



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park,
Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No.
19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MS SINGAPORE CIVIL DEFENCE FORCE (MHA05)	Ref:	CS/SCD24060108/Uqh3e2
91 UBI AVE 4 SINGAPORE 408827	Date:	14/06/2024
	Code:	SCD

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 1249R	Veh. Inspected	SMT 8097J
Policy No.	-	Coverage	0
Claim No.	2024 – 67	Excess	\$0.00
Assign From	RALF TAY GIM CHYE	Assign Date	14/06/2024

2. Vehicle Details

Make & Model	HONDA VEZEL HYBRID RS (A)	C.C	1496
Engine No.	LEB5921014	Year of Reg.	05/05/2017
Chassis No.	RU31221001	Colour	WHITE
Odometer	144026 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	225/50R18	MICHELIN	6
L/H Front Tyre	225/50R18	MICHELIN	6
R/H Rear Tyre	225/50R18	MICHELIN	6
L/H Rear Tyre	225/50R18	MICHELIN	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	11/06/2024	Inspection Date	14/06/2024
Survey held at	BLUWEL AUTOMOTIVE SERVICE PL BLK 1 KAKI BUKIT AVE 6 #01-28/53/55/56 (MAIN OFFICE) SINGAPORE 417883		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 4 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMT 8097J

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR WINDSCREEN MOULDING	NECESSARY	\$80.60	\$80.60
1	TAILGATE	BADLY DENTED	\$915.90	\$915.90
1	TAILGATE 'VEZEL' EMBLEM	NECESSARY	\$32.00	\$32.00
1	TAILGATE 'RS' EMBLEM	NECESSARY	\$58.00	\$58.00
1	TAILGATE 'HYBRID' EMBLEM	NECESSARY	\$62.00	\$62.00
1	TAILGATE 'H' LOGO	NOT NECESSARY	\$32.00	\$0.00
1	TAILGATE INNER LOCK	DAMAGED / JAMMED	\$174.70	\$174.70
1	REAR BUMPER	DENTED / DEFORMED	\$762.00	\$762.00
2	REAR BUMPER SIDE RETAINERS @\$25.00	NOT NECESSARY	\$50.00	\$0.00
1	REAR BUMPER UNDER COVER	NOT NECESSARY	\$286.50	\$0.00
1	SET REAR BUMPER UNDER COVER CLIPS	NOT NECESSARY	\$40.00	\$0.00
2	REAR BUMPER REFLECTORS @\$151.00	NOT NECESSARY	\$302.00	\$0.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	\$517.00	\$0.00
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	\$180.90	\$0.00
2	REAR FENDER OUTER PROTECTORS @\$245.30	NOT NECESSARY	\$490.60	\$0.00
1	REAR BUZZLE SENSOR	NOT NECESSARY	\$92.80	\$0.00
	LESS 20.00% DISCOUNT		(\$815.40)	(\$417.04)
			\$3,261.60	\$1,668.16

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR WINDSCREEN SEALANT	NECESSARY	\$50.00	\$40.00
1	REAR WINDSCREEN INNER SEAL	NECESSARY	\$50.00	\$20.00
1	SET TAILGATE INNER TRIM BOARD CLIPS	NECESSARY	\$30.00	\$30.00
1	SET REAR BUMPER CLIPS	NECESSARY	\$30.00	\$30.00
1	REAR END PANEL SEALANT	NOT NECESSARY	\$50.00	\$0.00
1	SET REAR BUMPER REVERSE SENSOR	SERVICEABLE	\$320.00	\$0.00
			\$530.00	\$120.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CHECK WIRING		\$50.00	\$20.00
	TO DISMANTLE & REFIX REAR WINDSCREEN		\$120.00	\$120.00
	TO DISMANTLE & REPLACED REAR REVERSE SENSOR		\$80.00	\$30.00
	TO DISMANTLE & REFIX REAR REVERSE CAMERA	NOT NECESSARY	\$100.00	\$0.00
	TO DISMANTLE & REFIX REAR TAILGATE MECHANISM		\$100.00	\$60.00
	TO DISMANTLE & REFIX CUSHION UPHOLSTERY	NOT NECESSARY	\$120.00	\$0.00
	TO DISMANTLE & REFIX REAR EXHAUST	NOT NECESSARY	\$80.00	\$0.00
	TO SPRAY RUST PROOFING		\$100.00	\$30.00
	TO DIAGNOSTIC & REPROGRAMME SYSTEM	NOT NECESSARY	\$250.00	\$0.00
	LABOUR FOR PANEL BEATING & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL		\$800.00	\$480.00
	TO PUTTY & SPRAY PAINTING		\$1,080.00	\$600.00
			\$2,880.00	\$1,340.00
GRAND TOTAL			\$6,671.60	\$3,128.16
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$2,500.00
Report Ref No: CS/SCD24060108/Uqh3e2				

