| ASS. REC. BY: | 22005391/kgy3 |
|---|--|
| 12 | SSIGNMENT |
| From: Date: Estimated Cost: OD VIP WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s Of Insured: Policy No. Claims No. SNM 200 2029 72 COV 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 Rport: Consistent?: Yes or No | Veh No: SNB 5505B Yr Regn: P; 2/ Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Traller or Make: /es/k Movel 3 c.c — Colour B/Ack A/C: Insured / Std / NI / NA Sp.Reading / 5999 T/Radio: Insured / Std / NI / NA Eng/No: C/No: LR W3/ F EL PMC 2635K Gen. Cond: Good Fair / Poor / Burnt Steering: Inover? Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 235/35R 20 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SUPPR SUMI / TOYO / YOKO or Front Rear |
| GIA / PR Seen: Consistent?: Yes or No Est. Repairs: OZ days Res.: Yes or No Lum Sum: IB1 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT | R/Bal. 9 mm R/Bal. 9 mm L/Bal. 9 mm L/Bal. 9 mm D.O.A. 26/5/22 D.O.I. 9/6/202 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or |
| Date / Time Action / Instruction 16/6 & 1207.20 Cashu Cle | The U/C / Chassis frame / Body Structure affected due to collision. |
| 11 016 Madel | survey No. of Trlp: / Survey Fee: Site Insp (\$) _ S+RS_SI Interview (\$) _ S+RS_SI |



OPTIMA WERKZ PTE LTD Co. Reg. No. 201212455W

www.ow.sg

@ /OptimaWerkz

Date:

06/06/2022

Vehicle No: SNB5505B

Model:

TESLA MODEL 3 PERFORMANCE

Chassis:

LRW3F7EL8MC263541

Reg. Year:

2021

Third Party Insurer: CHINA TAIPING

OptimaWerkz

Third Party Veh No:

GBE1214T

Date of Accident:

26/05/2022

Estimator:

KIT

Surveyor:

ESTIMATE

| NO. | DESCRIPTION | QTY | UNIT S\$ | AMOUNT S\$ |
|-----|--------------|-----|-------------|--------------|
| 1 | FRONT BUMPER | 1 | | see \$663.55 |
| | | | | |
| | | | SUB TOTAL | \$663.55 |
| | | | LESS 10% | \$66.36 |
| | | | PARTS TOTAL | \$597.20 |

| NO. | SPECIAL NETT | QTY | UNIT S\$ | AMOU | UNT S\$ |
|-----|--------------------|-----|-----------|------|---------|
| 1 | FRONT BUMPER CLIPS | 1 | | ne | \$60.00 |
| | | | S/N TOTAL | | \$60.00 |

LABOUR CHARGES:

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

\$200.00

LABOUR CHARGES FOR PAINTING & FURNISHING MATERIALS AT ACCIDENT AREAS.

\$300.00 224

LABOUR CHARGES TO REMOVE & REFIX FRONT PARKING SENSOR.

\$100.00 50

TO DAIGNOSIS FAULT CODE & RESET MEMORY.

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$120.00 15/

LABOUR TOTAL \$840.00

KIT

TOTAL

\$1,497.20

Not Norhaite \$ 1202.20 2 day,

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

6 Kung Chong Road Singapore 159143 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Dales Serangoon North Ave 5 Singapore 554500

Branch (Motor Insurance Claims)

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



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|--|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: Vehicle Details | 913E |
| Vehicle No.: | SNB5505B |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 08 Jun 2022 |
| Vehicle Make: | TESLA |
| Vehicle Model: | MODEL 3 PERFORMANCE |
| Primary Colour: | Black |
| Manufacturing Year: | 2021 |
| Engine No.: | |
| Chassis No.: | LRW3F7EL8MC263541 |
| Maximum Power Output: | 377.0 kW (505 bhp) |
| Öpen Market Value: | \$73,264.00 |
| Original Registration Date: | 06 Sep 2021 |
| First Registration Date: | 06 Sep 2021 |
| Transfer Count: | 0 |
| Actual ARF Paid: Intended PARF Rebate Details | \$58,876.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 05 Sep 2031 |
| PARF Rebate Amount: Intended COE Rebate Details | \$44,157.00 |
| COE Expiry Date: | 05 Sep 2031 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$56,100.00 |
| COE Rebate Amount: | \$51,849.00 |
| Total Rebate Amount: | \$96,006.00 |

The information contained herein is correct as at 06 Jun 2022

SINGAPORE ACCIDENT STATEMENT

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 27/05/2022 15:39 (SGT) Date of Accident 26/05/2022 11:20 (SGT) Exact Location of Accident Singapore Additional Location Information LORONG 4 TOA PAYOH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB5505B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN LEE KENG NRIC No S1667913E Email Address LYVINNIE@SINGNET.COM.SG Mobile Phone No (Phone) +65-91993695 Alternative Phone No +65-91993695

VEHICLE PARTICULARS

Manufacturer Model MODEL 3 PERFORMANCE Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto

CC 2000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number SP2000533337-01 Cover Note Number

DRIVER

Name of Driver TAN LEE KENG NRIC No S1667913E



Date Of Birth 17/04/1964 Occupation Indoor Date Of Driving Pass 07/06/1983 Driving experience 38 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-91993695 Alt, Phone Number +65-91993695 Email Address LYVINNIE@SINGNET.COM.SG Address BLK 28 BUKIT BATOK EAST AVE 2 @12-21 Address complement Postcode 659921 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

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?

Police Station Name

Toa Payoh Neighbourhood Police Centre

(Phone) +65-18002519999

Alt. Police Station Phone No

(Fax) +65-63548749

Police Station Address

93 Toa Payoh Central Toa Payoh Community Building #01-02

Singapore 319194

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

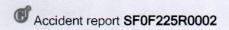
Was there any video captured by Car Camera?

Yes
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberGBE1214TVehicle ManufacturerNissanVehicle Model-Vehicle Variant-Vehicle Colour-



| Vehicle Category | Goods vehicle |
|---|---------------|
| Name of Driver | |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | _ |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

/ li 22/5/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Rofer

to police report

| Declaration | | |
|--|--|--|
| Jeciaration | | |
| | | |
| We declare the foregoing particular | s are true in every respect. | - |
| | | |
| | | |
| | | |
| , | | |
| 1 1 | | |
| // / / | | |
| 16 23/-12022. | | |
| 16 22/5/2022. | District Country (Mahamata and Amata) | Witnessed by Dressie Cont |
| 2022 · Policyholder's Signature / Date & | Driver's Signature (if driver is not the policyholder) / Date | Witnessed by Reporting Centre |
| Policyholder's Signature / Date & | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
| Olicyholder's Signature / Date & | Driver's Signature (if driver is not the policyholder) / Date & Time | |





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 1 of 3 Report No. T/20220526/2103

REPORT OF A TRAFFIC ACCIDENT

| Date/Time 26/05/202 | | lade: | Vide Report No.: | 123 | Station Diary No.: 98 |
|------------------------|---------------|----------------|-----------------------------------|-----------------|---|
| | la Parille | dos 2 | | | 100000000000000000000000000000000000000 |
| Name of Ir | nformant: | | Address: | | |
| TAN LEE | KENG | | BLK 28 BUKIT BATOK EAST 659921 | AVENUE 2 #1 | 2-21 SINGAPORE |
| ID Type / I | D No.: | | Contact No.: | | |
| NRIC NO | S16679 | 13E | Home/Office: | Mobile: 9199 | 93695 |
| Nationality SINGAPO | | EN | Email: LYUINNIE@SINGNET.COM. | SG | |
| Sex: | Age: | Date of Birth; | Type of Informant: | | |
| Female | 58 | 17/04/1964 | Driver | | |
| Race: | nille-Goderes | *** | Language: | Institution / S | School Name: |
| Chinese | | | English | | |
| Occupation | n: | | Driving Licence Information: | • | |
| GENERAL | CLUB M | ANAGER | Class: | Date of Expi | ry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 26/05/2022 11:20 | Type of Location: Car Park |
|--------------------------|---------------------------|-----------------------|---|-------------------------------|
| LORONG 4 T | OA PAYOH | Road Surface: | l P. | oad Speed Limit: |
| Clear | | Dry | | odd opeed Limit. |
| | | Traffic Control: | Tı | affic Volume: |
| Traffic Flow: Two Way | | Not Controlled | | o Traffic |

| Vehicle No. | TIME | Mako | Model | ිමුල් | Constitut | No of Personner |
|-------------|------|--------|----------------------------|--------|---------------------|-----------------|
| GBE1214T | Van | NISSAN | | Silver | Slightly Damaged | 0 |
| SNB5505B | Car | TESLA | MODEL 3 PERFORMA NCE | Black | Slightly Damaged | 0 |

| Deals of Ve | hide heusnee | | The result | |
|-------------|-------------------|--------------|------------|--------------|
| Vehicle No. | Answering Company | Insurance No | Silegoye | Expliny Date |





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh

2 of 3 Report No. T/20220526/2103

Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

| Danile of V | Sale houses | | | |
|-------------|---------------------------------------|--------------|-------------|------------|
| vonebile. | Incurred Company | Inquience No | 1Eligidance | Examy Date |
| SNB5505B | ALLIANZ INSURANCE SINGAPORE PTE. LTD. | SP2000533337 | 06/09/2021 | 05/09/2022 |

| Mily I edesilial II | volved: No | | | | | |
|---------------------|-------------------|-------|--|---------------------------------------|-----------|--|
| No. of Pedestrian | | | Use of Ped | lestrian | Cross | ing: NA |
| Vehiele Owner | | | The server to th | | | |
| Name | TAN LEE KENG | | | ID No. | | S1667913E |
| Related Vehicle | SNB5505B (Car) | | | Conta | ct No. | 91993695 |
| Hospital/Clinic | NIL | end l | | Class Driving Licence Expiry | g e & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | narge | NIL | |
| | ted Medical Leave | NIL | Degree of | Injury | NIL | |
| Difyor - | | | | | | entermolecular en la manage de la companya del companya de la companya del companya de la compan |
| Name | LIM KAH CHAI | | | ID No. | | S1649486J |
| Related Vehicle | SNB5505B (Car) | | | Conta | ct No. | 91870899 |
| Hospital/Clinic | NIL | | 101 1014e | Class Driving Licent Expiry | g ce & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | narge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |

Brief Details.

On 26/05/2022, at about 05:20AM, my husband parked our car in the open space carpark behind Blk 66 Lorong 4 Toa Payoh, and everything was in order. When we came back to the car at about 01:00PM, we noticed that there was some white substance on the front left bumper. I thought that it was some bird droppings, and so we left the area and drove to Jurong. After we parked at Jurong, we made a closer inspection and saw that the front left bumper dented and scratched. I reviewed the dash camera and saw that at about 11:21AM, one silver coloured van (Registration No.: GBE1214T) was reversing near to my vehicle. While it was reversing, it collided into the front left portion of my car and drove off without leaving a note. I still have the dash camera footage with me.





Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3 Report No. T/20220526/2103

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature of Officer Recording The Report: E / SGT 2 WESLEY TEO YAO WEN | Signature Of Informant: |
|---|-------------------------|
| Signature Of Interpreter: | Date/Time: |
| Not applicable | 26/05/2022 18:04 |
| Officer In Charge Of Case: | Classification Of Case: |
| SR STAFF SGT NEO ZHI YUAN | |
| Contact No.: 65476079 | |
| NP168 | |