



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) 91 UBI AVE 4 SINGAPORE 408827	Ref: CS/SCD24090045/Uqp3 Date: 12/09/2024 Code: SCD
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1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 2139T	Veh. Inspected	SKP 40U
Policy No.	-	Coverage	0
Claim No.	2024 – 103	Excess	\$0.00
Assign From	MUHAMMAD SYABIL	Assign Date	03/09/2024

2. Vehicle Details

Make & Model	AUDI A5 SPORTBACK 2.0 (A)	C.C	1984
Engine No.	DEM025890	Year of Reg.	15/12/2020
Chassis No.	WAUZZZF58MA006274	Colour	WHITE
Odometer	50316 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	245/40R18	CONTINENTAL	6
L/H Front Tyre	245/40R18	CONTINENTAL	6
R/H Rear Tyre	245/40R18	CONTINENTAL	6
L/H Rear Tyre	245/40R18	CONTINENTAL	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	31/08/2024	Inspection Date	03/09/2024
Survey held at	T K LEE AUTOMOTIVE PTE LTD NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY 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 SKP 40U

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	TORN	\$1,995.75	\$1,995.75
2	REAR BUMPER PDC SENSOR @\$313.75	N/S MALFUNCTION	\$627.50	\$260.00
1	REAR BUMPER DIFUSSER	CUT/TWISTED	\$648.12	\$648.12
1	REAR BUMPER REFLECTOR -LH	SCRATCHED	\$110.22	\$110.22
1	REAR BUMPER REINFORCEMENT	BENT	\$1,055.90	\$1,055.90
2	REAR BUMPER SIDE RETAINERS - R/L @\$115.00	CRACKED	\$230.00	\$230.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	\$1,150.91	\$0.00
1	REAR EXHAUST CHROME TRIM -LH	BENT	\$611.45	\$611.45
1	REAR EXHAUST CHROME TRIM BRACKET	SERVICEABLE	\$251.63	\$0.00
1	REAR FOOT - ACTIVATED SENSOR	NOT NECESSARY	\$281.93	\$0.00
1	TAILGATE	TO REPAIR SEE LABOUR	\$2,889.63	\$0.00
1	TAILGATE BADGE	SERVICEABLE	\$181.66	\$0.00
1	TAILGATE EMBLEM 'A5'	SERVICEABLE	\$99.01	\$0.00
1	TAILGATE LAMP -LH	NOT NECESSARY	\$631.55	\$0.00
1	TAILLAMP -LH	NOT NECESSARY	\$831.11	\$0.00
	LESS 5.00 / 10.00% DISCOUNT		(\$579.82)	(\$491.14)
			\$11,016.55	\$4,420.30

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REAR BUMPER CLIP (SN)	NECESSARY	\$60.00	\$40.00
1	SET REAR BUMPER SIDE HOLDER (SN)	NOT NECESSARY	\$80.00	\$0.00
			\$140.00	\$40.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CHECK REAR ELECTRICAL WIRING		\$50.00	\$20.00
	TO REMOVE & REFIX REAR INTERIOR TRIMS TO ASSIST REPAIR	NOT NECESSARY	\$120.00	\$0.00
	TO TUFF KOTE	NOT NECESSARY	\$100.00	\$0.00
	TO PUTTY, SPRAY PAINT & POLISH AFFECTED PARTS		\$1,080.00	\$600.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO PANEL BEAT, CUT, WELD, REMOVE & REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL AND TAILGATE		\$900.00	\$400.00
			\$2,250.00	\$1,020.00
GRAND TOTAL			\$13,406.55	\$5,480.30
	RECOMMENDED COST OF REPAIR SUM			\$4,900.00
Report Ref No: CS/SCD24090045/Uqp3				

NOTE: NEW PARTS REPLACEMENT.

CKS

MARCUS CHUA KANG SENG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of repositibility whatsoever, in contact or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

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 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. 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	02/09/2024 15:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/08/2024 13:25 (SGT)
Exact Location of Accident	Bishan St.11, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP40U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA TENG HWA
NRIC No	S1467844A
Email Address	ELIZABETHPOH91@GMAIL.COM
Mobile Phone No	(Phone) +65-97282827
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070174915-03

DRIVER

Name of Driver	ELIZABETH POH WAN QI
NRIC No	S9123319C
Date Of Birth	30/06/1991
Occupation	Indoor
Driving Pass Date	30/09/2010
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	13 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97282827
Alt. Phone Number	-
Email Address	ELIZABETHPOH91@GMAIL.COM
Address	38 LA SALLE STREET
Address complement	-
Postcode	454970
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	1
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	-

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 POLICE REPORT: T/20240901/7001.

