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Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314
www.mova.com.sg
GST Reg. No: M2-0088864-2

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:	SP2002320456	Date of Loss:	03/03/2023
Vehicle Reg. No.:	SLR8042P	Driveable?	
Driver Age/Info:	39 / FEMALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	ANDREW LIAN TJE WEI	Contact No:	+6582670198
Driver:	REBECCA LEE AI LI		
Make/Model:	MAZDA 3, 1.5 SEDAN AT EU6 (A)	Vehicle Reg. Date:	29/08/2017
Vehicle Colour:	BLUE	Chassis No:	JM6BN22A8H0162579
Engine No:	P520454763		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	7		
Description of Accident/Loss	REFER TO THE SKE		
Remarks:	VEHICLE IN BUKIT MERAH WORKSHOP		
Present Location:	MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH)		

COST OF CLAIMS	Amount
Parts	3,831.00
Miscellaneous Items	0.00
Labour	4,000.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$)	7,831.00
+ GST 8.00% (\$)	626.48
Nett Amount (\$)	8,457.48

This claim is handled by: **BILLY**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG

Version: 1.0 (Last Synchronised: 28 Mar 2023)

Parts: 143

MAZDA 3 1.5 SEDAN AT EU6 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLR8042P)**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		*ROOF PANEL	0.00	0.00	ht ✓ *850.00 F
2	1		*ROOF MOULDING RH	0.00	0.00	de ✓ *50.00 F
3	1		*ROOF SIDE PANEL RH	0.00	0.00	bu ✓ *880.00 F
4	1		*ROOF LINING	0.00	0.00	ix ✓ *900.00 F
5	1		*REAR BUMPER	0.00	0.00	de ✓ *550.00 F
6	10		*REAR BUMPER CLIPS	0.00	0.00	rel ✓ *40.00 F
7	1		*REAR WINDSCREEN GLASS MOULDING	0.00	0.00	rel ✓ *75.00 F
8	1		*FRONT WINDSCREEN GLASS MOULDING	0.00	0.00	rel ✓ *65.00 F
9	2		*SEALANT	0	0.00	rel ✓ *80.00 FS
				Sub Total (S\$)		3,490.00
				+ Margin on L,N Items 10.00% (S\$)		341.00
				Total Parts (S\$)		3,831.00

F=Franchise part. S=SpcNett.

Report was unsubmitted during this print-out.
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Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO CUT/WELD ROOF PANEL, KNOCK AND STRAIGHTEN ROOF INNER PANEL, REMOVE AND REPLACE ACCIDENT DAMAGED PARTS, REALIGN ALL CONNECTIONS.	New 1000	1,400.00
2	REMOVE AND REFIX FRONT AND REAR WINDSCREEN GLASS AND CHECK WATER LEAKAGE.	New ✓	240.00
3	REMOVE AND REFIX ROOF LINING, UPHOUSTERY, SIDE COVERING.	New 100	160.00
4	REMOVE AND REFIX DASHBOARD ASSY, GLOVE BOX AND OTHER ATTACHMENT PARTS.	New X	180.00
5	DIAGNOSE AND RESET SYSTEM AFTER REPAIR.	New 120	220.00
6	SPRAY PAINT ROOF PANEL, ROOF SIDE PANEL, ROOF INNER PANEL, FRONT WINDSCREEN PILLAR RH & LH, REAR FENDERS RH & LH, CENTER PILLAR RH	New 1000	1,600.00
7	REMOVE AND REFIX FRONT AND REAR SEAT, FLOOR CARPET, REAR SPEAKER BOARD, FRONT SEAR ASSY RH & LH	New 100	200.00
Gross Labour Cost (\$\$)			4,000.00

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >

Tanflin 97495749
Not Activated 10/4/23 @ 3:15pm
Ex \$500
L/S Resurvey after repair
tanflin@lkhautb.com
9-10 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

