ASS. REC. BY: Kenneth | REF: EG7/

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: 04 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: SJJ 2333E Yr Regn: 09, 20

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

Make: Audi Q3 (A) c.c 1395

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

Sp.Reading 18547 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF32M 1013834

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: _____

R: 235/55R18

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	28/3/22	D.O.I.	31/3/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	
	LUMP SUM $5000, 4DAYS
	RED: 9093.1;64%

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

OPTIMAWERKZ™ SINGAPORE

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

SJJ2333E Not Authorised
Recovery B4 paint
4days

Date: 29.03.2022
Vehicle No: ~~SLL8963M~~
Model: AUDI Q3 SPORTBACK 1.4 TFSI
Chassis: WAUZZZF32M1013834
Reg.Year: ~~2019~~ 2020

Third Party Insurer: ~~LONPAC~~ ERGO
Third Party Veh No: ~~GBD4484R~~ SLL8963M
Date of Accident: ~~05.10.2021~~ 28/03/22
Estimate: VICTOR
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	FRONT BUMPER LH	1		$1,283.00
2	FRONT GRILLE WITH CHROME	1		$1,777.00
3	FRONT GRILLE LOWER GARNISH	1		$366.00
4	FRONT PARKING SENSORS	2	$275.00	$550.00
5	FRONT SPONGE	1		$126.00
6	FRONT REINFORCEMENT	1		$838.00
7	REAR BUMPER	1		$1,544.00
8	REAR LOWER BUMPER	1		$464.00
9	REAR REINFORCEMENT	1		$596.00
10	REAR SPONGE	1		$98.00
11	END PANEL INNER	1		$723.00
12	END PANEL OUTER	1		$422.00
13	END PANEL TOP COVER	1		$394.00
14	REAR REFLECTOR LH	1		$85.00
15	REAR REFLECTOR RH	1		$85.00
16	REAR REFLECTOR COVER LH	1		$179.00
17	REAR REFLECTOR COVER RH	1		$179.00
18	REAR PARKING SENSORS	4	$275.00	$1,100.00
			SUB TOTAL	$10,809.00
			LESS 10%	-$1,080.90
			PARTS TOTAL	$9,728.10

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	FRONT BUMPER CLIPS	1		$100.00
2	FRONT GRILLE CLIPS	1		$80.00
3	FRONT LICENSE PLATE WITH HOLDER	1		$75.00
4	REAR BUMPER CLIPS	1		$100.00
5	REAR LOWER BUMPER CLIPS	1		$100.00
6	END PANEL COVER CLIPS	1		$60.00
			S/N TOTAL	$515.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REFIX, REPAIR & READJUST **FRONT** ACCIDENT AREA. $700.00

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

Date:	29.03.2022	Third Party Insurer:	LONPAC
Vehicle No:	SLL8963M	Third Party Veh No:	GBD4484R
Model:	AUDI Q3 SPORTBACK 1.4 TFSI	Date of Accident:	05.10.2021
Chassis:	WAUZZZF32M1013834	Estimate:	VICTOR
Reg.Year:	2019	Surveyor:	

LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT **FRONT** ACCIDENT ARE	$800.00	200
LABOUR CHARGES TO REMOVE, REFIX, REPAIR & READJUST **REAR** ACCIDENT AREA.	$800.00	300
LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT **REAR** ACCIDENT AREA.	$1,000.00	400
TO TUFF KOTE & UNDERSEAL MATERIALS.	$200.00	X
TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	$180.00	40
TO DIAGNOSE & RESET FAULT CODE.	$170.00	?
LABOUR TOTAL	**$3,850.00**	
TOTAL	**$14,093.10**	

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:

SA19223S000B / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 28/03/2022 15:34 (SGT)
SUBMITTED BY: ZILA
VERSION: 1 (28/03/2022 15:34 (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	28/03/2022 15:34 (SGT)
Date of Accident	28/03/2022 06:45 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	YCK RD TWDS UPPER THOMSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2333E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DAE WEE XITONG @ WEE WAN HONG
NRIC No	SXXXX753B
Email Address	TEOJJSG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96331199
Alternative Phone No	+65-96331199

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
Variant	Q3 SPORTBACK 1.4 TFSI S TRONIC (17")
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	1395

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA015502
Cover Note Number	30/09/2021 - 29/09/2022

DRIVER

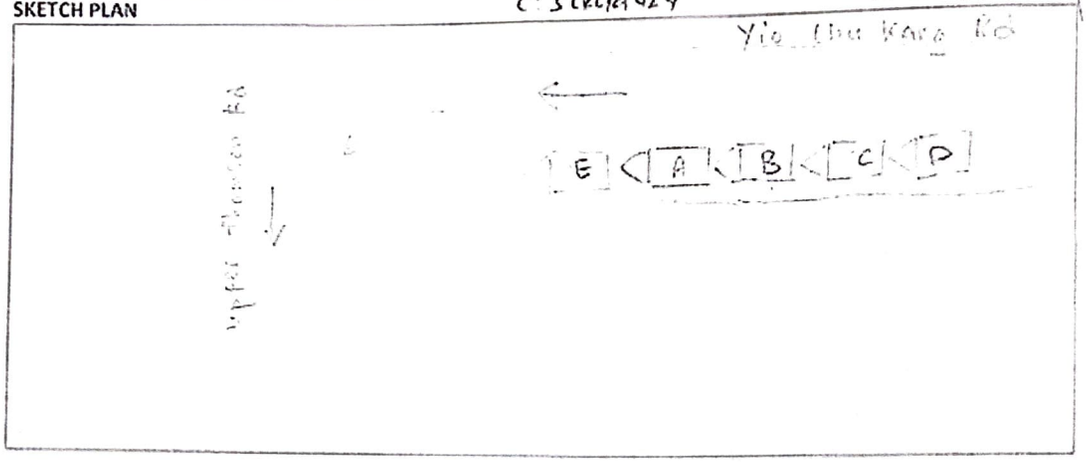
Name of Driver	DAE WEE XITONG @ WEE WAN HONG
NRIC No	SXXXX753B

SKETCH PLAN #2

Date of accident: 28/03/2022 Time: 645am Location: Yio Chu Kang Rd toward Upper Thomson Rd.

My Vehicle A: SJJ2333E Vehicle B: EA23U Vehicle C: SLL8963M D: SDV5088B

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Yio Chu Kang Rd about 645am. Vehicle B (EA23U) cut into my lane from the right and stopped suddenly. I managed to stop my vehicle A (SJJ2333E) in time. However, vehicle B (SLL8963M) behind me could not stop in time and hit my vehicle from behind. As a result, my vehicle moved forward and hit vehicle B. Vehicle B was then hit by other vehicles behind it and then it hit my vehicle again. My vehicle then hit Vehicle B again.

My vehicle (A) suffered damages to my front grille and bumper. Back bumper was also damaged.

* Claim third party.

☐ 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 :
Email address : OPTIMA WEREZ
& 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.

Policyholder's Signature
Date & Time:

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

Zila
Ah Lim Motor Company

Reporting Centre Personnel's Signature
Name: COMPLETED 28 MAR 2022
NRIC/FIN No.: