

ASS. REC. BY: Taj

REF: CS/CT124120114/Tvh3

### 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: SLH 6187X

Policy No. \_\_\_\_\_

Claims No. SNM24D206900

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: \$250K

IDAC Accident Rpt \_\_\_\_\_ 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 WP'

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SC788A Yr Regn: 2024, 04

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

Truck / Trailer or

Make: Tesla Model Y ca 78kwh

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

Sp. Reading: 4710 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: LRWYHCEL 4PC205780

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size: F: 255/35R21

R: n n

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 5/12/2024 D.O.I. 17/12/24

Survey held at Sunokars

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

Rear o/s

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

Date / Time	Action / Instruction
13/3/25	submit preli report-revised fig \$8680.40 check items \$2046.39

Date/Time, File Pass to?

☐ : Preli. Report

1) \_\_\_\_\_

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 5

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Inv (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

Rep. Format: \_\_\_\_\_

Lump Sum / L.B. (\$) \_\_\_\_\_

Eurokars Services PTE LTD

Level 5, 27A Tanjong Penjuru  
info-espl@eurokars.com.sg

Eurokars Services PTE LTD

# Entrusted Repair Contract

## Repair Order Information

Repair Order Number: SV01DFA7C9

Arrived Date: --

Estimated Completion Time: --

Advisor Name: Lee Yao Sheng

## Customer Information

Customer	License Plate	VIN	Model	Mileage
GU HONGBIN	SCZ88A	LRWYHCEL4PC205780	2023 MODEL Y Deep Blue Metallic	4388 km

## Insurance Information

## Repair Order Notes

2024/12/07 09:37 am

TP Claim -China Taiping

Taufik 17445749/62563561  
'WP' 17/12/24 21015  
P/P Bonus before paint 5 days  
taufik@lkkauto.com

## Repair Activity

### Labor

#### # Correction Step

1 Frame / Structural 720

Notes: TO REMOVE &amp; REPLACE REAR BUMPER, TAILGATE, END PANEL AND REAR FENDER LOWER PANEL. AND ALL ACCIDENT AFFECTED AREA.

