

ASS. REC. BY:

REF:

AGZ

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:

Policy No.

Claims No.

Sum Insured:

Excess:

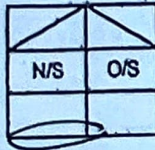
(Client's Record)

Make of Veh:

100m

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SFC 9600Y

Yr Regn:

05, 23

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

Truck / Trailer or

Make:

Tesla Model Y

c.c

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

26548

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LRWYHCF S6PC 892718

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

255/45R19

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

TOYO / YOKO or

Rear

Front

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

1/7/24

D.O.I.

4/7/2024

Survey held at

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

Rear N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Data/Time, File Pass to?

☐

: Prell. Report

1)

Data/Time, File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S - RS. SI

) Fixturs

) Others

Report Format:

Lump Sum / I.B.I: (\$

TOTAL

Date: 02/07/2024
Vehicle No: SFC9600Y
Model: TESLA MODEL Y RWD
Chassis: LRWYHCFS6PC892718-2023
Reg. Year: 2023

Not Authorised
Recovery B4 paint
4 days

Third Party Insurer: AGI
Third Party Veh No: SKT4496R
Date of Accident: 01/07/2024
Estimator: TING AN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		<i>Bu</i> \$1,219.62 ✓
2	REAR TAILGATE "TESLA" EMBLEM	1		<i>mu</i> \$48.59 ✓
3	REAR TAILGATE INNER TRIM BOARD	1		<i>Sm</i> \$116.82 X
4	REAR BUMPER	1		<i>Bu</i> \$836.45 ✓
5	REAR BUMPER LOWER LIP	1		<i>mu / Lu</i> \$542.05 ✓
6	REAR BUMPER LOWER LIP CENTER COVER	1		<i>Sm</i> \$20.56 X
7	REAR BUMPER REFLECTOR LH	1		<i>CM</i> \$40.18 ✓
8	REAR BUMPER SIDE BRACKET LH	1		\$5.60 ?
9	REAR BUMPER REINFORCEMENT	1		\$299.06 ?
10	REAR BUMPER CENTER BRACKET	1		\$8.41 ?
11	REAR BUMPER PARKING SENSOR	1		<i>Sm</i> \$158.87 X
12	REAR BUMPER PARKING SENSOR BRACKET	1		\$6.54 ?
13	REAR END PANEL	1		REPAIR
SUB TOTAL				\$3,302.75
LESS 10%				-\$330.28
PARTS TOTAL				\$2,972.48

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		\$100.00 <i>400m</i>
2	REAR TAILGATE INNER TRIM BOARD CLIPS	1		<i>mu</i> \$50.00 —
3	REAR BUMPER CLIPS	1		<i>mu</i> \$50.00 —
4	PPF FOR AFFECTED AREAS	1	(<i>Bill</i>)	\$1,850.00 ?
S/N TOTAL				\$2,050.00

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

Head office

8 Kung Chong Road Singapore 169143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

8A Serangoon North Ave 6 Singapore 554500
Tel: (+65) 6484 9910 | Fax: (+65) 6481 1923

Signature:

Branch (Motor Insurance Claims)

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



Date: 02/07/2024
Vehicle No: SFC9600Y
Model: TESLA MODEL Y RWD
Chassis: LRWYHCFS6PC892718-2023
Reg.Year: 2023

Third Party Insurer: AGI
Third Party Veh No: SKT4496R
Date of Accident: 01/07/2024
Estimator: TING AN
Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

\$700.00 *400*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL & ETC.

\$700.00 *640*

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCREEN SEALANT & ETC.

\$150.00 *120*

LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

\$120.00 *60*

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER PARKING SENSOR & ETC.

\$120.00 *60*

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$120.00 *30*

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

\$200.00 *1*

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$120.00 *20*

LABOUR TOTAL	\$2,230.00
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TING AN	TOTAL	\$7,252.48
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Head office

8 Kung Chong Road Singapore 169143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1093

Branch (Motor Insurance Claims)

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

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	02/07/2024 10:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/07/2024 17:30 (SGT)
Exact Location of Accident	Near 11 Jalan Anak Bukit, Singapore
Additional Location Information	ON ANAK BUKIT FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC9600Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO HONG WEE
NRIC No	SXXXX358Z
Email Address	NTEOHW@HOTMAIL.SG
Mobile Phone No	(Phone) +65-93629732
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL Y
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

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24A00135100

DRIVER

Name of Driver	TEO HONG WEE
NRIC No	SXXXX358Z
Date Of Birth	10/05/1971
Occupation	Indoor

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.
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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.

lbbah.

0855hrs

02 Jul 24

Policyholder's Signature / Date & Time

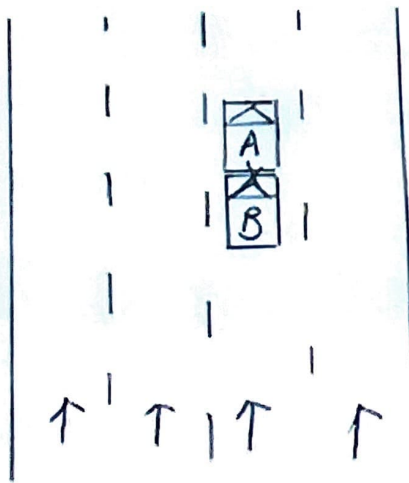
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Anak Bukit Timah

Flyover



Veh A: SFC9600Y

Veh B: SKT4496R