ASS. REC. BY: Kenneth

REF: AXA/ 2100424 01K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Kum Chew

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

1.30pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $100k

IDAC Accident Rport: _____ 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

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

Veh No: SLX 21X Yr Regn: 09/11

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Spans Car

Make: Porsche Carrera GTS c.c 3800

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

Sp.Reading 143187 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WP0Z7799Z CS710858

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: 235/35ZR19

R: 305/30ZR19

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.	30/3/21	D.O.I.	7/4/2021

Survey held at ✓

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

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) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking _____

Others _____

TOTAL _____

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

M/S AXA INSURANCE PTE LTD
8, SHENTON WAY #27-01
AXA TOWER, SINGAPORE 068811.
MOTOR CLAIM FAX NO. 68804838
Attention : Motor Claim Department
Contact : 63387288/18008804741 68804070 Fax No. : 63382522

Not Authorised L/Sup & Resurvey After Paint 5 days

Estimate : ES005188

Date : 07/04/2021
Vehicle Num. : SLX 21 X
Make/Model : PORSCHE 911
Chassis/Eng# : WP0ZZZ99ZCS710858
Accident Date : 30/03/2021
Claim No. :
Reference : KC/TP21/2103-08
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1 PC	REAR BUMPER	Bar/Mtgs	3,500.00 ✓
2.	1 PC	REAR BUMPER RETAINER - R/H		511.00 ?
3.	1 PC	REAR LOWER ARM - RH		1,050.00 ?
4.	1 PC	REAR KNUCKLE - R/H		1,512.00 ?
5.	1 PC	REAR KNUCKLE BEARING - R/H		235.20 ?
		List TotalS$:		6,808.20
		10.00% Discount S$:		680.82
				6,127.38
		SPECIAL NETT ITEMS :		
1.	1 PC	REAR SPORT RIM - RH	Rel	650.00 ✓
		Special Nett Total S$:		650.00
		LABOUR :		
		TO PULL & KNOCK ON REAR ACCIDENT PORTION.		420
		TO SPRAY & PAINT ON REAR ACCIDENT PORTION.		480.00
		TO ANTI-RUST REAR AFFECTED AREAS.		680.00 500
		TO DISMANTLE & REPLACE UNDERCARRIAGE.	~~	60.00 X
		TO COMPUTER FOUR WHEEL ALIGNMENT.		250.00 ?
				150.00 80

CONTINUE / ...

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:

KUM CHEW MOTOR WORKSHOP

192, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

M/S AXA INSURANCE PTE LTD
8, SHENTON WAY #27-01
AXA TOWER, SINGAPORE 068811.
MOTOR CLAIM FAX NO. 68804838

Attention : Motor Claim Department

Contact : 63387288/18008804741 68804070 Fax No. : 63382522

Estimate : ES005188

Date : 07/04/2021
Vehicle Num. : SLX 21 X
Make/Model : PORSCHE 911
Chassis/Eng# : WP0ZZZ99ZCS710858
Accident Date : 30/03/2021
Claim No. :
Reference : KC/TP21/2103-08
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		TO CHECK ON WIRING FUNCTION.		30.00
		Labour Total S$:		1,650.00

SingDollars : Eight Thousand Four Hundred Twenty-Seven & Cents Thirty-Eight Only

Total S$: 8,427.38

KUM CHEW MOTOR WORKSHOP

SIN MING AUTOCITY

ork Order: R010722
me 2: KUM CHEW
ense: SLX 21 X
te 31.3.21 12:30

Porsche : Carrera GT
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-1°43'		-1°50' -1°30'
11°30'		11°00' 12°00'
0°00'		0°00' 0°03'
1°43'		
0°00'		
		-2°10' -1°10'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-1°40'		-1°50' -1°30'
11°30'		11°00' 12°00'
0°02'		0°00' 0°03'
1°40'		
0°00'		
		-2°10' -1°10'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
-0°03'		-0°10' 0°10'
0°00'		-0°40' 0°40'
0°03'		
0°02'		0°00' 0°05'

Rear : Left

Actual	Before	Specified Range
-1°35'		-1°40' -1°20'
0°12'		0°08' 0°13'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-3°29'		-1°40' -1°20'
1°38'		0°08' 0°13'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	Before	Specified Range
1°54'		-0°10' 0°10'
1°50'		0°16' 0°26'
-0°43'		-0°05' 0°05'