CKS

MARCUS CHUA KANG SENG

Licensed Appraiser

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	11/06/2024 15:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2024 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT8097J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHEK WEI YEH
NRIC No	SXXXX656A
Email Address	JACK_KHEK@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97617099
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118614659-03

DRIVER

Name of Driver	KHEK WEI YEH
NRIC No	SXXXX656A
Date Of Birth	10/10/1981
Occupation	Indoor

Driving Pass Date	15/11/2003
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97617099
Alt. Phone Number	-
Email Address	JACK_KHEK@HOTMAIL.COM
Address	18 SURIN AVE
Address complement	-
Postcode	535597
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	Side Swipe
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	NG YAN KHENG
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 ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1249R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including 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 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 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:

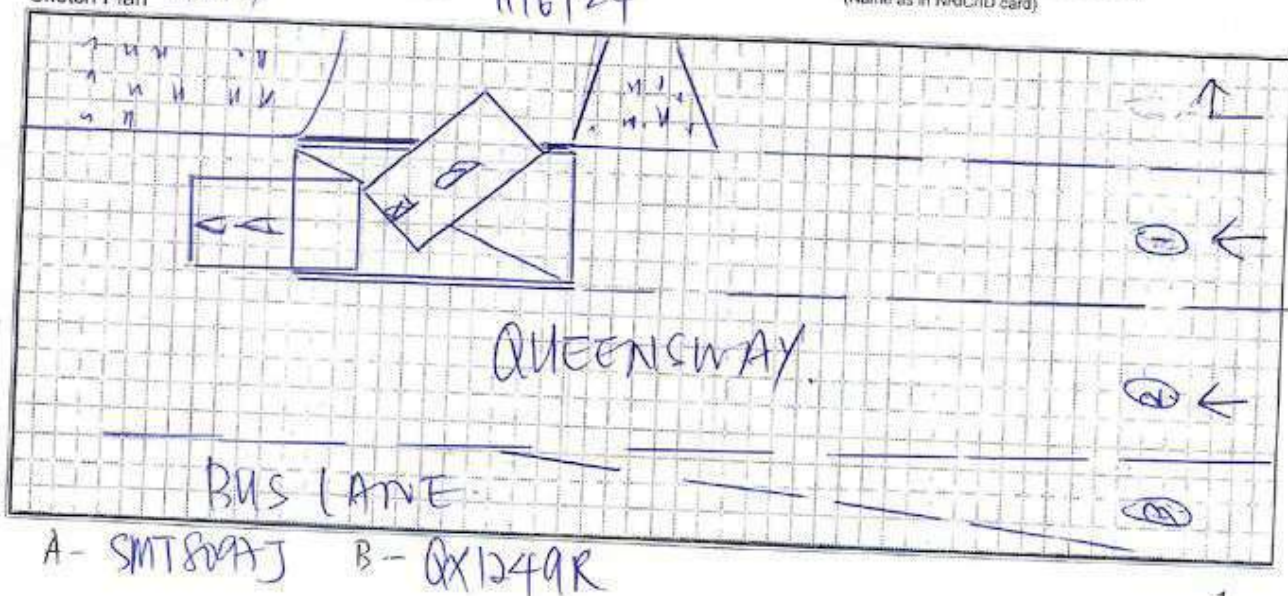
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan




Describe Circumstance of the Accident

Car A was stationary on the 1st lane
Veh B while making an u-turn accidentally hit the
rear of my car A.