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	03/03/2023 17:31 (SGT)
Reported by	Driver
Date of Accident	03/03/2023 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAHANG STREET C/P
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8042P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANDREW LIAN TJE WEI
NRIC No	SXXXX516G
Email Address	ANDREW_19TY@YAHOO.COM
Mobile Phone No	(Phone) +65-82670198
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	MAZDA3 SEDAN 1.5 AT EU6
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	1496

INSURANCE COMPANY

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

DRIVER

Name of Driver	REBECCA LEE AI LI
NRIC No	SXXXX297A
Date Of Birth	02/12/1983
Occupation	Indoor

Date Of Driving Pass	21/06/2014
Driving experience	8 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85114820
Alt. Phone Number	-
Email Address	BECCA_LAL@YAHOO.COM
Address	38 CAMBRIDGE ROAD
Address complement	#06-139
Postcode	210038
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	0
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?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE 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	-
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TREE
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:

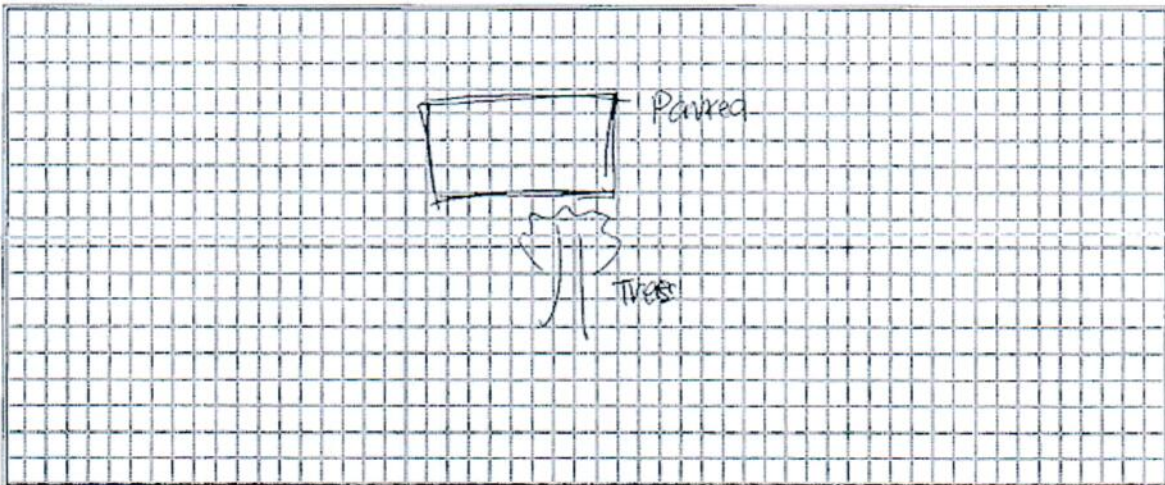
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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

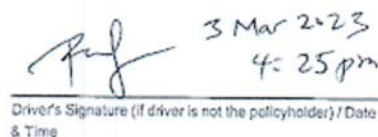


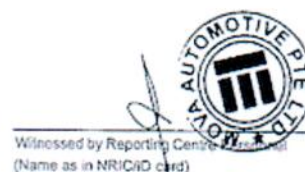

Describe Circumstance of the Accident	
VEHICLE NO: SLR 8042 P	ACCIDENT DATE & TIME: 3 March 2023 (11-11:20 am)
CONTACT NUMBER: 8511 9820	E-MAIL: BECCA-LAL@YAHOO.COM
LOCATION: PAHANG ST CARPARK	
<p>At around 11:21 am, I received a call from SINGAPORE POLICE on duty around that area that my car (plate no = SLR 8042 P) was hit by a felled car tree. I was in one of the shop along Pahang Street; I made my way to my car and indeed my car was under a felled tree.</p> <p>refer SPF case report number: A/20230303/0049</p>	
<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.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OOT/P AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

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

 4:25 pm
3 Mar 2023
Policyholder's Signature / Date & Time

 3 Mar 2023
4:25 pm
Driver's Signature (if driver is not the policyholder) / Date & Time

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