ASS. REC. BY: Kenneth | REF: MSG1

ASSIGNMENT

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: _____

Non

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $194K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 09 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SNK 2496R Yr Regn: 03, 23

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

Make: Tesla Model Y c.c _____

Colour Orange A/C: Insured / Std / NI / NA

Sp.Reading 20586 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LRWYHCFS4PC801879

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: _____

R: 255/45R19

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	24/10/24	D.O.I.	3/12/2024

Survey held at _____

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____) Parking

☐ Tech Invs ($ _____) Others

☐ Weekend ($ _____)

TOTAL _____

Report Format : _____

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

OPTIMA WERKZ™ SINGAPORE

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

Date: 28/11/2024 Not Withdrawn
Vehicle No: SNK2496R
Model: TESLA MODEL Y Rear B4 paint
Chassis: LRWYHCFS4PC801879 4days
Reg.Year: 2023

Third Party Insurer: MSIG
Third Party Veh No: SNR9103S
Date of Accident: 23/10/2024
Estimator: JONATHAN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$	
	RR BOOTLID			$ 1,219.62	✓
	RR BUMPER			$ 836.44	✓
	RR LOWER BUMPER			$ 542.05	✓
	RR LOWER BUMPER REFLECTOR			$ 40.18	X
			SUB TOTAL	$ 2,638.29	
			Less 10%	-$ 263.83	
			PARTS TOTAL	$ 2,374.46	

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$	
	RR BUMPER CLIPS			$ NA 50.00	✓
	RR W/SCREEN SEALANT			$ NA 100.00	4 days
	WRAP NA		(Bill)	$ 780.00	?
			S/N TOTAL	$ 930.00	

LABOUR CHARGES: 400

To remove, replace, repair, readjust & refix RR affected areas	$	600.00
To perform wiring checks on electrical systems	$	30.00 15%
To remove, putty, repair, sand and respray affected areas	$	400.00 ✓
To remove, replace & reinstall Bootlid inner mechansim	$	30.00 ✓
To perform Adas Checks, Calibration & Programming	$	200.00 ?
To remove, refix & replace RR Windscreen	$	120.00 ✓
LABOUR TOTAL	$	1,380.00
TOTAL	**$**	**4,684.46**

JONATHAN

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:

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

SA1D24AP0006-01 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 25/10/2024 21:46 (SGT)
SUBMITTED BY: Aizam
VERSION: 2 (28/11/2024 14:54 (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	25/10/2024 21:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/10/2024 21:50 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	Before Main Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK2496R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KHOO CHEW MENG, JOHN
Company Reg No	SXXXX776E
Email Address	john@gleestudios.com.sg
Mobile Phone No	(Phone) +65-90671306
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Tesla
Model	Model Y 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	0
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

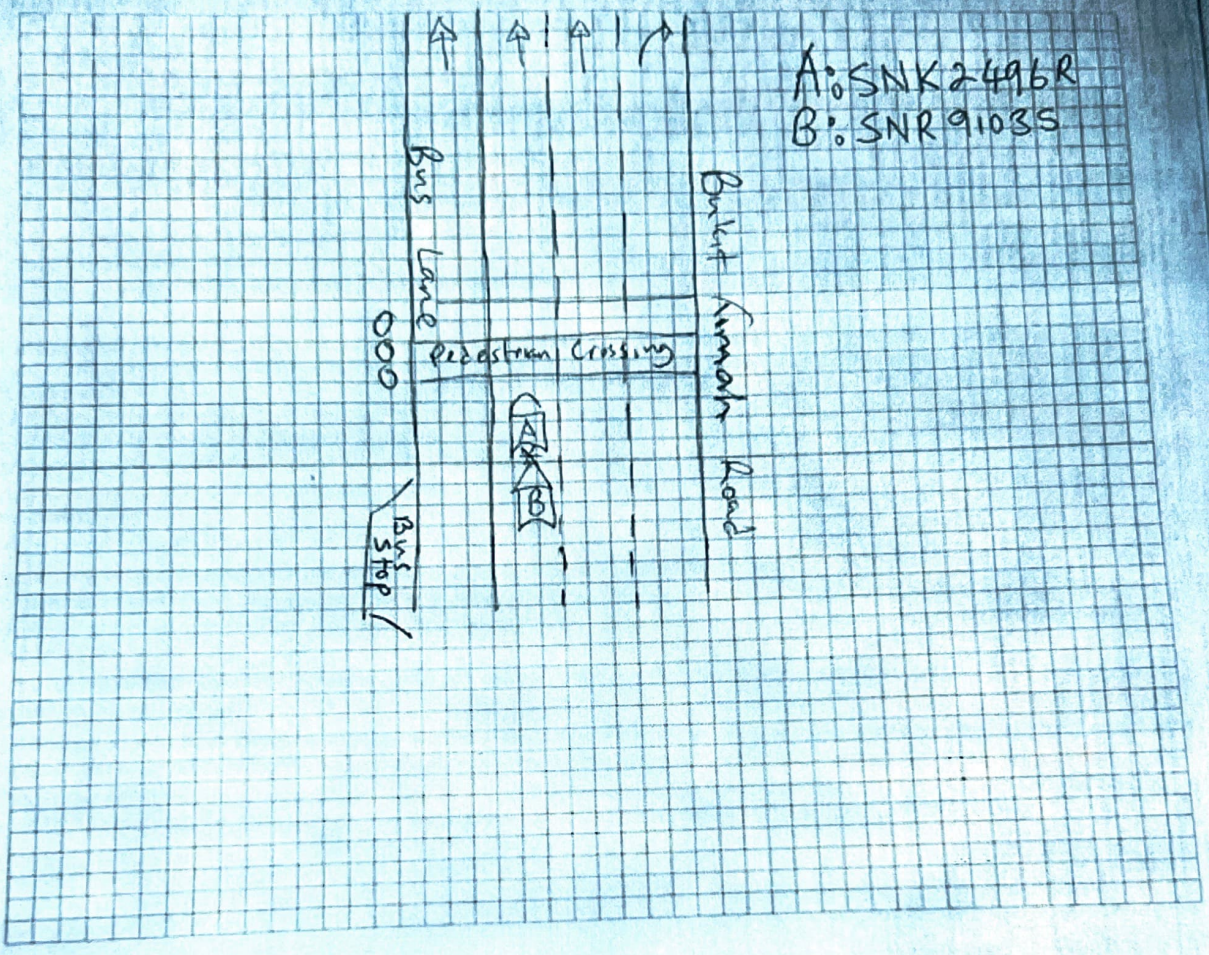
Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD24V03895

DRIVER

SKETCH PLAN #3

ACCIDENT DIAGRAM

Ver. 30042021



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: