

ASS. REC. BY:

REF:

CIP 1

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

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 First Submission	27/09/2024 16:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/09/2024 12:05 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	CAUSEWAY (JB)
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP940J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG POH YONG
NRIC No	SXXXX071B
Email Address	ANGKPY@GMAIL.COM
Mobile Phone No	(Phone) +65-82648310
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VIOS E AUTO
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	1497
Vehicle Fuel	Petrol
First Registration Date	11/03/2009
Chassis no	MR053HY9305103656
Effective Date/Time of Ownership	11/03/2009 10:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10704840R02

DRIVER

Name of Driver	ANG POH YONG
NRIC No	SXXXX071B
Date Of Birth	11/12/1970
Occupation	Indoor
Driving Pass Date	11/11/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82648310
Alt. Phone Number	-
Email Address	ANGKPY@GMAIL.COM
Address	BLK 274 YIO CHU KANG ROAD 08-29 SINGAPORE 545688
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	Collision - Head to Rear
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)	2
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	-

PASSENGER 1

Name	MDM ALICE HO
Gender	Female

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 THE SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
Yes
ACCIDENT VIDEO WITH OWNER WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ489H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO WEE PING BENNIE
NRIC No	SXXXX026D
Contact Number	(Phone) +65-88181659
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Budget Direct
Vehicle: STP 940J
27/09/2024

SKETCH PLAN

IMPORTANT NOTICE

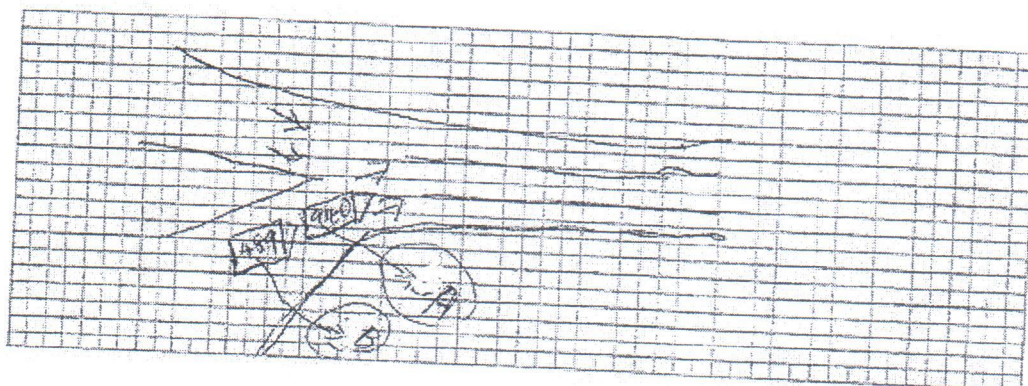
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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)
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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Date of accident: 27/9/24 Time: 12.05 am Location: Causeway (TB)
 My Vehicle A: STP 940J Vehicle B: SM2489H Vehicle C: —

SKETCH PLAN

Describe Circumstances of the Accident.

As per Police Report - T/20240927/7041 as attached.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

[Signature] 27/09/24
1530 hrs
 Policyholder's Signature / Date & Time

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

[Signature] 27/09/2024
 Witnessed by Reporting Centre Personnel

AKUM MOTOR COMPANY



SINGAPORE POLICE FORCE



T/20240927/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240927/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2024 13:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: Ang Poh Yong		Address: 274 Yio Chu Kang Road #08-29 Hundreds Palms Residences SINGAPORE 545688	
ID Type / ID No.: NRIC NO / S7045071B		Contact No.: Home/Office: Mobile: 82648310	
Nationality: SINGAPORE CITIZEN		Email: angkpy@gmail.com	
Sex: Male	Age: 53	Date of Birth: 11/12/1970	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: ICT service manager		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2024 00:05	Type of Location: X-Junction
Location: CAUSEWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP940J	Motor car	TOYOTA	VIOS E AUTO	Silver		0
SMZ489H	Motor car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJP940J	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10704840R02	11/03/2024	10/03/2025



SINGAPORE POLICE FORCE



T/20240927/7041

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20240927/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ang Poh Yong	ID No.	S7045071B
Related Vehicle	SJP940J (Motor car)	Contact No.	82648310
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	TEO WEE PING BENNIE	ID No.	S8319026D
Related Vehicle	SMZ489H (Motor car)	Contact No.	88181659
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

While I and my wife was queuing in the traffic jam to clear Malaysia Johor Custom/immigration just after mid-night(27/9/24), on our way back to Singapore. Vehicle no: SMZ489H knock into my rear. As we at a one way traffic where 4-5 stream of can merging to 3 lanes, we don't want to hold up the traffic, we exchanged contact details for the settlement later back to Singapore.

Particular of the driver:

Name: Teo Wee Ping Bennie

Nric: S8319026D

Address: 525 Serangoon North Ave 4 , 02-62 S(550525)

Tel:88181659



**SINGAPORE
POLICE FORCE**



T/20240927/7041

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20240927/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
27/09/2024 13:52

Classification Of Case:

NP168

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No: 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

REPAIR ESTIMATE SJP940J

Not Authorized
U/Sing & 2900h

Repair After Pains
5 days

No.	Qty	List Items	
1	1	Rear bumper	\$ Bu 451.60 ✓
2	2	Rear bumper side reflector	\$ In 185.80 X
3	2	Rear bumper inner side bracket	\$ Di 112.60 ✓
4	2	Rear bumper side retainer	\$ In 171.20 X
5	2	Rear bumper corner retainer	\$ In 86.00 X
6	1 set	Rear bumper clips	\$ In 40.00 ✓
7	1	Rear boot lid	\$ Bu 589.10 ✓
8	1	Rear boot centre "TOYOTA" logo	\$ In 48.10 —
9	1	Rear boot LH "VIOS" emblem	\$ In 55.60 —
10	1	Rear boot RH "E" emblem	\$ In 45.30 —
11	1	Rear boot top lock	\$ Nd 121.35 —
12	1	Rear boot lower lock catch	\$ In 41.40 X
13	1	Rear boot weatherstrip	\$ 88-401N Cm 176.80 501N
14	2	Taillamp	\$ CM 665.20 ✓
15	1	Rear end panel	\$ B 575.00 ✓
16	1	Rear end panel top garnish	\$ Nd 211.40 ✓
			\$ 3,576.45
Less 25%			\$ 894.11
Total :			\$ 2,682.34

Special Nett Items

17	1 set	Reverse sensors	\$ In 280.00 X
18	1 set	Rear end panel sealant	\$ Me 60.00 301N
Total :			\$ 340.00

Labour

1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$ 1,000.00 600l
2	To putty and spray Spray Paintings charges.	\$ 1,000.00 600l
3	To check wirings and lightings.	\$ 40.00 20l
4	To remove, refit reverse sensors.	\$ 70.00 50l
5	To remove, refit rear boot lid fittings.	\$ 80.00 50l
6	To remove, refit rear upholstery and attachments.	\$ 150.00 80l
7	To supply and apply anti rust treatment	\$ 80.00 80l
Total :		\$ 2,420.00

Total Parts and Labour : \$ 5,442.34

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: