

ASS. REC. BY:

REF:

MSG/23008540/KY

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop no:

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Valt:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / FR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

1.61

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

PNK 1455R Reg: 031 23

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

Truck / Trailer or

Make:

Tesla Model 3 cc

Colour:

M. R. White

AC: Insured / Std / NI / NA

Sp. Reading:

5349

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LRW3F7F S0PC799295

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

235/45ZR18

R:

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/6/23

D.O.I.

3/7/2023

Survey held at

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

01/5/24

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

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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

Date: 28/06/2023

Vehicle No: SNK1455R

Model: TESLA MODEL 3 RWD

Chassis: LRW3F7FS0PC799295-2023

Reg.Year: 2023

Third Party Insurer: MSIG

Third Party Veh No: SGQ8687T

Date of Accident: 28/06/2023

Estimator: TING AN

Surveyor:

ESTIMATE

| NO. | DESCRIPTION | QTY | UNIT S\$ | AMOUNT S\$ |
|-------------|-----------------------------------------|-----|----------|---------------|
| 1 | FRONT FENDER RH | 1 | | Rz \$448.60 |
| 2 | FRONT FENDER INNER SHIELD RH | 1 | | in \$116.82 |
| 3 | FRONT FENDER SIGNAL LAMP WITH CAMERA RH | 1 | | in \$196.26 |
| 4 | FRONT DOOR RH | 1 | | Rz \$1,009.35 |
| 5 | FRONT DOOR WEATHERSTRIP RH | 1 | | in \$88.79 |
| 6 | SIDE SKIRT RH | 1 | | \$448.60 |
| 7 | FRONT SIDE MIRROR COVER RH | 1 | | in \$46.73 |
| SUB TOTAL | | | | \$2,355.15 |
| LESS 10% | | | | -\$235.52 |
| PARTS TOTAL | | | | \$2,119.64 |

| NO. | SPECIAL NETT | QTY | UNIT S\$ | AMOUNT S\$ |
|-----------|------------------------------------|-----|----------|------------|
| 1 | FRONT FENDER INNER SHEILD CLIPS RH | 1 | | na \$40.00 |
| 2 | FRONT DOOR INNER TRIM BOARD CLIPS | 1 | | na \$50.00 |
| S/N TOTAL | | | | \$90.00 |

LABOUR CHARGES:

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

400 \$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT FENDER RH, FRONT DOOR RH, SIDE SKIRT RH.

650 \$700.00

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

na \$120.00 X

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 9919 | Fax: (+65) 6481 1093

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: 28/06/2023
Vehicle No: SNK1455R
Model: TESLA MODEL 3 RWD
Chassis: LRW3F7FS0PC799295-2023
Reg.Year: 2023

Third Party Insurer: MSIG
Third Party Veh No: SGQ8687T
Date of Accident: 28/06/2023
Estimator: TING AN
Surveyor:

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$120.00 309

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$120.00 201

LABOUR TOTAL \$1,760.00

TING AN

TOTAL \$3,969.64

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:

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 | 28/06/2023 14:49 (SGT) |
| Reported by | Owner |
| Date of Accident | 28/06/2023 08:40 (SGT) |
| Exact Location of Accident | 497 Geylang Rd, Singapore 389455 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNK1455R |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------|
| Is company? | No |
| Name Of Registered Owner | CHEO HAI CHAN JOLYN |
| NRIC No | SXXXX580G |
| Email Address | Jolyncheohaichan@hotmail.com |
| Mobile Phone No | (Phone) +65-92315621 |
| 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 | 1999 |

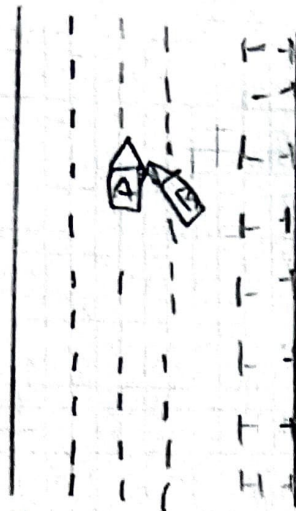
INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD23V04660/VPS/R00 |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | PNG SIEW AI |
| NRIC No | SXXXX266H |
| Date Of Birth | 25/06/1966 |
| Occupation | Indoor |

SKETCH PLAN



A = SNK1455R
 B = SCQ 8687T
 450 Sims ave


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 28/6/2023 @ 8:40 AM I was driving along 450 Sims ave
 I was moving pass a vehicle with Hazard light on when
 I was turning out from the lane and vehicle B (SCQ 8687T)
 move at the same time and vehicle B did not check the blindspot
 which cause vehicle B to collide with my vehicle A (SNK1455R)
 Right side no one was insured. we exchange contact info

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.:

