

## 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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No: SM2 1885R Yr Regn: 26/2/21  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Porsche Taycan c.c. Electric car  
 Colour: Red A/C: Insured / Std / Nil / NA  
 Sp. Reading: 6653 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WPO222412MSA 98801  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/R / STD A/Rim or  
 Tyre Size: F: 245/45R20  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front Rear  
 R/Bal. 1/2 mm R/Bal. 1/2 mm  
 L/Bal. 1/2 mm L/Bal. 1/2 mm  
 D.O.A. 11/9/22 Trans D.O.I. 14/9/22  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S (N/S) / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MP-565-X</u>

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L&amp;J: \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL


<b>LIBERTY INSURANCE PTE LTD</b> 51 CLUB STREET #03-00 LIBERTY HOUSE SINGAPORE 069428 ATTN.: MOTOR CLAIMS FAX:		NAME: ADDRESS: TEL:		WIP: 35432 EXCESS: DATE: 8-Sep-22	
VEH NO:	SMZ1885R	DATE IN:		CONTACT PERSON:	DEREK 63310684
CHASSIS NO:	WP0ZZY1ZMSA28801	MILEAGE:		TYPE OF CLAIM:	OWN DAMAGE
MODEL:	Porsche Taycan 4S	DATE REG.:	26-Feb-21	POLICY NO.:	
<b>NATURE OF WORKS</b>					
S/NO	<b>Parts Description</b>				
		QTY	1ST	SUPP	REVISED
					PRICES
1	FRONT FENDER LH / <i>MD</i>	1			\$ 1,483.80
2	FENDER LOWER BRACKET LH / <i>MD</i>	1			\$ 46.50
3	TRIM FOR A-PILLAR LH / <i>MD</i>	1			\$ 244.10
4	EXPANDER NUT / <i>MD</i>	3			\$ 5.10
5	FENDER AIR GUIDE LH / <i>MD</i>	1			\$ 59.60
6	EXPANSION RIVET / <i>MD</i>	2			\$ 1.40
7	FRONT DOOR LH / <i>MD</i>	1			\$ 2,972.00
8	COVER DOOR SHELL LH / <i>MD</i>	1			\$ 44.50
9	UNDERLAY / <i>MD</i>	1			\$ 42.50
10	P000-043-204-85-/CAVITY PRESERVATION (AK / <i>MD</i>	1			\$ 75.70
11	SEALANT (W736) / <i>MD</i>	1			\$ 74.90
12	P958-537-437-40-/(WH17) ADHESIVE TAPE DO / <i>MD</i>	1			\$ 138.40
13	P992-867-633- /CLIP / <i>MD</i>	6			\$ 59.40
14	HEXAGON FLANGE SCREW / <i>MD</i>	2			\$ 13.60
15	OUTER DOOR SEAL (SELF-ADHESIVE) / <i>MD</i>	1			\$ 287.20
16	DOOR SEAL LOWER / <i>MD</i>	1			\$ 240.80
17	UNDERLAY / <i>MD</i>	1			\$ 20.00
18	BRACKET / <i>MD</i>	1			\$ 20.00
19	BRACKET CLIPS FOR DOOR PANEL / <i>MD</i>	8			\$ 91.20
20	DOOR SEAL UPPER X	1			\$ 455.50
21	FRONT DOOR WEATHERSTRIP LH X	1			\$ 715.90
22	BRACKET V	4			\$ 45.60
23	(WH17) ADHESIVE TAPE DOOR IN WHIT / <i>MD</i>	1			\$ 138.40
24	FRONT DOOR OUTER MOULDING LH X	1			\$ 455.50
25	REAR DOOR OUTER MPILDING LH X	1			\$ 442.50
26	REAR DOOR LH / <i>MD</i>	1			\$ 2,844.00
27	P000-043-204-85-/CAVITY PRESERVATION (AK / <i>MD</i>	1			\$ 75.70
28	SEALANT (W736) / <i>MD</i>	1			\$ 74.90
29	P958-537-437-40-/(WH17) ADHESIVE TAPE DO / <i>MD</i>	1			\$ 138.40



30	P992-867-633- -/CLIP ✓ <i>MC</i>	5	P992-867-633-A -			\$	49.50
31	BRACKET CLIPS FOR DOOR PANEL LH ✓ <i>MC</i>	7	P992-867-075- -			\$	79.80
32	DAMPING ✓ <i>MC</i>	1	PPAB-837-833- -			\$	33.30
33	OUTER DOOR SEAL (SELF-ADHESIVE) ✓ <i>MC</i>	1	P9J1-839-911- -			\$	283.20
34	DOOR SEAL UPPER X	1	P9J1-839-871- -			\$	442.50
35	DOOR SEAL LOWER ✓ <i>MC</i>	1	P9J1-839-499- -			\$	221.20
36	HEXAGON FLANGE SCREW ✓ <i>MC</i>	2	PPAF-008-485- -			\$	13.60
37	UNDERLAY ✓ <i>MC</i>	1	PPAD-837-087- -			\$	42.50
38	DOOR SEAL C- PILLAR LH ✓ <i>MC</i>	1	P9J1-839-775-A -			\$	273.30
39	CLIP ✓ <i>MC</i>	8	P971-839-199-A -			\$	15.20
40	REAR FENDER LH ✓ <i>MC</i>	1	P9J1-809-087- Y-GRV			\$	5,261.20
41	FRAME ✓ <i>MC</i>	1	P9A7-819-181-01-			\$	76.70
42	ADHESIVE ✓ <i>MC</i>	2	PPAH-071-781-00-			\$	2,470.40
43	REAR WINDOW NOT PRETREATED ✓ <i>MC</i>	1	P9J1-845-051-AJ-NVB			\$	2,408.00
44	REAR BUMPER ✓ <i>DEF</i>	1	P9J1-807-984- -			\$	2,109.10
45	SENSOR GASKET ✓ <i>MC</i>	4	P5Q0-919-133- -9B9			\$	13.60
46	RETAINER FOR BUMPER LH ✓ <i>MC</i>	1	P9J1-807-331- -			\$	553.20
47	BRACKET LH ✓ <i>MC</i>	1	P9J1-807-017- -			\$	107.40
48	GUIDE SECTION LH ✓ <i>MC</i>	1	P9J1-807-405- -			\$	86.50
49	ALLOY WHEEL FRONT LH ✓ <i>MC</i>	1	P9J1-601-025-E -041			\$	4,230.20
50	ALLOY WHEEL REAR LH ✓ <i>MC</i>	1	P9J1-601-025-F -041			\$	4,392.80
51	STONE GUARD FILM LH ✓ <i>MC</i>	1	P9J1-853-823- -			\$	109.30
TOTAL PARTS							\$ 34,579.60
							\$ -
TOTAL PARTS COST							\$ 34,579.60

#### SUPPLEMENTARY

NO	DESCRIPTION	QTY	PARTS NO	1st	Supp	REVISED	PRICES
1							
2							
3							
<b>Labour Description</b>							
1	TO REMOVE /REPLACE FRT FENDER LH, FRT DOOR LH, REAR DOOR LH, REAR FENDER LH, REAR BUMPER & ALL ACCIDENT DAMAGED BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. <i>1560 X</i>					<i>9369</i>	\$ 12,480.00
2	TO RESPRAY FRT FENDER LH, FRT DOOR LH, REAR DOOR LH, REAR FENDER LH, RR BUMPER <i>1199 1199 1199 1199 1199</i>					<i>5790</i>	\$ 6,000.00
3	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING AREAS.					<i>250</i>	\$ 350.00
4	TO CARRY-OUT BODY CAVITY PRESERVATION.					<i>150</i>	\$ 250.00
5	TO REMOVE & REFIT CARPET & TRIMS ON THE REAR SECTION TO GIVE WAY TO THE REPAIR ON THE REAR SECTION.					<i>250</i>	\$ 500.00

6	TO REPLACE 2 PC TIRE. FRONT & REAR LH <i>1900 X 80%</i>	NETT <i>800</i>	\$ 2,000.00
7	TO MOUNT 2 PC SPORT RIM AND CONDUCT WHEEL BALANCING.	NETT	\$ 240.00
8	TO CHECK STEERING GEOMETRY & CONDUCT FULL WHEEL ALIGNMENT.	NETT	\$ 680.00
9	TO TRANSFER THE FRT DOOR LH & REAR DOOR LH MECHANISM.	NETT	\$ 1,560.00
10	TO REMOVE & REPLACE REAR WINDSCREEN GLASS.	NETT	\$ 560.00
11	TO SUPPLY SEALER ON THE REAR WINDSCREEN GLASS.	NETT	\$ 195.00
11	TO SUPPLY SOLAR FLIM ON THE REAR WINDSCREEN GLASS.	NETT <i>180</i>	\$ 300.00
12	TO TRANSFER THE REVERSE SENSORS.	<i>150</i>	\$ 300.00
13	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	<i>150</i>	\$ 250.00
14	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	NETT <i>480</i>	\$ 600.00
15	TO TOW THE VEHICLE FROM THE ACCIDENT SITE TO THE WORKSHOP. <i>Invoice</i>	NETT <i>?</i>	\$ 300.00
16	SUNDRIES.	NETT <i>50</i>	\$ 50.00

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TOTAL LABOUR	\$ -	\$ 26,615.00
TOTAL PARTS	\$ -	\$ 34,579.60
TOTAL	\$ -	\$ 61,194.60
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	\$ 61,194.60
GST 7%	\$ -	\$ 4,283.62
GRAND TOTAL	\$ -	\$ 65,478.22

*Stere (LKK)*  
*14/9/22, 11.30am*

*OD-ML AL*  
*EXCISE?*  
*P/P*  
*My Bel My*  
*10 day*

EUROKARS AUTO PTE LTD

Authorised Signature

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



## 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 Actual 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	05/09/2022 14:04 (SGT)
Reported by	Both
Date of Accident	01/09/2022 00:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOLLAND GROVE DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ1885R

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALLAN STEPHEN JOHN LEDDRA
NRIC No	SXXXX023A
Email Address	ALLAN@LEDDRA.COM
Mobile Phone No	(Phone) +65-96388687
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Porsche
Model	TAYCAN
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	ALLAN STEPHEN JOHN LEDDRA
NRIC No	SXXXX023A
Date Of Birth	19/12/1962
Occupation	Indoor

Date Of Driving Pass	06/03/1992
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96388687
Alt. Phone Number	-
Email Address	ALLAN@LEDDRA.COM
Address	10 HOLLAND GROVE DRIVE
Address complement	-
Postcode	-
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	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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 ATTACH

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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 form must be completed by the Policyholder and/or the Authorized 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 lodging 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)**

I understand, 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' lawyers/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/envelope 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No.:



### SKETCH PLAN

SENT 15 PHOTOS  
WHICH IS ACCURATE.  
SO NO PLAN NECESSARY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

### DECLARATION

**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/FIN No.:













