

ASS. REC. BY:

REF: C721

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:

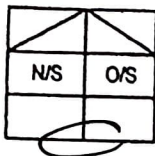
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

EY 86884

Yr Regn:

11, 21

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

Truck / Trailer or

Make:

Test 9

Model 3

c.c.

Colour:

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading:

7200

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

LRW 31-7FA 3MC 384720

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

235/458 R18

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.

4/4/22

D.O.I.

18/4/2022

Survey held at

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

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

Date / Time

Action / Instruction

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS - SI

: Extras

: Others

TOTAL

Report Format :

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

Not Withheld  
Murray Bpamy 2 day

Date: 14.04.2022  
Vehicle No: EY8688Y  
Model: TESLA MODEL 3 STANDARD RANGE  
Chassis: LRW3F7FA3MC384720  
Reg. Year: 2021

Third Party Insurer: CHINA TAIPING  
Third Party Veh No: SLP6380L  
Date of Accident: 04.04.2022  
Estimator: KIT  
Surveyor:

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1	But/An	\$663.55
2	REAR BUMPER REVERSE SENSOR	2	\$158.88	\$317.76
3	REAR BUMPER REVERSE SENSOR BRACKET	2	\$4.67	\$9.34
4	REAR BUMPER REINFORCEMENT	1		\$271.03
5	REAR BOOTLID	1		REPAIR
TOTAL				\$1,261.68
LESS 10%				-\$126.17
PARTS TOTAL				\$1,135.51

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		\$80.00
S/N TOTAL				\$80.00

### LABOUR CHARGES:

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

200  
\$500.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREAS & ETC.

220  
\$500.00

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

120.00 801

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

150.00 7

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

120.00 151

LABOUR TOTAL \$1,390.00

TOTAL \$2,605.51

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:

Head Office  
8 Kung Cheng Road Singapore 150143  
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch  
2A Serangoon North Ave 5 Singapore 554500  
Tel: (+65) 6484 9010 | Fax: (+65) 6481 1903

Branch (Motor Insurance Claims)  
Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047  
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011





## 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 ..... 05/04/2022 16:20 (SGT)  
Date of Accident ..... 04/04/2022 17:10 (SGT)  
Exact Location of Accident ..... Holland Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... EY8688Y

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK CHIA-MIN VALERIE  
NRIC No ..... SXXXX435Z  
Email Address ..... nappychanger@yahoo.co.uk  
Mobile Phone No ..... (Phone) +65-98281729  
Alternative Phone No ..... +65-98281729

#### VEHICLE PARTICULARS

Manufacturer ..... Tesla  
Model ..... MODEL 3 STANDARD RANGE  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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/P2458487  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... QUEK CHIA-MIN VALERIE  
NRIC No ..... SXXXX435Z

Date Of Birth	21/03/1977
Occupation	Indoor
Date Of Driving Pass	29/07/1997
Driving experience	24 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98281729
Alt. Phone Number	+65-98281729
Email Address	nappychanger@yahoo.co.uk
Address	27 NAMLY PLACE
Address complement	-
Postcode	267174
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - KGC WORKSHOP

#### ATTACHMENT(S)

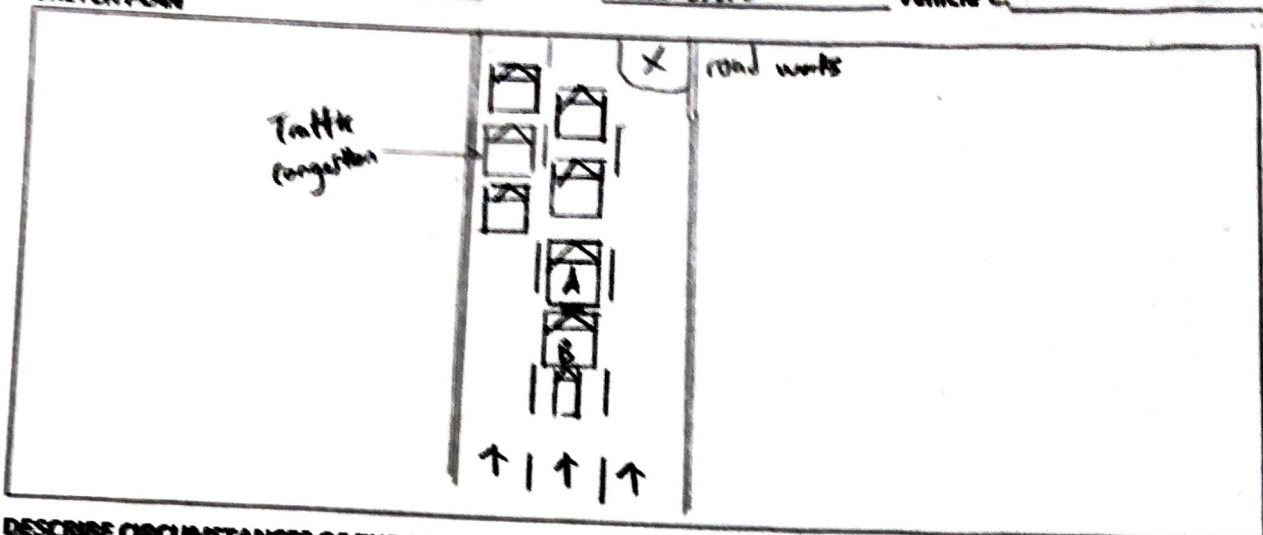
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6380L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Date of accident: 4/4/2022 Time: 12h Location: Holland Road  
My Vehicle A: EY 888Y Vehicle B: SLP 6886 Vehicle C:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the attached Traffic Police report.

☐ 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: poh kin @ kg workshop (ansy)

Email address: nappychanger@yahoo.co.uk

& myself: nappychanger@yahoo.co.uk

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*

*Signature*

5/4/2022