days Of Repair: 6Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 722D

Vehicle Details

Vehicle No.: SLK9725H
Vehicle to be Exported: No
Intended Deregistration Date: 09 Nov 2022
Vehicle Make: TOYOTA
Vehicle Model: COROLLA ALTIS 1.6 CVT
Primary Colour: Red
Manufacturing Year: 2016
Engine No.: 1ZRY324942
Chassis No.: MR053REH104556087
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$19,990.00
Original Registration Date: 09 Feb 2017
First Registration Date: 09 Feb 2017
Transfer Count: 1
Actual ARF Paid: \$19,990.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 08 Feb 2027
PARF Rebate Amount: \$13,993.00

Intended COE Rebate Details

COE Expiry Date: 08 Feb 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$50,889.00
COE Rebate Amount: \$21,625.00
Total Rebate Amount: \$35,618.00

The information contained herein is correct as at 09 Nov 2022

OK

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

SOMPO INSURANCE (S) PTE LTD
50 Raffles Place
#05-01/06 Singapore Land Tower
Singapore 048623.

Page : 1
Veh No : SLK9725H
Model : TOYOTA ALTIS
DOA : 8-Nov-22
Incharge : BILLY
Code : CD0032

No	Description	Qty	U.Price	Amt \$
<u>LIST ITEMS</u>				
1	BOOT LID / <i>DD</i>	1	\$ 755.00	\$ 755.00
2	BOOT LID HINGE RH & LH X	2	\$ 68.00	\$ 136.00
3	BOOTLID LOGO / <i>MC</i>	1	\$ 48.00	\$ 48.00
4	BOOT LID EMBLEM - COROLLA - <i>MC</i>	1	\$ 45.00	\$ 45.00
5	BOOT LID EMBLEM - ALTIS - <i>MC</i>	1	\$ 45.00	\$ 45.00
6	BOOT LID CHROME MOULDING X	1	\$ 233.70	\$ 233.70
7	BOOT LID REFLECTOR RH & LH / <i>CT</i>	②	\$ 158.00	\$ 316.00
8	BOOT LID LOCK ?	1	\$ 382.50	\$ 382.50
9	BOOT LID WEATHERSTRIP / <i>T7</i>	1	\$ 185.00	\$ 185.00
10	TAILLAMP ASSY RH & LH / <i>BR</i>	2	\$ 395.00	\$ 790.00
11	TAILLAMP PANEL RH & LH (REPAIR) X <i>P</i>	2		\$ -
12	REAR END PANEL / <i>DD</i>	1	\$ 590.00	\$ 590.00
13	REAR END PANEL TOP GARNISH / <i>CRU</i>	1	\$ 240.00	\$ 240.00
14	SPARE WHEEL PANEL (REPAIR) X <i>R</i>	1		\$ -
15	BOOT LID KEYLESS / <i>BR</i>	1	\$ 175.00	\$ 175.00
16	REAR BUMPER / <i>BR</i>	1	\$ 450.00	\$ 450.00
17	REAR BUMPER REINFORCEMENT / <i>DD</i>	1	\$ 299.10	\$ 299.10
18	REAR BUMPER BRACKET RH & LH / <i>BR</i>	2	\$ 65.00	\$ 130.00
19	REAR BUMPER RETAINER RH & LH X	2	\$ 95.00	\$ 190.00
20	REAR BUMPER CLIPS / <i>MC</i>	10	\$ 5.00	\$ 50.00 <i>31</i>
LIST TOTAL S\$				\$ 5,060.30
30% DISCOUNT S\$				\$ 1,518.09
				<u>\$ 3,542.21</u>

SPECIAL NET ITEMS:

1	REVERSE SENSOR / <i>shld</i>	1	\$ 200.00	\$ 200.00
SPECIAL NET TOTAL S\$				<u>\$ 200.00</u>

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G.P. No. 198904033G
GST Reg. M2-008864-2

LABOUR:		
1	TO CUT / WELD REAR END PANEL.KNOCK & STRAIGHTEN TAILLAMP PANELS, SPARE WHEEL PANEL, REAR BODY MEMBERS. REMOVE & REPLACE ACCIDENT DAMAGED PARTS, REALIGN ALL CONNECTION	\$ ✓ 800.00
2	SPRAY PAINT BOOT LID, REAR END PANEL, TAILLAMP PANELS , SPARE WHEEL PANEL, REAR BUMPER, REAR FENDER RH & LH	\$ ✓ 1,000.00
3	REMOVE & REPLACE LUGGAGE COMPARTMENT INNER TRIM GARNISH,COVERING	\$ 60.00 ✓
4	REMOVE & REPLACE REVERSE SENSOR & CHECK FUNCTION	\$ 60.00 30
5	RUST PROOF AFFECTED AREAS	\$ 60.00 30
LABOUR TOTAL S\$		\$ 1,980.00

	\$ 5,722.21
NON-TAX AMOUNTS	\$ 400.55
GST @ 7%	\$ 6,122.76
AMOUNT DUE	

Customer's Signature/Co.Stamp

Stew (LKK)
11/11/22, 11.00am
w IL
L/S
Ly AL Ly
6 dgr

MOVA AUTOMOTIVE PTE LTD

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"
- No illegal modification(s) is allowed
- Supplementary item(s) must be
is subject to final approval

Acknowledged

Signature

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	09/11/2022 14:01 (SGT)
Reported by	Both
Date of Accident	08/11/2022 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE FILTER TO CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK9725H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YUE KOK KEE
NRIC No	SXXXX722D
Email Address	CHOWWF@GMAIL.COM
Mobile Phone No	(Phone) +65-81025278
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS 1.6 CVT
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123948797

DRIVER

Name of Driver	YUE KOK KEE
NRIC No	SXXXX722D
Date Of Birth	11/08/1954
Occupation	Indoor

Date Of Driving Pass	25/05/1979
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81025278
Alt. Phone Number	-
Email Address	CHOWWF@GMAIL.COM
Address	BLK 336 CLEMENTI AVENUE 2 #17-30
Address complement	-
Postcode	120336
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)	2
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	WIFE
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

PLS REFER TO SKETCH PLAN

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	SLG5045J
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-

Vehicle Colour	*
Vehicle Category	Private car
Name of Driver	CAI ZHAOQING
NRIC No	SXXXX663H
Contact Number	(Phone) +65-91993556
Address	*
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.

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.



Signature 9/11/2022
 Policyholder's Signature / Date & Time
 0940 am

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

Witnessed by Reporting Centre Personnel
 (Name as in NR/C/D card)

Sketch Plan



Describe Circumstance of the Accident	
VEHICLE NO: <u>SLK 9725H</u>	ACCIDENT DATE & TIME: <u>8/11/2022</u> <u>1510hr</u> <u>3.10pm</u>
CONTACT NUMBER: <u>81025278</u>	E MAIL: <u>choww@gmail.com</u>
LOCATION: <u>PIE filter to CTE</u>	
<p style="text-align: center;">One car <u>SLG 5045J</u> hit my vehicle from behind, while I was <u>slowing</u> <u>Heavy Rain and very slow traffic.</u> <u>both</u> <u>No injury. Damage to vehicles.</u></p>	
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: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM COST AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY	

Declaration

(We declare the foregoing particulars are true in every respect.

Sangye
 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)