

ASS. REC. BY:

REF: EG / CS/EQI22000305/Kvy3

Kenneth

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: SNB 4444A

Policy No. _____

Claims No. DM22HO00028/JT

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: 02 days Res.: Yes or No

Lum Sum: 1.21% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: 2008081A Yr Regn: 08, 21

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

Truck / Trailer or

Make: Tesla Model 3 c.c. _____

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

Sp. Reading: 5547 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LRW3F7E25MC263562

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 235/35R20

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 9 mm

L/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 31/12/21

D.O.I. 6/1/2022

Survey held at _____

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

o/s body

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

Date / Time	Action / Instruction
19/1/22	Kenneth informed \$600 (Red 1958.42, 76%)

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 2

1) _____
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

2) 19/1/22-typist

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____
S - RS. SI

Fuel/Oil

Others

Report Format: TP

Lump Sum / I.B.I.: (\$ 600)

TOTAL

Date: 03.01.2022
 Vehicle No: SLDS081A
 Model: TESLA MODEL 3 PERFORMANCE
 Chassis: LRW3F7EL5MC263562
 Reg. Year: 2021

Third Party Insurer: EQ
 Third Party Veh No: SNB4444A
 Date of Accident: 31.12.2022
 Estimator: Victor
 Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR RH	1		\$1,009.35
SUB TOTAL				\$1,009.35
LESS 10%				-\$100.94
PARTS TOTAL				\$908.42

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	CERAMIC COATING	1		\$500.00
S/N TOTAL				\$500.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REPAIR & READJUST ACCIDENT AREA. \$400.00 *sd*

LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREA. \$400.00 *✓*

TO CHECK WIRING & ELECTRICAL SYSTEM. *nn* \$150.00 *X*

TO DIAGNOS FAULT CODE & RESET MEMORY. *nn* \$200.00 *X*

Not included

LABOUR TOTAL \$1,150.00

2 days

TOTAL \$2,558.42

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:

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 willful 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 03/01/2022 16:15 (SGT)
Date of Accident 31/12/2021 20:01 (SGT)
Exact Location of Accident 442 Orchard Rd, Singapore 238879
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD8081A
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner BENNY QUEK SZER HAOW
NRIC No SXXXX548E
Email Address BIOCAPS@YAHOO.COM.SG
Mobile Phone No (Phone) +65-97454139
Alternative Phone No +65-97454139

VEHICLE PARTICULARS

Manufacturer Tesla
Model MODEL 3 PERFORMANCE
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 1991

INSURANCE COMPANY

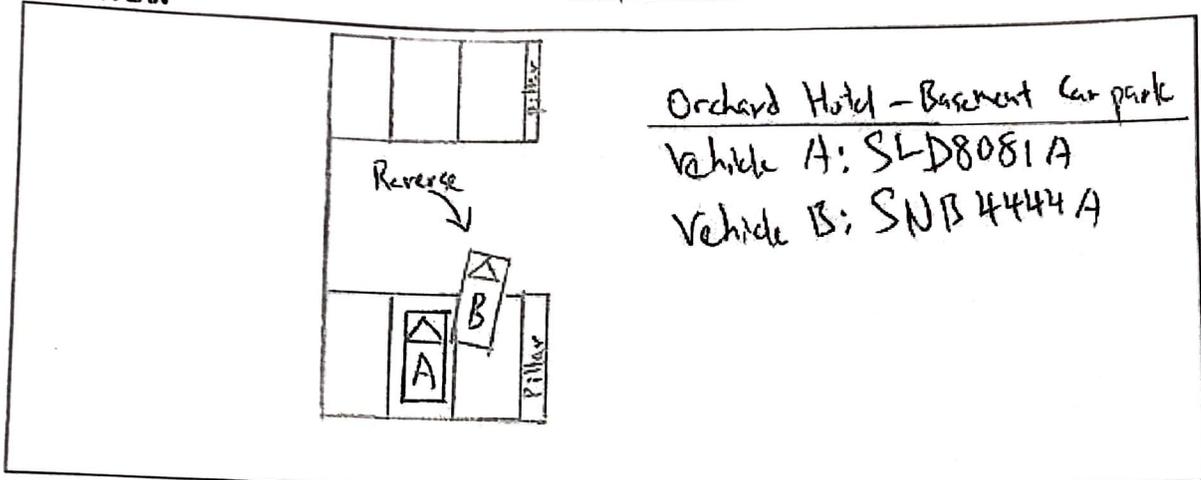
Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number CN138960
Cover Note Number 14/08/2021 - 13/08/2022

DRIVER

Name of Driver BENNY QUEK SZER HAOW
NRIC No SXXXX548E

Date of accident: 3/12/21 Time: 20:01 Location: Orchard Hotel - Basement car park
My Vehicle A: SLD8081A Vehicle B: SNB4444A Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to The Police Report T/20220103/7017

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Optima Motor Pte Ltd

Email address: karkay.nyai@om.sg

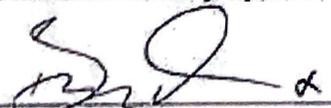
& myself: biocops@yahoo.com.sg

Email address:

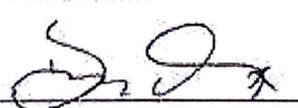
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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


Policyholder's Signature

Date & Time:
03/01/2022


Driver's Signature
(If driver is not the policyholder)

Date & Time: 03/01/2022


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: