

ASS. REC. BY:

REF:

A61

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: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: B178k

IDAC Accident Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SBT 12LYr Regn: 11, 21Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TestaModel 3

C.G. _____

Colour Grey

A/C: Insured / Std / NI / NA

Sp. Reading 52206

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LRW3F7ELTMC 282999

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/R or

Tyre Size: F: _____

R: _____

245/35R20

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

TOYO / YOKO or Giti

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 27/1/24D.O.I. 1/8/2024

Survey held at _____

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

None N/S

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS. \$ _____

Fees _____

Others _____

TOTAL

Report Format :

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

Date: 31/7/2024
Vehicle No: SBT12L
Model: TESLA MODEL 3
Chassis: LRW3F7EL7MC282999
Reg. Year: 2021

NOT Authorised
Putny B4 pain
4 days

Third Party Insurer: AIG
Third Party Veh No: SLU8889Y
Date of Accident: 27/7/2024
Estimator: JONATHAN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
	RR BUMPER			\$ <i>Bu 110</i> 766.00 ✓
	RR BUMPER LHS RELFECTOR			\$ <i>CM</i> 20.56 ✓
	RR REINFORCEMENT BAR			\$ 271.02 ✓
	RR BOOT			\$ <i>B</i> 728.97 ✓
	RR BOOT EMBLEM (LOGO)			\$ <i>na</i> 37.38 ✓
	RR BOOT EMLBEM (DUAL MOTOR)			\$ <i>na</i> 29.90 ✓
SUB TOTAL				\$ 1,853.83
Less 10%				-\$ 185.38
PARTS TOTAL				\$ 1,668.45

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
	RR BUMPER CLIPS			\$ <i>na</i> 50.00 ✓
	CAR WRAP		(<i>Bill</i>)	\$ 850.00 ✓
S/N TOTAL				\$ 900.00

LABOUR CHARGES:

To remove, replace, repair, readjust & refix RR affected areas	\$	800.00 <i>400</i>
To perform wiring checks on electrical systems	\$	30.00 <i>200</i>
To remove, putty, repair, sand and respray affected areas	\$	600.00 <i>400</i>
To remove, replace & refix bumper sensors	\$	30.00 ✓
To remove, replace & reinstall Bootlid inner mechansim	\$	30.00 ✓
To perform Adas Checks, Calibration & Programming	\$	200.00 <i>7</i>

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

LABOUR TOTAL \$ 1,690.00

TOTAL \$ 4,258.45

JONATHAN

Head office

6 Kung Chong Road Singapore 159143

Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

6A 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) 6491 4822 | 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	29/07/2024 17:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/07/2024 11:50 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	AIRPORT RD TOWARDS KPE, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBT12L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALEX LEE SIAK KIANG (LI XIJIAN)
NRIC No	SXXXX433J
Email Address	ALEXSKLEE@GMAIL.COM
Mobile Phone No	(Phone) +65-96802033
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL 3
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	MPC23P00271200

DRIVER

Name of Driver	ALEX LEE SIAK KIANG (LI XIJIAN)
NRIC No	SXXXX433J
Date Of Birth	29/08/1977
Occupation	Indoor

Driving Pass Date 30/05/1995
Driving experience 29 YEARS AND 2 MONTHS
Gender Male
Mobile Number (Phone) +65-96802033
Alt. Phone Number -
Email Address ALEXSKLEE@GMAIL.COM
Address 23A YIO CHU KANG ROAD
Address complement -
Postcode S545537
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

On 27/07/2024 @ 11:50 Hours. I was driving along Airport Road towards KPE.
After completing a u turn, I filter left into the last lane. In the process, ensuring ample room for the front and rear vehicle.
After I am in the last lane, a motorcyclist wanted to cut into the lane on my right.
I already saw him earlier on and had slowed down way before that. I braked gently to stop the car as I had already anticipated the bike might cut in. The video showed I brake gently and the rear car didn't brake and hit my car.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU8889Y
Vehicle Manufacturer Mercedes
Vehicle Model -
Vehicle Variant -
Vehicle Colour -

SKETCH PLAN

IMPORTANT NOTICE

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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

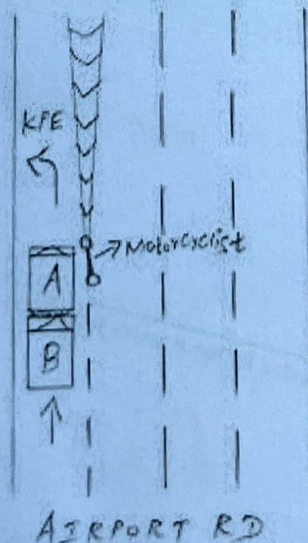
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) → SRT12L

(B) → SLU8889Y