

ASS. REC. BY:

REF:

Smo/

CS/SMO24120250/Knp3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ 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

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 / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☒ S/Rlm / ☐ STD A/Rlm 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

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

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

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Survey Fee:

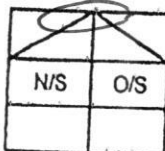
Transportation:

S - RS. SI

: Fuel

: Others

TOTAL


 Tinted film on side glass & Rear w/screen, air-filter modified, brake
caliper modified and interior LED lighting.

Reported

revised: \$ 7363

check item \$ 110

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	16/12/2024 14:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/12/2024 11:05 (SGT)
Exact Location of Accident	Jalan Pengkalan Batu, Melaka, Malaysia
Additional Location Information	Jalan Pengkalan Batu Melaka
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8123J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE JUN LONG TERRY
NRIC No	SXXXX158I
Email Address	KAEL.CHERISH@GMAIL.COM
Mobile Phone No	(Phone) +65-87769969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALPHARD 2.5G CVT ABS D/AIRBAG 2WD 5DR
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	2493
Vehicle Fuel	Petrol
First Registration Date	25/04/2016
Chassis no	AGH300032567
Effective Date/Time of Ownership	01/07/2021 02:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV01013116

DRIVER

Name of Driver	WEE JUN LONG TERRY
NRIC No	SXXXX158I
Date Of Birth	22/08/1982
Occupation	Indoor
Driving Pass Date	18/04/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87769969
Alt. Phone Number	-
Email Address	KAEL.CHERISH@GMAIL.COM
Address	BLK 232B SUMANG LANE 06-381 SINGAPORE 822232
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SMY8502E
Insurance Company of Other Vehicle Owned by Driver	Sompo Insurance Singapore Pte. Ltd.

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?	Yes
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)	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	MCM5141
Vehicle Category	Private car

PASSENGER 1

Name	Shelley
Gender	Female

PASSENGER 2

Name	Erna
Gender	Female

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

Réfer to the Sketch Plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MCM5141
Vehicle Manufacturer	Perodua
Vehicle Model	Viva
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Noor Ashikin Binti Janudin
Contact Number	(Phone) +60-197705141
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Unknown
Gender	Female

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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/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/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' 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

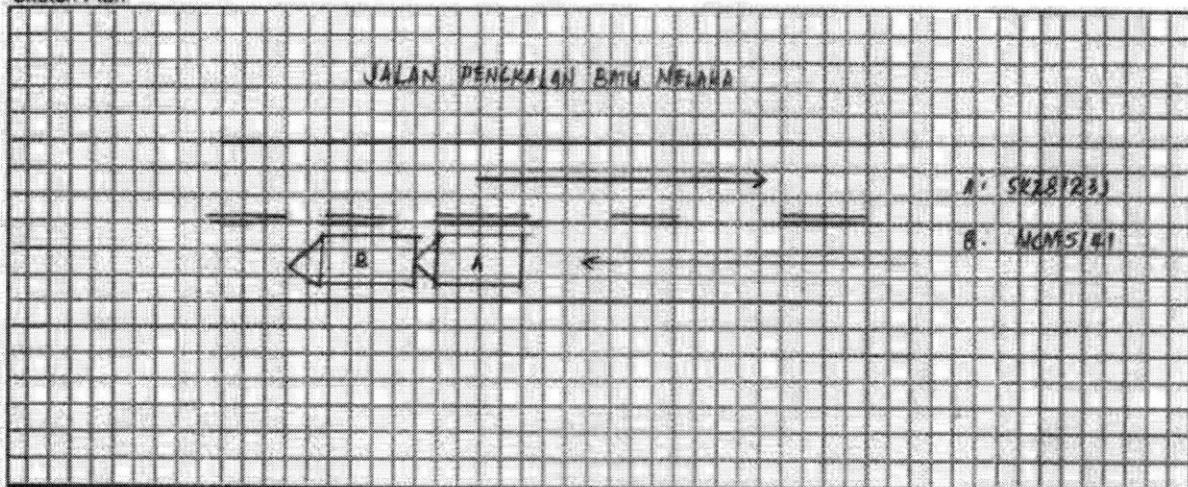
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

16/12/24
Policyholder's Signature / Date & Time

16/12/24
Driver's Signature (if driver is not the policyholder) / Date & Time

Chen Sui
Witnessed by Reporting Centre Personnel

Sketch Plan:



Page 4

Describe Circumstance of the Accident




On 14th December 2024 at approximately 1105 HRS while I was driving my vehicle Regn No. SKZ 9123 Make & Model Toyota Alphard along Jalan Pengkalan Batu Melaka. I was driving straight. Suddenly the car in front of me vehicle Regn No. MCH 5141 Make & Model Perodua Viva jommed brake due to another car in front of it wanting to make a right turn. I did not managed to brake in time and hit unto the rear portion of the vehicle in front of me.

There was no injury on this accident.

The front portion of my vehicle was damaged because of the impact.

Declaration

I/We declare the foregoing particulars are true in every respect.

 16/12/24
  16/12/24
 

Policyholder's Signature / Date & Time
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

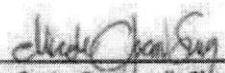
Original Report No: SE0224CGM002 Vehicle Registration No: SKZ 8123J
 Name (as shown in NRIC): WEE JUN LONG TERRY NRIC/FIN/Passport No: S8227158I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK. 232B SUMANG LANE #06-381 Singapore (822232)
 Contact (Tel): _____ Mobile No.: 87769969
 Email Address: KARL.CHERISH@GMAIL.COM
 Date of Accident: 14th Dec. 2024 Time of Accident: 1105 hrs
 Place of Accident: JALAN PENGALAN BATU MELAKA MALAYSIA
 Insurance Company: SOMPO INSURANCE SINGAPORE PTE. LTD.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policy Number: D24MTRV01013116

☒ 
 Policyholder / Driver's Signature
 Date: 16/12


 Reporting Centre Personnel's Signature
 Name: SUNG MADIA/KABEL DE GUZMAN
 NRIC/FIN No.: S53801086
 Date: 16/12/24

GEARINC Addendum Form



Elite AM Pte Ltd

No. 2 Yishun Industrial St 1
Northpoint Bizhub, #02-01
Singapore 768159
Tel: 67545101

Not with work

1/1 Day

Runway After Paint

Ex TBA

4 days

Kennerth
98910863

DATE: 17-12-2024

REPAIR ESTIMATE

VEHICLE: SKZ8123J
MODEL: Toyota Alphard

S/n	Description of part	Qty	Estimate
1	Front bumper	1	CM 300.00 ✓
2	Front bumper clip set	1	RM 30.00 ✓
3	Front bumper retainer LH/RH	2	100.00 ✓
4	Front bumper towing cover LH/RH	2	RM 30.00 X
5	Front reinforcement	1	RM 220.00 X
6	Front reinforcement sponge	1	RM 60.00 X
7	Front radiator grill	1	CM 400.00 ✓
8	Front radiator grill cover LH/RH	2	RM 50.00 X
9	Front emblem	1	MIT 120.00 ✓
10	Headlamp LH/RH	2	MYUM 4,800.00 ✓
11	Headlamp garnish LH/RH	2	RM 80.00 X
12	Front bonnet	1	RM 320.00 X
13	Front bonnet seal	1	RM 40.00 X
14	Front bonnet hinge LH/RH	2	RM 100.00 X
15	Front bonnet insulator clip set	1	RM 30.00 X
16	Front bonnet moulding - chrome	1	MYUM 180.00 ✓
17	Front bonnet lock mechanism	1	RM 50.00 X
18	Front fender LH/RH	2	RM 900.00 X
19	Front fender inner liner LH/RH	1	RM 130.00 X
20	Fender inner liner clip set	2	RM 60.00 X
21	Front fender bracket LH/RH	2	RM 90.00 X
22	Front radiator support top	1	RM 240.00 X
23	Front radiator support bottom	1	RM 120.00 X
24	Radiator air guide LH/RH	2	RM 100.00 X
Sub-total 1			\$8,550.00
Cost plus 10%			\$9,405.00

Special Nett Item			
25	Front number plate	1	RM \$50.00 ✓
26	Front parking sensors	1	RM \$200.00 X
Sub-total 2			\$250.00
Total parts:			\$9,655.00

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:

**Elite AM Pte Ltd**

No. 2 Yishun Industrial St 1
Northpoint Bizhub, #02-01
Singapore 768159
Tel: 67545101

	Labour		
27	To straighten and panel beating front frame members.	1	1,000.00
28	To putty, re-spray painting and polish affected areas.	1	1,200.00
29	To install new parking sensor	1	180.00
30	To calibrate parking sensor and forward collision sensors after repair	1	150.00
Labour total			\$2,530.00
Parts & Labour total			\$12,185.00

500/
400/
50/
X