**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:

Amount  
with Tax

1440 \$5,760.00

1	AIR EXTRACTOR	1098751-00-C	\$16.30	1	0%		\$16.30 ?
2	REAR FENDER GARNISH - RIGHT HAND - ASSEMBLY	1683862-00-A	\$71.31	1	0%		\$71.31 ?
3	ULTRASONIC SENSOR UPA RADIAL DEEP BLUE	2525002-13-D	\$173.18	1	0%		\$173.18 ?
4	ASSEMBLY REAR PANEL SIDE - RIGHT HAND - SERVICE E-COATED	1487840-S0-D	\$168.09	1	0%		\$168.09 ?
5	BODY SIDE OUTER - REAR EXTERIOR LOWER - RIGHT HAND SERVICE E-COATED	1522163-S0-A	\$173.18	1	0%		\$173.18 ?
6	ASSEMBLY - REAR PANEL	1487742-99-L	\$539.91	1	0%		\$539.91 ?
7	SCREW GROMMET - 5 - 7X7H-0.65-1.5 GRP - PA6 - SEAL	1116498-00-C	\$0.81	2	0%	nei	\$1.62
8	REAR T-BADGE	1607786-00-A	\$52.97	1	0%	nei	\$52.97
9	EX4015 TAPE - SPOILER	1847182-00-A	\$22.41	1	0%	nei	\$22.41
10	MY LIFTGATE PROTECTIVE 3M TAPE RH	1766289-99-A	\$0.74	1	0%	nei	\$0.74
11	MY LIFTGATE PROTECTIVE 3M TAPE LEFT HAND	1766267-99-A	\$0.74	1	0%	nei	\$0.74
12	LAMP ASSEMBLY - CENTER HIGH MOUNT STOP LIGHT - APAC	1713281-00-A	\$37.69	1	0%	?	\$37.69
13	GROMMET, 8.2x12.2, 1.3 GRIP, 2WAY	1104926-00-B	\$6.11	10	0%	nei	\$61.10
14	GROMMET - 8X0.5-0.9 GRIP - RUBBER - 4WAY	1104335-00-B	\$6.11	10	0%	nei	\$61.10
15	BODYSIDE LAMP CONNECTOR GASKET	1453382-00-A	\$13.24	2	0%	nei	\$26.48
16	LIFTGATE LAMP CONNECTOR GASKET	1453384-00-A	\$13.24	2	0%	nei	\$26.48
17	LIFTGATE LAMP DOUBLE-ENDED STUD GASKET	1453383-00-A	\$13.24	2	0%	nei	\$26.48
18	LAMP ASSEMBLY - REAR REFLEX - RIGHT HAND	1626227-00-A	\$43.81	1	0%	X	\$43.81
19	LIFTGATE - SERVICE E-COATED	1493410-EC-A	\$1,329.40	1	0%	bt	\$1,329.40
20	TRAILER HITCH COVER ASSEMBLY - REAR FASCIA BASE	1494009-00-B	\$22.41	1	0%	?	\$22.41
21	TOW HOOK COVER - REAR FASCIA	1494426-00-A	\$22.41	1	0%	X	\$22.41
22	REAR WING BRACKET - ASSEMBLY - RIGHT HAND	1494044-00-A	\$6.11	1	0%	?	\$6.11
23	TAIL LIGHT BRACKET ASSEMBLY - RIGHT HAND	1506969-00-E	\$3.05	1	0%	?	\$3.05
24	BRACKET REAR CENTER ASSEMBLY	1494045-00-E	\$9.17	1	0%	?	\$9.17
25	J - NUT M6 0.5 - 3.0 MULTITHREAD	1013802-00-B	\$3.05	6	0%	nei	\$18.30
26	LOWER REAR FASCIA	1494006-00-B	\$590.85	1	0%	de	\$590.85
27	REAR FASCIA SERVICE - WITH PARKING ASSIST BRACKETS - UNPAINTED	1493735-SC-A	\$911.73	1	0%	de	\$911.73

2	Refinish	1600	\$4,000.00
	Notes: TO RESPRAY REAR BUMPER, TAILGATE, END PANEL & REAR FENDER LOWER PANEL LH.		
3	Frame / Structural	180	\$330.00
	Notes: TO TRANSFER REVERSE SENSORS.		
4	Frame / Structural	?	\$500.00
	Notes: TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING		
5	Frame / Structural	360	\$720.00
	Notes: TO REMOVE & REFIT CARPET & TRIMS ON THE REAR SECTION TO GIVE WAY TO THE REPAIR ON THE REAR SECTION.		
6	Frame / Structural	✓	\$670.00
	Notes: TO REMOVE & REFIT THE WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST.		
7	Frame / Structural	✓	\$120.00
	Notes: TO SUPPLY SEALER ON THE WINDSCREEN GLASS.		
8	Frame / Structural	360	\$720.00
	Notes: TO TRANSFER TAILGATE MECHANISM.		
9	Mechanical / Electrical	✓	\$250.00
	Notes: TO ISOLATE THE EV BATTERY DURING THE REPAIRS INCLUDING CHARGING OF THE BATTERY.		
10	Frame / Structural	150	\$250.00
	Notes: TO CARRY OUT BODY CAVITY PRESERVATION.		
11	Frame / Structural	150	\$250.00
	Notes: TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		
12	Frame / Structural	250	\$300.00
	Notes: TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		
13	Frame / Structural	20	\$50.00
	Notes: SUNDRIES.		