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 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 Submission	31/03/2021 14:34 (SGT)
Date of Accident	30/03/2021 19:20 (SGT)
Exact Location of Accident	Market St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX21X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lee Jia Ying
NRIC No	SXXXX408Z
Email Address	sharon21@gmail.com
Mobile Phone No	(Phone) +65-98417208
Alternative Phone No	+65-98417208

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	911
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	3800

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800014206-02
Cover Note Number	-

DRIVER

Name of Driver	Lee Jia Ying
NRIC No	SXXXX408Z

Date Of Birth	21/09/1980
Occupation	Indoor
Date Of Driving Pass	28/12/2012
Driving experience	8 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98417208
Alt. Phone Number	+65-98417208
Email Address	sharon21@gmail.com
Address	101 Cairnhill Circle #02-06
Address complement	-
Postcode	229809
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	Side Swipe
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)	1
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

Please refer to sketch plan

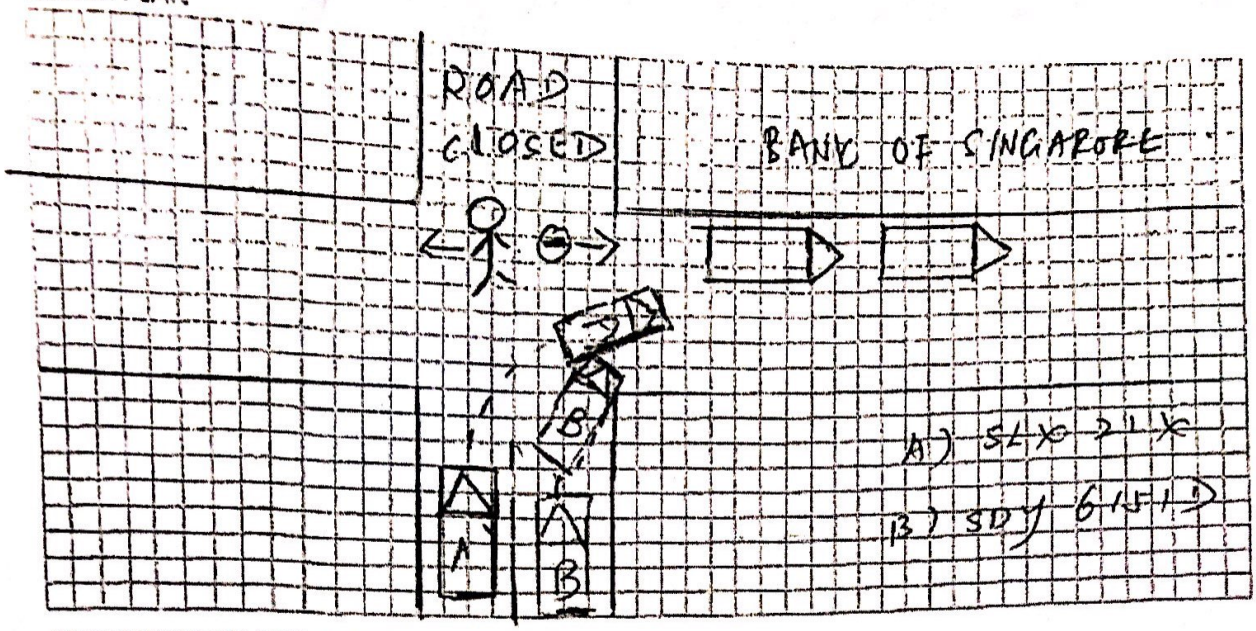
ATTACHMENT(S)

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	SDY6151D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Michael
Contact Number	(Phone) +65-96361127
Address	-
Address complement	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

30 Mar'21 on the above date and time my vehicle (SLX21X) was driving at Malacca St. Due to road closure and diversion by construction worker on Market Street, all vehicles were diverted to back lane of Bank of Singapore.

Both lanes diverted to back lane and two lanes merged into single lane. Heavy vehicles and other road blockages alongside back lane. At turning point, vehicle A (SLX21X) had proceed in front of vehicle B (SDY 6151D) but vehicle B still proceeded onwards.

As a result, vehicle B hit onto rear right portion of my vehicle.

DECLARATION

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Name: Angie Soh