

ASS. REC. BY:

REF:

FC21 2200 2713/K

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:

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:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

DDR4



JHHUCS3H00K022989

Chassis No:

Print Date:

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:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

Date: 23/03/2022
Vehicle No: SNC7650X
Model: TESLA MODEL 3 STANDARD RANGE
Chassis: LRW3F7FA8MC384809-2021
Reg. Year: 2021

Third Party Insurer: MS FIRST CAPITA
Third Party Veh No: XD7724T
Date of Accident: 22/03/2022
Estimator: TING AN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1	<i>Ref/cm</i>	\$663.55 ✓
SUB TOTAL				\$663.55
LESS 10%				-\$132.71
PARTS TOTAL				\$530.84

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		<i>12</i> \$60.00 ✓
2	COATING FOR AFFECTED AREAS	1		\$240.00 7
S/N TOTAL				\$300.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REFIX, REPLACE & READJUST FRONT ACCIDENT AREAS & ETC.

\$300.00 *200*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER & ETC.

\$300.00 *220*

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

12 \$100.00 x

LABOUR TOTAL \$700.00

TING AN TOTAL \$1,530.84

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: Branch

Date:

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



Head office

6 Kung Chong Road Singapore 159343
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2312

Model: HINO XZU710R
14FT 5T AT
Chassis No: JHHUCS3H00K022989

TP/CHINA

TP/CHINA

*NOT WORKING
Repairing Bumpers
2 days*

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 23/03/2022 15:11 (SGT)
Date of Accident 22/03/2022 11:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TOWARDS AYE TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC7650X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EE KOK LEONG GEOFFREY
NRIC No SXXXX690G
Email Address GEOFFREY_EE@YAHOO.COM
Mobile Phone No (Phone) +65-92252121
Alternative Phone No +65-92252121

VEHICLE PARTICULARS

Manufacturer Tesla
Model MODEL 3 STANDARD RANGE
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 1600

INSURANCE COMPANY

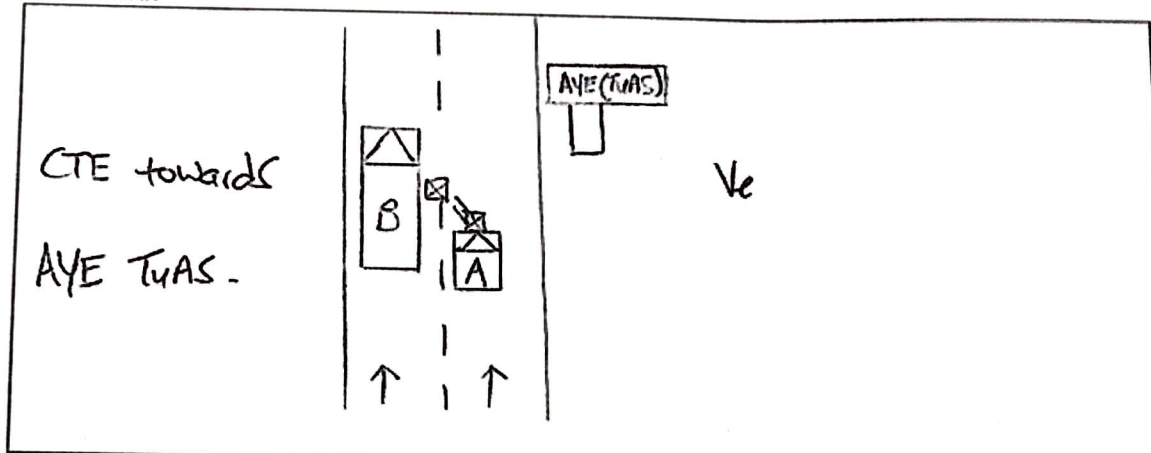
Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VPA/P2460546
Cover Note Number 16/11/2021 - 15/11/2022

DRIVER

Name of Driver EE KOK LEONG GEOFFREY
NRIC No SXXXX690G

Date of accident: 22/3/2022 Time: 1145hrs. Location: CTE towards AVE Tuas
 My Vehicle A: SNC 7650X Vehicle B: XD7724T Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/3/2022 @ 1145hrs, I was travelling along CTE towards AVE Tuas. Suddenly I noticed part of the concrete slab dislodged from the truck beside me. Right after I felt an impact and I tried to signal the truck driver to stop. However, he still continued to drive. I stopped by the roadside and found damages on the front bumper lip & below the front left headlamp.

☐ 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 Works Pte Ltd

Email address: Any. Chua @ OW. SG

& myself
 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.

[Signature]
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