## Parts

#	Part Name	Part# (Nonoriginal accessories with *)	Price	Qty	Discount Amount	Amount with Tax
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28 ASSEMBLY - REAR BUMPER BEAM	1487616-00-B	\$325.99	1	0%	?	\$325.99
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## Summary

### Labor

Sheet Metal (SM)	\$0.00
Mech/Elec (ME)	\$250.00
Frame (FR)	\$9,670.00
Refinish (RF)	\$4,000.00
Car Beauty	\$0.00

### Parts

Gross Parts	\$4,743.01
Other Parts	\$0.00

<b>Total</b>	<b>\$18,663.01</b>
Tax Included	

The entrusting party (myself) and the motor vehicle maintenance operator hereby agree as follows on all maintenance matters under this entrustment contract and confirm as follows:

This form is a commissioned repair contract, and the final content may be changed. Please sign here and confirm the repair content.

VT Signature

SA Signature

Customer Signature

Document Generation Date: 2024/12/07 10:13 am

# 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 First Submission ..... 06/12/2024 16:32 (SGT)  
 Reported by ..... Both Policyholder and Actual Driver  
 Date of Accident ..... 05/12/2024 12:24 (SGT)  
 Exact Location of Accident ..... Singapore  
 Additional Location Information ..... SIXTH AVE  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCZ88A  
 INSURED/POLICYHOLDER .....  
 Is company? ..... No  
 Name Of Registered Owner ..... GU HONGBIN  
 Passport No/FIN ..... MXXXX355W  
 Email Address ..... CHRISLIN.RNR@GMAIL.COM  
 Mobile Phone No ..... (Phone) +65-80827999  
 Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Tesla  
 Model ..... MODEL Y  
 Variant ..... -  
 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 ..... 0  
 Vehicle Fuel ..... -  
 First Registration Date ..... -  
 Chassis no ..... -  
 Effective Date/Time of Ownership ..... -

## INSURANCE COMPANY

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

## DRIVER

Name of Driver	GU HONGBIN
Passport No/FIN	MXXXX355W
Date Of Birth	19/09/1985
Occupation	Indoor
Driving Pass Date	24/04/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-80827999
Alt. Phone Number	-
Email Address	CHRISLIN.RNR@GMAIL.COM
Address	88 ORCHARD BOULEVARD #24-06
Address complement	-
Postcode	248656
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	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)	1
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?	No
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?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLH6187X
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 Authorized 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 making 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]*

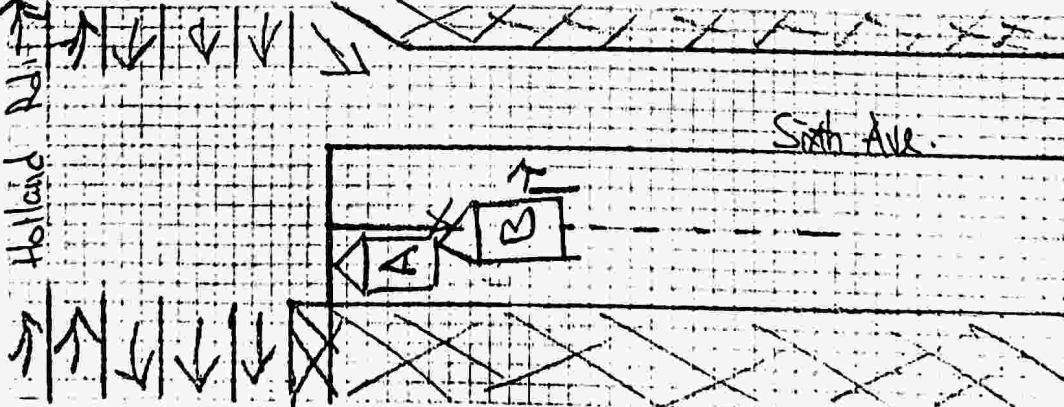
Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

On 5 DEC 2024 12:24am, I was ~~stopped~~ stationary at the Traffic light and wait for turn green.

Suddenly a bus from my rear of my car.

I found a Honda accidentally hit my rear bumper & Rear.

We exchange particulars.


Refer Video.

**Declaration**

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