

ASS. REC. BY:

REF:

AIG/

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:

10am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 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:

SFA 104

Yr Regn:

12 21

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

Truck / Trailer or

Make:

Tesla

Model 3

c.c

Colour

M.P.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

13737

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

LRW 3F 7FA1MC 384814

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:

235/45 8R18

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.

13/6/22

D.O.I.

15/6/2022

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Report Format :

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

Date: 14/06/2022 *Not in hand*
 Vehicle No: SFA10U *Repair by paint*
 Model: TESLA MODEL 3 STANDARD RANGE
 Chassis: LRW3F7FA1MC384814-2021
 Reg. Year: 2021 *4-5 days*

Third Party Insurer: AIG
 Third Party Veh No: SMN5058Z
 Date of Accident: 13/06/2022
 Estimator: TING AN
 Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT HEADLAMP RH	1		<i>Gu</i> \$1,308.41
2	FRONT HEADLAMP LOWER BRACKET RH	1		\$7.48
3	FRONT BUMPER	1		<i>Belum</i> \$495.33
4	FRONT BUMPER SIDE BRACKET RH	1		<i>D.Y</i> \$9.35
5	FRONT BUMPER UPPER BRACKET RH	1		<i>na</i> \$1.87
6	FRONT BUMPER GARNISH COVER RH	1		<i>Gu</i> \$7.54
7	FRONT BUMPER REINFORCEMENT	1		<i>R</i> \$271.03
8	FRONT BUMPER ABSORBER FOAM	1		<i>na</i> \$46.73
9	FRONT BUMPER PARKING SENSOR	1		\$158.88
10	FRONT BUMPER PARKING SENSOR BRACKET	1		\$4.67
11	FRONT FENDER RH	1		<i>R1</i> \$448.60
12	FRONT FENDER INNER SHIELD RH	1		\$116.82
13	FRONT RIM RH	1		<i>na</i> \$878.50
14	FRONT ABSORBER RH	1		\$429.91
15	FRONT UPPER ARM RH	1		\$116.82
16	FRONT LOWER ARM RH	1		\$233.64
17	FRONT KNUCKLE ARM RH	1		\$420.56
18	FRONT WHEEL BEARING HUB RH	1		\$149.53
SUB TOTAL				\$5,105.67
LESS 10%				-\$510.57
PARTS TOTAL				\$4,595.10

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		<i>na</i> \$50.00
2	FRONT FENDER INNER SHIELD CLIPS	1		<i>na</i> \$40.00
S/N TOTAL				\$90.00

Head office

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

Branch

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



Date: 14/06/2022
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Chassis: LRW3F7FA1MC384814-2021
Reg.Year: 2021

Third Party Insurer: AIG
Third Party Veh No: SMN5058Z
Date of Accident: 13/06/2022
Estimator: TING AN
Surveyor:

LABOUR CHARGES:

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

\$500.00

400

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

\$500.00

440

LABOUR CHARGES TO REMOVE & REPLACE FRONT BUMPER PARKING SENSOR & ETC.

\$120.00

60

LABOUR CHARGES TO REMOVE & REPLACE FRONT ABSROBER RH, FRONT UPPER & LOWER ARM RH, FRONT KNUCKLE ARM RH, FRONT WHEEL BEARING HUB RH & ETC.

\$300.00

?

TO WHEEL ALIGNMENT & BALANCING.

\$90.00

20

TO DAIGNOSIS FAULT CODE & RESET MEMORY.

\$150.00

?

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$120.00

20

LABOUR TOTAL \$1,780.00

TING AN

TOTAL

\$6,465.10

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:

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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 14/06/2022 16:04 (SGT)
Date of Accident 13/06/2022 14:00 (SGT)
Exact Location of Accident Venus Dr, Singapore
Additional Location Information VENUS DR & ISLAND CLUB RD JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFA10U
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner TAN KIM CHOO
NRIC No SXXXX615I
Email Address THT.ANGELINE@GMAIL.COM
Mobile Phone No (Phone) +65-97668888
Alternative Phone No +65-97668888

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 1991

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P2464722
Cover Note Number 27/12/2021 - 26/12/2022

DRIVER

Name of Driver TAN HUI TING ANGELINE
NRIC No SXXXX493E

Date Of Birth	01/06/1992
Occupation	Indoor
Date Of Driving Pass	14/09/2011
Driving experience	10 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97668888
Alt. Phone Number	-
Email Address	THT.ANGELINE@GMAIL.COM
Address	9 JALAN ANGIN LAUT
Address complement	-
Postcode	489181
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

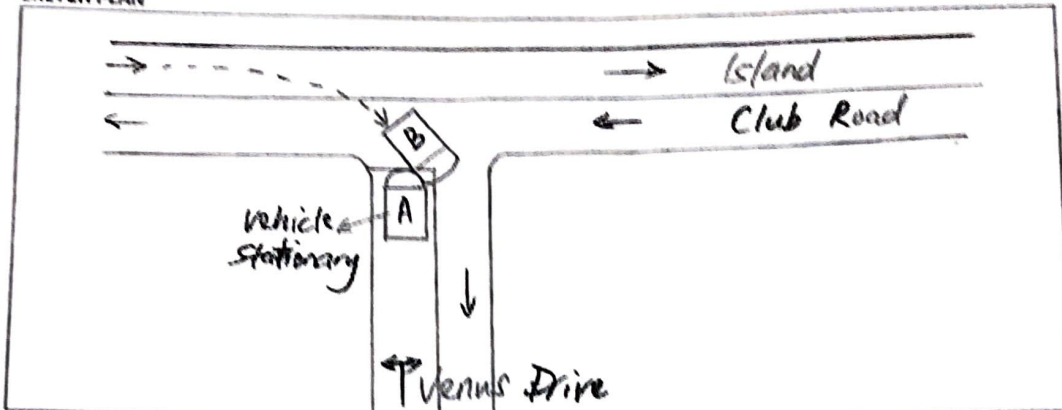
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN5058Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN SION NOI
Contact Number	(Phone) +65-96391828
Address	-
Address complement	-

Date of accident: 13/06/2022 Time: 19:00 Hrs Location: Venus Drive & Island Club Rd Junction
 My Vehicle A: STATION Vehicle B: SKIN 5058Z Vehicle C: -



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving along Venus Drive and stopped at the Junction to wait for cars to pass. Just then there was this brown mercedes in front of me that turned really fast into my lane sharply. I was keeping a bit to the left side as I was ~~turning~~ intending to turn left. The other party cut into my lane and hit the side of my car. I was stationary this whole time from seeing the car, to the point of impact and until the car drove past.

Even upon impact, the other party continued driving across and hence scratched the entire side of her vehicle.

☐ 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: ary.chua@aw.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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

COMPLETED