Declaration

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


Policyholder's Signature / Date & Time
11/6/24


Driver's Signature (If driver is not the policyholder) / Date
& Time
11/6/24



Witnessed by Reporting Centre Personnel
(Name as in NRIC/IE card)



**SINGAPORE
POLICE FORCE**



T/20240611/7052

1 of 3

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

Report No. T/20240611/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2024 13:28		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: KHEK WEI YEH		Address: 18 SURIN AVENUE SINGAPORE 535597		
ID Type / ID No.: NRIC NO / S8173656A		Contact No.: Home/Office:		Mobile: 97617099
Nationality: MALAYSIAN		Email: jack_khek@hotmail.com		
Sex: Male	Age: 42	Date of Birth: 10/10/1981	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Clinical research professional		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 11/06/2024 09:10	Type of Location: Straight Road
Location: QUEENSWAY				
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
SMT8097J	Motor car	HONDA	VEZEL HYBRID 1.5RS AUTO	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMT8097J	NTUC Income Insurance Co-Operative Limited	5118614659-03	05/11/2023	04/11/2024



**SINGAPORE
POLICE FORCE**



T/20240611/7052

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

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Report No. T/20240611/7052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHEK WEI YEH	ID No.	S8173656A
Related Vehicle	SMT8097J (Motor car)	Contact No.	97617099
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

Brief Details.

Vehicle A (SMT8097J) has stationary on the right most lane of Queensway towards Jalan Bukit Merah, Vehicle B (QX1249R) while making an U-Turn towards to same direction accidentally hit the rear of vehicle A. The accident was taken place in front of bus stop (11029, Blk 166/ aft Mei Chin Rd).
When verified with the driver of Vehicle B, there was no patient in the Vehicle B and there was no emergency call to attend at the time. All the drivers and passengers in both vehicles are well and uninjured.



**SINGAPORE
POLICE FORCE**



T/20240611/7052

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

3 of 3

Report No. T/20240611/7052

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
NORA BTE BACHOK
Contact No.: 65476172

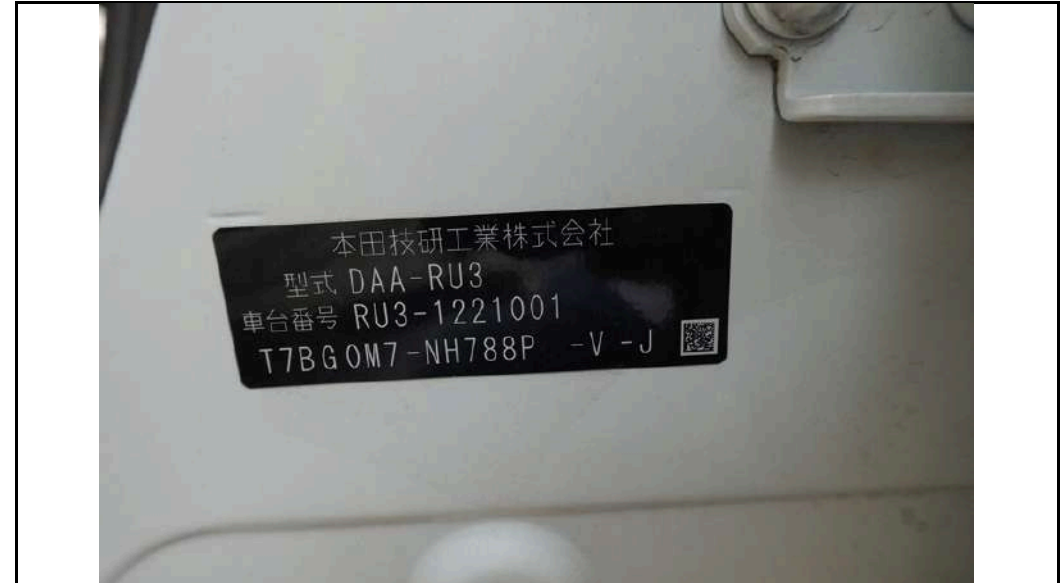
Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
11/06/2024 13:28

Classification Of Case:

