

ASS. REC. BY: Tajir

REF:

CS/C1/23005309/17VP3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJW 3083B

Policy No. DMPCSNW0021/742202

Claims No. SNM23D203639/C02/TOHHS

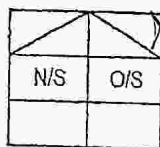
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 948K.

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

Willy

Veh No: SK25488B

Yr Regn: 20/6 Jan.

Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 5

c.c. 1998

Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 67927

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Sur 6CW10716012 3047.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: 205/55R16

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 20/5/2023

Survey held at

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

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

Date / Time Action / Instruction

26/7/23 Lump Sum \$3400 confirmed by email (Red 2620.08, 43%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 26/7/23-typist

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Format: Merimen

Lump Sum / L.E.L. : \$3400

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

28/12/2022

CHINA TAIPING INSURANCE SINGAPORE PTE LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Page: 1
Vehicle No: SKZ5488B
Vehicle Model: MAZDA 5
Est No: CD3365
Claims ref:
Accident Date: 20/05/23
In Charge: BILLY
Remarks:

No	Description	Qty	U. Price	Amounts S\$
LIST ITEMS:				
1	HEADLAMP ASSY RH	1 PC	\$ 1,482.00	\$ 1,482.00 <i>car</i>
2	FRONT BUMPER	1 PC	\$ 1,108.00	\$ 1,108.00 <i>ty</i>
3	FRONT BUMPER RETAINER RH	1 PC	\$ 39.00	\$ 39.00 <i>de</i>
4	FRONT BUMPER CLIPS	10 PC	\$ 5.90	\$ 3059.00 <i>ner</i>
5	FOG LAMP GARNISH RH	1 PC	\$ 56.00	\$ 56.00 <i>x</i>
6	WASHER TANK	1 PC	\$ 125.00	\$ 125.00 <i>?</i>
7	FRONT FENDER RH	1 PC	\$ 322.00	\$ 322.00 <i>bt</i>
8	FRONT FENDER COWLING RH	1 PC	\$ 210.00	\$ 210.00 <i>de</i>
9	FRONT FENDER COWLING CLIPS	10 PC	\$ 5.60	\$ 20 56.00 <i>ner</i>
10	FRONT FENDER CORNER GARNISH RH	1 PC	\$ 48.10	\$ 48.10 <i>?</i>
11	FRONT KNUCKLE HUB RH	1 PC	\$ 150.00	\$ 150.00 <i>?</i>
12	FRONT KNUCKLE BEARING RH	1 PC	\$ 159.00	\$ 159.00 <i>?</i>
13	FRONT KNUCKLE ARM RH	1 PC	\$ 386.00	\$ 386.00 <i>?</i>
14	FRONT LOWER ARM RH	1 PC	\$ 410.00	\$ 410.00 <i>x</i>
15	FRONT SHOCK ABSORBER RH	1 PC	\$ 265.00	\$ 265.00 <i>x</i>
16	FRT FENDER INNER PANEL RH (REPAIR)	1 PC		

LIST TOTAL S\$

\$ 4,875.10

20% DISCOUNT S\$

\$ (975.02)

\$ 3,900.08

SPECIAL NET ITEMS:

1	FRONT SPORT RIM RH	1 PC	480.00	\$ 480.00 <i>ant</i>
---	--------------------	------	--------	----------------------

SPECIAL NET TOTAL S\$

\$ 480.00

LABOUR CHARGE:

1	TO KNOCK & STRAIGHTEN FRONT FENDER INNER PANEL RH, REMOVE & REPLACE ACCIDENT DAMAGED PARTS, REALIGN
---	--

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

28/12/2022

CHINA TAIPING INSURANCE SINGAPORE PTE LTD
 3 ANSON ROAD
 #16-00 SPRINGLEAF TOWER
 SINGAPORE 079909

Page: 1
 Vehicle No: SKZ5488B
 Vehicle Model: MAZDA 5
 Est No: CD3365
 Claims ref:
 Accident Date: 20/05/23
 In Charge: BILLY
 Remarks:

No	Description	Qty	U. Price	Amounts S\$
	ALL CONNECTION			\$ 600.00 <i>400</i>
2	SPRAY PAINT FRONT BUMPER, FRONT FENDER INNER PANEL RH FRONT FENDER RH, FRONT DOOR RH			\$ 800.00 <i>600</i>
3	REMOVE & REPLACE FRONT UNDER CARRIAGE SUSPENSION RH			\$ 150.00 <i>photo?</i>
4	COMPUTER WHEEL ALIGNMENT			\$ 60.00 ✓
5	RUST PROOF AFFECTED AREAS			\$ 30.00 ✓
	TOTAL LABOUR COST S\$			\$ 1,640.00
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: AMOUNT S\$ \$ 6,020.08
			Date: GST @ 8% \$ 481.61	
			AMOUNT DUE S\$	\$ 6,501.69

