ASS. REC. BY: Kenneth | REF: SM01

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Elite AM

of CYS 07-17 1581

Insured: 38 Woodlands

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: $56k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKB 8123J Yr Regn: 04 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) : Wagon

Make: Toy Alphard c.c 2493

Colour M-Black A/C: Insured / Std / NI / NA

Sp.Reading 194516 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AGH30 - 0032567

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 255/40ZR19

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	14/12/24	D.O.I.	18/12/2024 3pm

Survey held at _____

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

The vehicle had commence its repair work at the time of inspection

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

Date / Time	Action / Instruction
	Tinted film on side glass & Rear wiscreen, air-filter modified + brake caliper modified and interior LED lightings.

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

S / RS / SI

Parts

Others

TOTAL

Date/Time, File Return to? _____

Report Format : _____

Temp Sum / I.B.I: ($ _____)

Not Authorise
Kenneth
96910663
4days

Elite AM Pte Ltd

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

DATE: 17-12-2024

REPAIR ESTIMATE

VEHICLE: SKZ8123J
MODEL: Toyota Alphard

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

S/n	Special Nett Item	Qty	Estimate
25	Front number plate	1	$50.00
26	Front parking sensors	1	$200.00
		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	500
28	To putty, re-spray painting and polish affected areas.	1	1,200.00	400
29	To install new parking sensor	1	180.00	50
30	To calibrate parking sensor and forward collision sensors after repair	1	~~ 150.00	X
			Labour total	**$2,530.00**
			Parts & Labour total	**$12,185.00**

SE0Z24CGM002-01 / Elite AM Pte Ltd [768159]
ENTRY DATE & TIME: 16/12/2024 14:43 (SGT)
SUBMITTED BY: Elite AM Yishun
VERSION: 2 (16/12/2024 14:54 (SGT))

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 witholding 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

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 Regisration 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

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Mangement 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

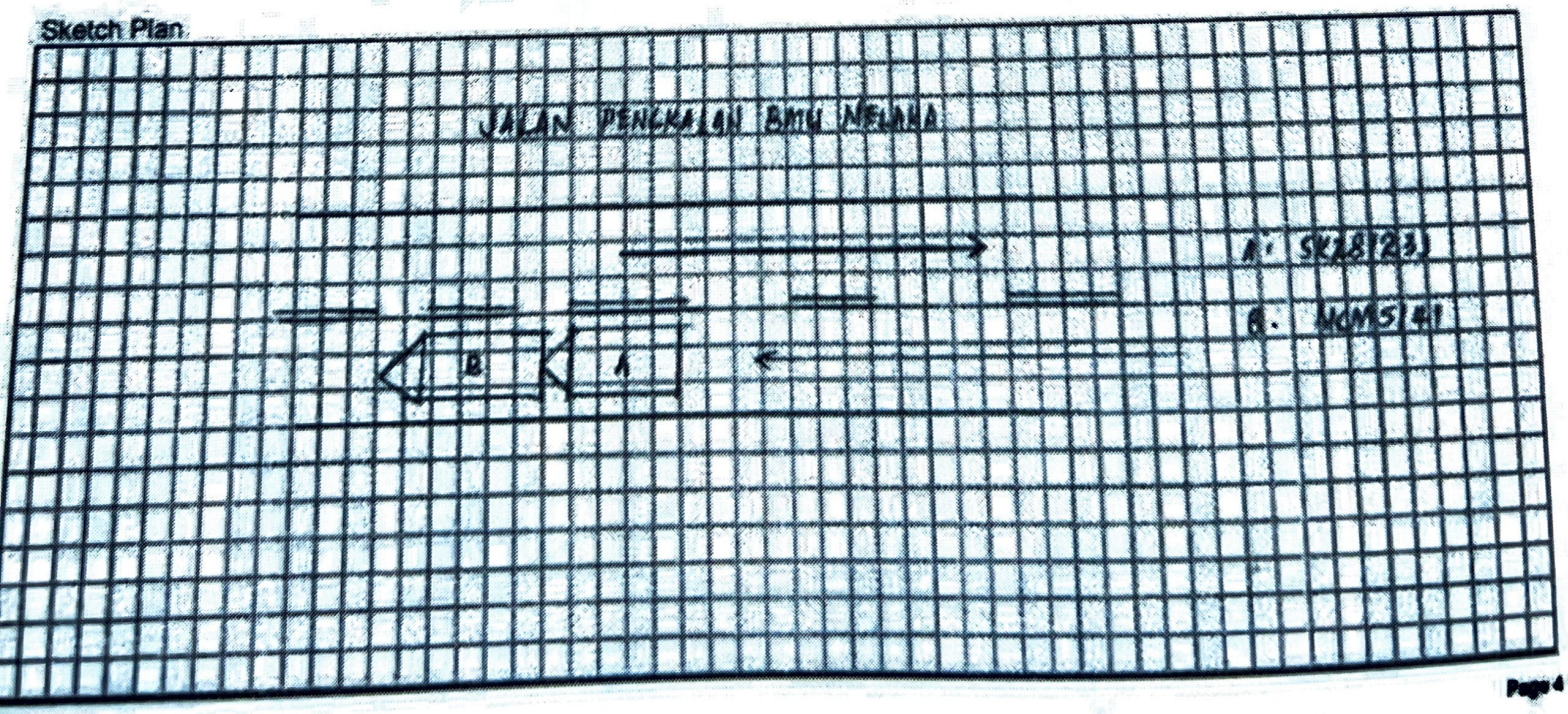
Policyholder's Signature / Date & Time

16/12/24

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe **Circumstance of the Accident**

REF:

PLAN #2

Date:

On 14th December 2024 at approximately 1105 HRS while I was driving my vehicle Regn No. SKZ 9123J Make & Model Toyota Alphard along Jalan Pringgolan Batu Melaka. I was driving straight. Suddenly the car in front of me vehicle Regn No. NCH 5141 Make & Model Perodua Viva jammed 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

Policyholder's Signature / Date & Time

16/12/24

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

Witnessed by Reporting Centre Personnel