NP168

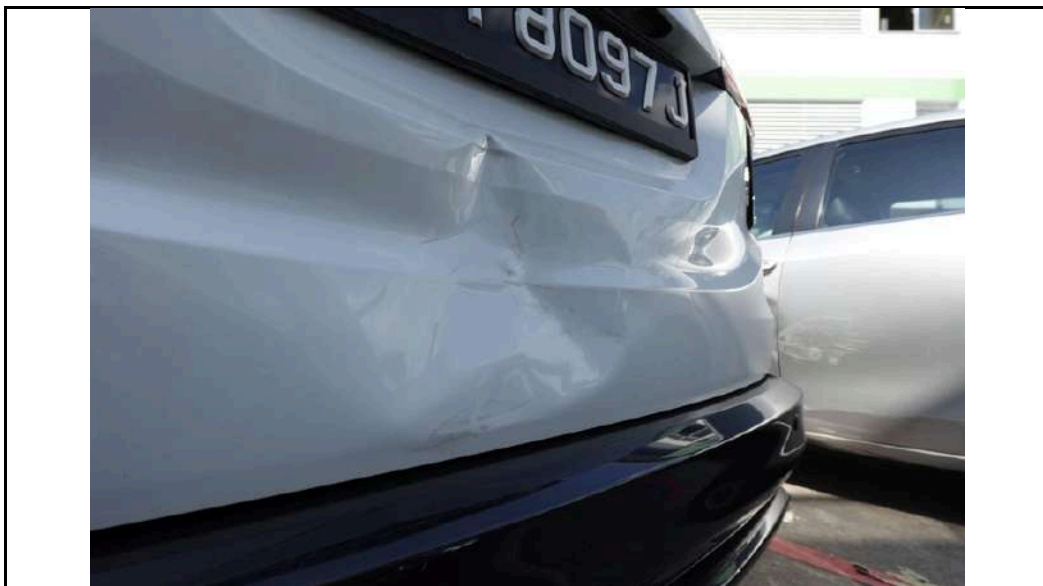
PHOTOGRAPHS FOR VEHICLE NO. : SMT 8097J



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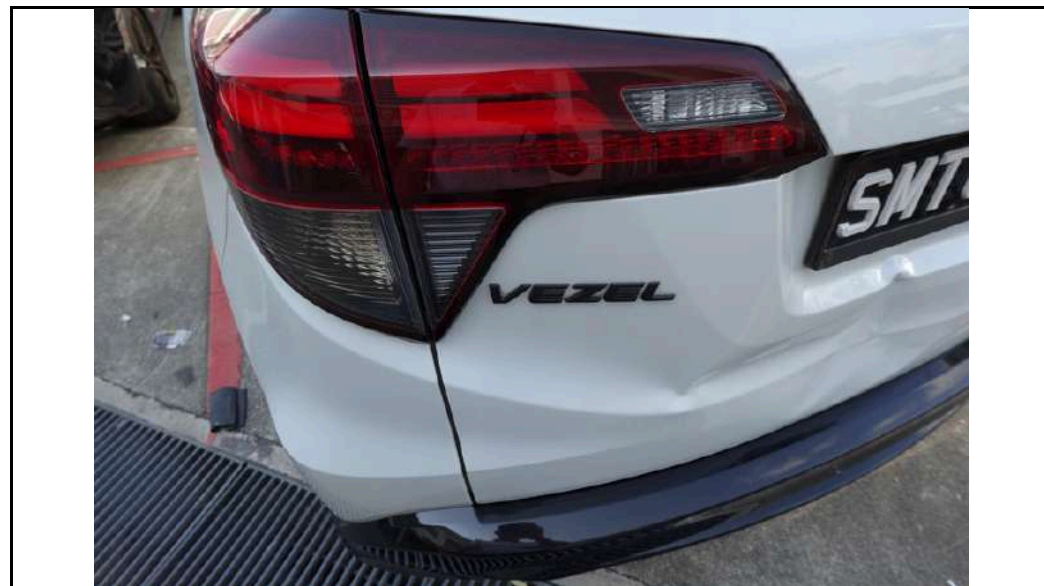
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INSPECTION PHOTOS (Page 10 of 10)

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REINSPECTION PHOTOS (Page 1 of 1)

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