ASS. REC. BY: Kenneth

REF: CTL/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

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: 03 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMS 3962A Yr Regn: 02 20

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

Make: Porsche Macan c.c 1984

Colour M.Black A/C: Insured / Std / NI / NA

Sp.Reading 9359 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WP1ZZZ95ZLLB05825

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/60R18

R: 255/55R18

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	31/3/21	D.O.I.	7/4/2021

Survey held at _____

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

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212488W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date: 06.04.2021
Vehicle No: SMS3962A
Model: PORSCHE MACAN 2.0 PDK
Chassis: QR25291683L
Reg.Year: 2016

Third Party Insurer: C. TAIPING
Third Party Veh No: SCK8280L
Date of Accident: 31.03.2021

Not Authorised
Reserve After Paint
3days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	FRONT DOOR LH	1		$2,700.00
2	FRONT DOOR PROTECTOR LH	1		$684.00
4	REAR DOOR LH	1		$2,700.00
5	REAR DOOR PROTECTOR LH	1		$648.00
6	REAR FENDER LH	1		REPAIR
			SUB TOTAL	$6,732.00
			LESS 10%	-$673.20
			PARTS TOTAL	$6,058.80

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	FRONT DOOR PROTECTOR CLIPS LH	1		$95.00
2	REAR DOOR PROTECTOR CLIPS LH	1		$95.00
			S/N TOTAL	$190.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & REPAIR AT ACCIDENT AREA. $1,000.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR FENDER LH, REAR DOOR LH & FRONT DOOR LH. $1,200.00

LABOUR CHARGES TO DISMANTLE & RE-INSTALL FRONT DOOR MECHANISM / GLASS. $200.00

LABOUR CHARGES TO DISMANTLE & RE-INSTALL REAR DOOR MECHANISM / GLASS. $200.00

TO TUFF KOTE & UNDERSEAL MATERIALS. $150.00

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. $150.00

TO DAIGNOSIS FAULT CODE & RESET MEMORY. $150.00

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
is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

LABOUR TOTAL	$3,050.00
TOTAL	$9,298.80

Vic

Head office
6 Kung Chung 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 #01-08 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

SA0A21410007 / Alex Mars Pte Ltd
ENTRY DATE & TIME: 01/04/2021 17:14 (SGT)
SUBMITTED BY: Shanil
VERSION: 1 (01/04/2021 17:14 (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 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 C64 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	01/04/2021 17:14 (SGT)
Date of Accident	31/03/2021 14:20 (SGT)
Exact Location of Accident	Outram Rd, Singapore
Additional Location Information	ALONG OUTRAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS3962A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LYNN CHEN ZHUMING
NRIC No	SXXXX810A
Email Address	lzchen@hotmail.com
Mobile Phone No	(Phone) +65-83228350
Alternative Phone No	+65-83228350

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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	1984

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA535738
Cover Note Number	NA

DRIVER

Name of Driver	LYNN CHEN ZHUMING
NRIC No	SXXXX810A

Date Of Birth	25/03/1973
Occupation	Indoor
Date Of Driving Pass	03/08/2007
Driving experience	13 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83228350
Alt. Phone Number	+65-83228350
Email Address	lzchen@hotmail.com
Address	Cairnhill Astoria, 6 Cairnhill Rise 229741
Address complement	#12-02
Postcode	229741
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

I was travelling along OUTRAM ROAD it was a 3 lane traffic and my vehicle was positioned in the 1st lane suddenly third party vehicle which was on my left swerve into my lane and scrapped onto my vehicle left side. No injuries involved.

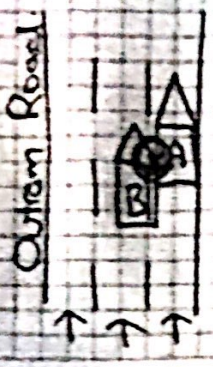
ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCK8280L
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA SIEW ENG
NRIC No	SXXXX721D

SKETCH PLAN



Vehicle A: SMS3962A
Vehicle B: SCK8280L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT (2000 characters)

I was travelling along OUTRAM ROAD it was a 3 lane traffic and my vehicle was positioned in the 1st lane suddenly third party vehicle which was on my left swerve into my lane and scrapped onto my vehicle left side. No injuries involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

1 April 2021 at 1:48 PM

Date/Time:

1 April 2021 at 1:48 PM