Customer's Signature

MOVA AUTOMOTIVE PTE LTD

Tanpikun 92495747 / 62563561
in 17/7/23 @ 430pm
c/s Resurvey after repair
Tanpikun e (Inkano) un
6 days

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 20/05/2023 11:36 (SGT)
Reported by Actual Driver
Date of Accident 20/05/2023 08:28 (SGT)
Exact Location of Accident Singapore Marina Bay Sands Hotel, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ5488B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NGO SOOK CHING
NRIC No SXXXX309E
Email Address ZIAN.ONG@GMAIL.COM
Mobile Phone No (Phone) +65-90066540
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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 1998

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5107010378-04

DRIVER

Name of Driver ONG ZI AN
NRIC No TXXXX347Z
Date Of Birth 12/03/2001
Occupation Indoor

Date Of Driving Pass	16/11/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94885225
Alt. Phone Number	-
Email Address	ZI.AN.ONG@GMAIL.COM
Address	56 TOH TUCK ROAD
Address complement	#04-01
Postcode	596746
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	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)	6
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	YU SHENG
Gender	Male

PASSENGER 2

Name	KAI CHIN
Gender	Male

PASSENGER 3

Name	JIA QI
Gender	Female

PASSENGER 4

Name	GOWRISHTA
Gender	Female

PASSENGER 5

Name	QIU YUE
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

PLEASE REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident SUBMIT TO INCOME

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SJW3083B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-97165670
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 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:

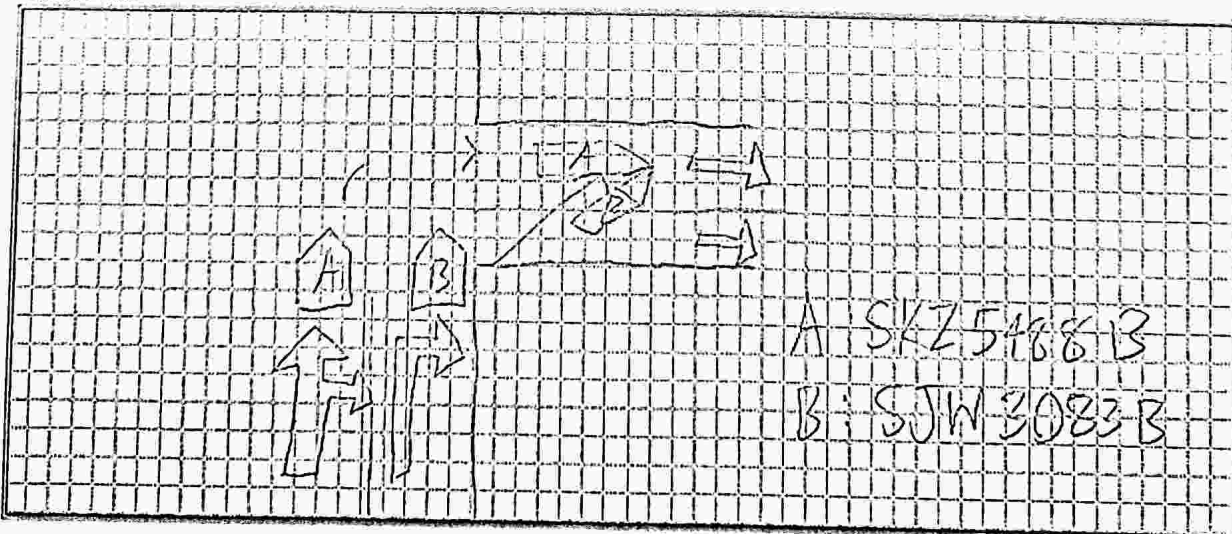
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Wan 20/5/23
11:15 am
Policyholder's Signature / Date & Time

[Signature] 20/5/23
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



LOCATION: Durbide Marina Bay Sands Hotel
at a junction

While turning right ^{at a junction}, car on right turned into my lane without signalling or slowing down, colliding with front of my car.

PLEASE STATE: ☐ CLAIM OWN POLICY ☒ CLAIM THIRD PARTY ☐ CLAIM OOTPA AT OTHER WORKSHOP ☐ REPORTING ONLY

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

Witnessed by Reporting Constable Personnel
(Name as in NRICID card)