ASS. REC. BY:

REF: AIG1

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

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

Bal. or Market Value: $172K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-B-I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNG 3671C Yr Regn: 08 22

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A

Make: Tesla Model 3 c.c _____

Colour M. P. White A/C: Insured / Std / NI / NA

Sp.Reading 27135 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LRW3F7FS2NC601751

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/45ZR18

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	5/9/24	D.O.I.	9/9/2024

Survey held at _____

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

eport Format :

mp Sum / I.B.I: ($ _____)

OPTIMA WERKZ™ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Not Authorised
Awaiting B4 pain
4 days

Date: 5-9-2024
Vehicle No: SNG5671C
Model: Tesla Model 3
Chassis: LRW3F7FS2NC601751
Reg.Year: 18.8.2022

Third Party Insurer: AIG
Third Party Veh No: SMR657G
Date of Accident: 5/9/2024
Estimator: Loong
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	FRONT BUMPER	1		$766.00
2	FRONT RH BUMPER RETAINER	1		$1.86
3	FRONT RH BUMPER SIDE SUPPORT BRACKET	1		$12.14
4	FRONT RH BUMPER FOG LAMP COVER	1		$6.54
5	FRONT PARKING SENSOR	1		$163.55
6	FRONT BUMPER LOWER	1		$186.91
7	FRONT BUMPER ENERGY ABSORBER	1		$46.72
8	FRONT RH FENDER PANEL	1		$448.60
9	FRONT RH FENDER LINER	1		$116.82
10	FRONT RH HEADLAMP	1		$1,741.00
11	FRONT RH WHEEL RIM COVER	1		$32.40
12	FRONT RH WHEEL RIM	1		$505.00
13	FRONT RH KNUCKLE ARM	1		$420.56
14	FRONT RH KNUCKLE HUB + BEARING	1		$233.64
15	FRONT RH LOWER ARM - STRAIGHT	1		$242.99
16	FRONT RH LOWER ARM - CURVED	1		$224.29
17	FRONT RH UPPER ARM	1		$121.49
18	FRONT RH STEERING TIE ROD END	1		$121.49
			SUB TOTAL	$5,392.00
			LESS 10%	-$539.20
			PARTS TOTAL	$4,852.80

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	FRONT BUMPER CLIPS	1		$55.00
2	FRONT BUMPER LOWER CLIPS	1		$50.00
3	FRONT FENDER LINER CLIPS	1		$50.00
4	FRONT PARKING SENSOR MOUNTING BRACKET SET	1		$200.00
			S/N TOTAL	$355.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE,REPLACE,REFIX,REPAIR & READJUST FRONT ACCIDENT AREAS & ETC. $700.00 4 0 d

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT RH FENDER, ETC $650.00 4 4 0 d

Head office
6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch
9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)
Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date: 5-9-2024
Vehicle No: SNG5671C
Model: Tesla Model 3
Chassis: LRW3F7FS2NC601751
Reg.Year: 18.8.2022

Third Party Insurer: AIG
Third Party Veh No: SMR657G
Date of Accident: 5/9/2024
Estimator: Loong
Surveyor:

LABOUR CHARGES TO REMOVE & REPLACE FRONT PARKING SENSOR & ETC.	$100.00	6ol
TO TUFF KOTE & UNDERSEAL MATERIALS.	$100.00	30/
TO REMOVE AND REFIT FRONT UNDERCARRIAGE PARTS TO ENABLE REPAIR	~~$300.00~~	X
TO CHECK WIRING & ELECTRICAL SYSTEM.	$100.00	20/
TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	~~$120.00~~	X
TO R&R TYRE RIM	~~$100.00~~	X
TO READJUST AND REALIGN HEADLAMP AIM	$100.00	1

LABOUR TOTAL	$2,270.00
TOTAL	**$7,477.80**

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:

SO0324950001 / OPTIMA WERKZ PTE LTD
ENTRY DATE & TIME: 05/09/2024 11:26 (SGT)
SUBMITTED BY: MOHAMED NASHIK
VERSION: 1 (05/09/2024 11:26 (SGT))

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 witholding 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 First Submission	05/09/2024 11:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/09/2024 08:25 (SGT)
Exact Location of Accident	827A Tampines Street 81, #81 s, Singapore 521827
Additional Location Information	BLK 827A TAMPINES ST 81 (OUTSIDE CARPARK), SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG5671C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LI YAN
NRIC No	SXXXX677H
Email Address	AMY.LEEYAN43@GMAIL.COM
Mobile Phone No	(Phone) +65-92411149
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL 3 RWD
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	1999
Vehicle Fuel	-
First Regisration Date	-
Chassis no	LRW3F7FS2NC601751
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002696511-01

DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR657G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH GIM LIAN
NRIC No	SXXXX304J
Contact Number	(Phone) +65-91077339
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 Authorised 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. The 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.
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

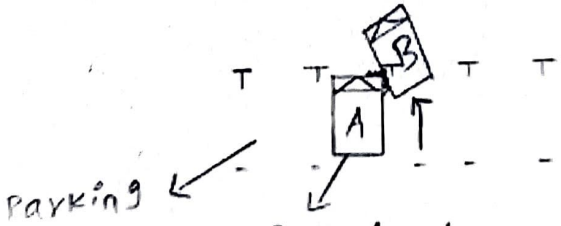
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) → SNG567C

(B) → SMR657G

Blk 827A Tampines St 81 (outside Carpark)

SKETCH PLAN #2

Describe Circumstances of the Accident

This morning (Sep. 05. 2024) around 8:25AM at the parking of address 827A Tampines Street 81 Singapore 521827. I parked my car in a parking lot and went back home to bring me cellphone and my mother (Zhizhu Chang) who was sitting in the car waiting for me. While I was away, the Car (plate No. SMR657G) parked next to us tried to drive out and scratched the front right side of my car.

The driver attempted to leave, but my mother noticed the car was hit and got out to stop the other vehicle and let them to wait for me to discuss ~~how to~~ a solution.

After I returned, the other party admitted that they had scratched my car and provided the necessary information, including their insurance name. Both parties agreed to handle the incident through the insurance companies.

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel