

ASS. REC. BY:

REF:

AIG/22011596/KP

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

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:

06

days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SNH 2682

Yr Regn: 11, 21

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

Truck / Trailer or

Make:

Tesla Model 3

c.c

Colour

A.P. White

A/C: Insured / Std / NI / NA

Sp. Reading

8073

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LRW3F7FAXMC 384827

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STP/Rim or

Tyre Size:

F:

R:

235/45ER18

BS / DUN / EXNOVA / GY / FS / LIZA / MICTOHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

P

mm

D.O.A.

16/11/22

D.O.I.

18/11/2022

Survey held at

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

O/S Acc body

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

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

1)

Date/Time, File Return to?

☐

: Final Report

Transportation:

S - RS. SI

P. 25

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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

Date: 17/11/2022

Vehicle No: SNH268L

Model: TESLA MODEL 3 STANDARD RANGE

Chassis: LRW3F7FAXMC384827-2021

Reg.Year: 2021

Third Party Insurer: Third Party Veh No:

Date of Accident:

Estimator:

Surveyor:

AIG

GBG3002P

16/11/2022

TING AN

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR DOOR RH	1		\$953.27
2	REAR DOOR WEATHERSTRIP RH	1		\$88.79
3	REAR DOOR INNER TRIM BOARD RH	1		\$560.75
4	REAR DOOR OUTER HANDLE RH	1		\$214.95
5	REAR DOOR OUTER HANDLE SENSOR RH	1		\$27.10
6	REAR DOOR WINDOW REULATOR RH	1		\$224.30
7	REAR DOOR OUTER MOULDING RH	1		\$92.91
8	REAR DOOR FOAM PAD RH	1		\$9.35
9	REAR DOOR INNER LOCK RH	1		\$33.64
10	REAR FENDER RH	1		\$1,345.79
11	REAR FENDER QUARTER GLASS RH <i>with mldy</i>	1		\$280.37
12	REAR RIM RH	1		\$505.00
13	REAR RIM COVER RH	1		\$32.71
14	REAR BUMPER	1		\$766.00
15	REAR BUMPER PARKING SENSOR	1		\$163.55
16	REAR BUMPER PARKING SENSOR BRACKET	1		\$4.67
SUB TOTAL				\$5,303.15
LESS 10%				-\$530.32
PARTS TOTAL				\$4,772.84

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR DOOR INNER TRIM BOARD CLIPS RH	1		\$50.00
2	REAR FENDER QUARTER GLASS SEALANT RH	1		\$80.00
3	REAR BUMPER CLIPS	1		\$50.00
S/N TOTAL				\$180.00

Date: 17/11/2022
Vehicle No: SNH268L
Model: TESLA MODEL 3 STANDARD RANGE
Chassis: LRW3F7FAXMC384827-2021
Reg.Year: 2021

Third Party Insurer: AIG
Third Party Veh No: GBG3002P
Date of Accident: 16/11/2022
Estimator: TING AN
Surveyor:

LABOUR CHARGES:

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

700
\$800.00

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

660
\$800.00

LABOUR CHARGES TO REMOVE & REINSTALLED REAR DOOR INNER MECHANISM & ETC. TO EFFECT REPLACE OF REAR DOOR RH.

60
\$120.00

LABOUR CHARGES TO REMOVE & REPLACE REAR FENDER QUARTER GLASS, REAR QUARTER GLASS SEALANT.

50
\$150.00

LABOUR CHARGES TO REMOVE & REFIX REAR FENDER INNER TRIM & CUSHION UPHOLDSTERY SET & ETC. TO EFFECT REPLACE OF REAR FENDER RH.

100
\$350.00

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

W 120
\$120.00

TO TUFF KOTE & UNDERSEAL MATERIALS.

60
\$150.00

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

7
\$150.00

TO CHECK WIRING & ELECTRICAL SYSTEM.

20
\$100.00

LABOUR TOTAL \$2,740.00

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TOTAL

\$7,692.84

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

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

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 0010 | Fax: (+65) 6481 1003

Branch (Motor Insurance Claims)

811 10 Ang Mo Kio Ind. Park 2A #01-08 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 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	16/11/2022 16:08 (SGT)
Reported by	Both
Date of Accident	16/11/2022 09:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK BEHIND EXPO HALL 4B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH268L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AMBER PEK JIA XUAN (BAI JIAXUAN)
NRIC No	SXXXX381Z
Email Address	AMBERPEK@GMAIL.COM
Mobile Phone No	(Phone) +65-90255857
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL 3
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	0

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ21-008776

DRIVER

Name of Driver	AMBER PEK JIA XUAN (BAI JIAXUAN)
NRIC No	SXXXX381Z
Date Of Birth	23/12/1986
Occupation	Indoor

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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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/small packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(b) All Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

