ASS. REC. BY: Kenneth

REF: MSG/21000884/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optims

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SLG 9539A Yr Regn: 10/16

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

Make: Toy Agya (A) c.c 1496

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

Sp.Reading 312523 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP10 - 6532322

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: Kapsen 185/55R16

R: Sunwide

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	4 mm
L/Bal.	3 mm	L/Bal.	4 mm
D.O.A.	1/1/21	D.O.I.	5/1/2021

Survey held at _____

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

Rear o/s frm body

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) 8/1/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum / ~~I.B.I.~~ ($ 2300)

OPTIMAWERKZ™ SINGAPORE

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

Date:	04.01.2021	Third Party Insurer:	MSIG
Vehicle No:	SLG9539A	Third Party Veh No:	YP9924S
Model:	TOYOTA AQUA HYBRID 1.5S	Date of Accident:	01.01.2021
Chassis:	NHP106532322-2016		
Reg.Year:	2016		

Not Authorised
11 Sep 8
Recovery After Paint
4 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	FRONT FENDER RH	1		$477.70 ✓
2	FRONT FENDER "HYBRID" EMBLEM RH	1		$48.30 ✓
3	FRONT FENDER INNER SHIELD RH	1		$216.90 ✓
4	FRONT SIDE MIRROR ASSY	1	Od / cm	$857.60 ✓
5	FRONT DOOR RH	1		$1,241.00 ✓
6	FRONT TYRE RH	1		$240.00 ✗
7	FRONT WHEEL RIM RH	1		$263.70 ✗
8	FRONT WHEEL CAP RH	1		$180.60 ✗
9	FRONT ABSORBER RH	1		$463.20 ✗
10	FRONT LOWER ARM RH	1		$457.80 ✗
11	FRONT KNUCKLE ARM RH	1		$594.60 ✗
12	FRONT WHEEL BEARING RH	1		na $168.90 ✗
13	FRONT TIE ROD END RH	1		$186.70 ✗
14	REAR DOOR RH	1		$1,045.00 ✗
15	REAR BUMPER	1	(N.C)	$878.70 ✗
16	REAR BUMPER SIDE BRACKET RH	1		$64.40 ✗
17	FRONT SIDE A-PILLAR RH	1		REPAIR
18	REAR FENDER RH	1		REPAIR
			SUB TOTAL	$7,385.10
			LESS 25%	-$1,846.28
			PARTS TOTAL	$5,538.83

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	FRONT FENDER INNER SHIELD CLIPS RH	1		$30.00 ✓
2	REAR BUMPER CLIPS	1		na $50.00 ✗
			S/N TOTAL	$80.00

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

Branch
9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9010 | 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:	04.01.2021	Third Party Insurer:	MSIG
Vehicle No:	SLG9539A	Third Party Veh No:	YP9924S
Model:	TOYOTA AQUA HYBRID 1.5S	Date of Accident:	01.01.2021
Chassis:	NHP106532322-2016		
Reg.Year:	2016		

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT & REAR ACCIDENT AREAS & ETC.	$1,200.00
LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT FENDER RH, FRONT DOOR RH, FRONT SIDE A-PILLAR RH, REAR DOOR RH, REAR FENDER RH, REAR BUMPER & ETC.	$1,300.00
LABOUR CHARGES TO REMOVE, REPLACE, REFIX FRONT ABSORBER RH, FRONT LOWER ARM RH, FRONT KNUCKLE RH & ETC.	$200.00
TO WHEEL ALIGNMENT & BALANCING.	$80.00
LABOUR CHARGES TO REMOVE & REINSTALLED FRONT & REAR DOOR RH INNER MECHANISM & ETC. TO EFFECT REPLACE OF FRONT & REAR DOOR RH.	$240.00
TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	$80.00
LABOUR TOTAL	$3,100.00

TingAn

TOTAL **$8,718.83**

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

SC0921140004 / Cheng Hoe Motor Pte Ltd[568047]
ENTRY DATE & TIME: 04/01/2021 19:32 (SGT)
SUBMITTED BY: LI YAZHU DORLYN
VERSION: 1 (04/01/2021 19:32 (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 Authorised 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 Submission	04/01/2021 19:32 (SGT)
Date of Accident	01/01/2021 01:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 205A COMPASSVALE LANE (LOADING AND UNLOADKING BAY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9539A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Company Reg No	2XXXXX455W
Email Address	kaitlyn.chio@ow.sg
Mobile Phone No	(Phone) +65-91177568
Alternative Phone No	(Office) +65-64811522

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Aqua
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 hire

INSURANCE COMPANY

Name of Insurance Company	Allianz
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	C01-SPBR0000044-SLG9539A
Cover Note Number	EXP 4.8.2021

DRIVER

Name of Driver	MOK YI JIAN DARREN
NRIC No	SXXXX168H
Date Of Birth	24/05/1997

Occupation	Outdoor
Date Of Driving Pass	19/10/2020
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98955250
Alt. Phone Number	-
Email Address	myjdarren@gmail.com
Address	BLK 417A FERNVALE LINK
Address complement	19-178
Postcode	7914174
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 STATEMENT ATTACH

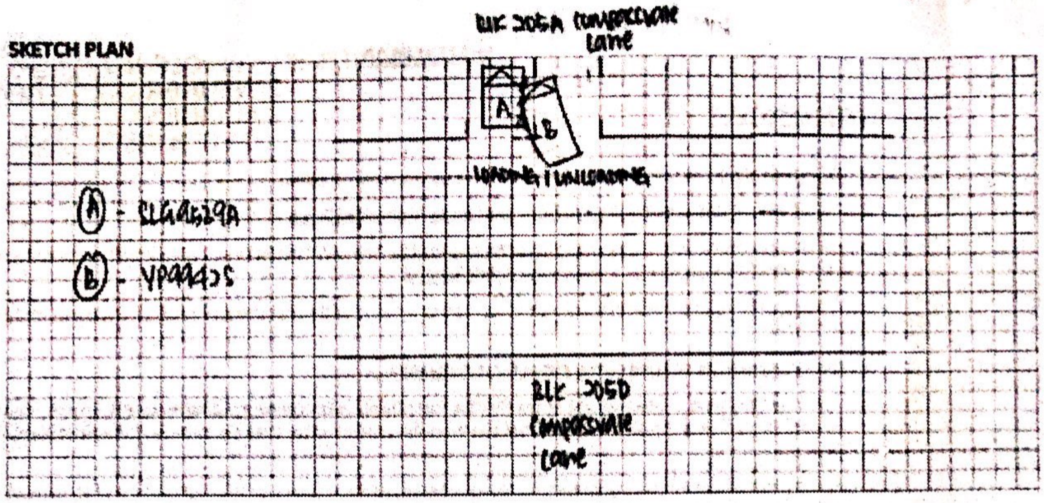
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9942S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01/01/2021 @ AROUND 1125 HOURS, MY VEHICLE A : SLA9539A WAS PARKED AT
BLK 205A COMPASSVALE LANE. VEHICLE B: YP9942S WAS PARKED BESIDE ME. WHEN I
WENT BACK AND COLLECT MY VEHICLE. I NOTICED THAT MY VEHICLE A: SLA9539A
RIGHT PORTION WAS DAMAGED. VEHICLE B: YP9942S WHO DRIVER NAME:
WANG SHAOLIN, IC: G2699790P APPROACHED ME AND TOLD ME THAT WHILE HE
WAS REVERSING OUT FROM THE CARPARK LOT. HIS VEHICLE B: YP9942S HAD
COLLIDED INTO MY VEHICLE A: SLA9539A. WE BOTH EXCHANGED OUR PARTICULARS.
NO ONE WAS INJURED.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

OPTIMA WERKZ PTE LTD

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: (ANIK)
	Date & Time: 4/1/2021	NRIC/FIN No.:
		04/1/21

 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only
(✓) Claim OD/TP at other workshop (OPTIMA WERKZ PTE LTD)

EMAIL A COPY TO: KATHLYN. CHIO @ ...SG