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	QX2139T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	SHAHRIL ALFAN BIN KAMSANI
Contact Number	(Phone) +65-96154577
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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 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 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.

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 and outside of Singapore, for one or more of the above Purposes.

mbg

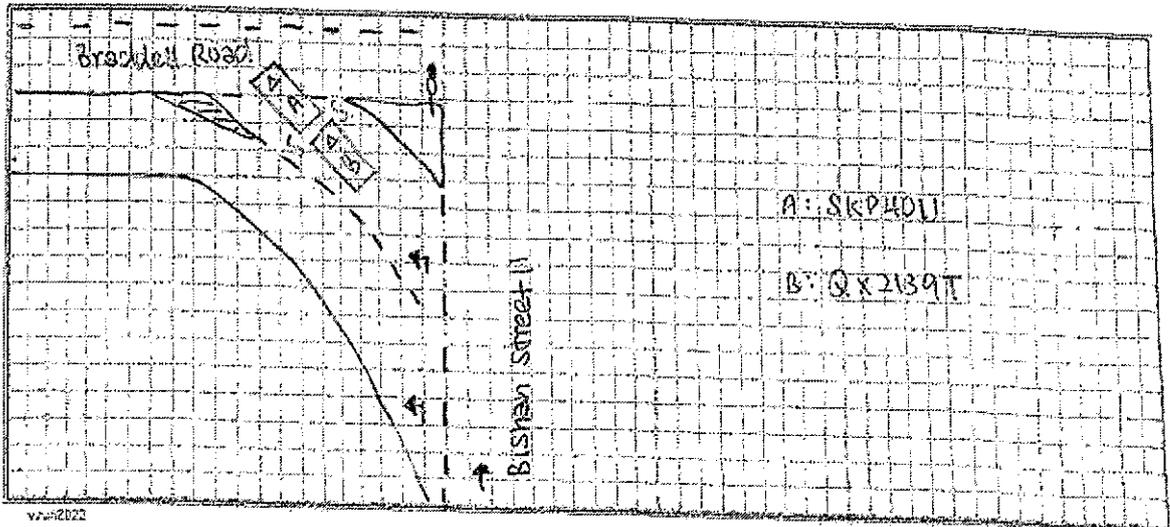
Jim

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name be in NRIC card)

Sketch Plan



Describe Circumstances of the Accident

As Per Police Report

Declaration

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

[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in WRIC/D card)



**SINGAPORE
POLICE FORCE**



T/20240901/7001

1 of 3

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

Report No. T/20240901/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2024 00:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ELIZABETH POH WAN QI			Address: 38 LA SALLE STREET SINGAPORE 454970		
ID Type / ID No.: NRIC NO / S9123319C			Contact No.:		Mobile: 97282827
Nationality: SINGAPORE CITIZEN			Email: elizabethpoh91@gmail.com		
Sex: Female	Age: 33	Date of Birth: 30/06/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Real estate agent			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/08/2024 13:25	Type of Location: Slip Road
Location: BISHAN STREET 11				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX2139T	Ambulance					0
SKP40U	Motor car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

CONTINUATION OF REPORT

Driver			
Name	SHAHRIL ALFIAN BIN KAMSANI	ID No.	S9140720E
Related Vehicle	QX2139T (Ambulance)	Contact No.	NIL
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	ELIZABETH POH WAN QI	ID No.	S9123319C
Related Vehicle	SKP40U (Motor car)	Contact No.	97282827
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.

Location is along Bishan St 11, slip road into Braddell Road towards Bartley Road. Lamp post number 51.

I was driving on the slip road, inching out into the main road. The car that hit mine is an Ambulance (QX2139T). There was quite a bit of traffic and i was waiting to turn into Braddell Road. There was a bus that probably saw the ambulance behind me and tried to slow down to give way. Seeing that the bus slowed down, i inched out into the yellow box, but stopped as i saw another car that came behind the bus and was speeding up. The ambulance then hit me after i stopped. There are no apparent injuries. A traffic police officer came by to look at the cars and take down some details.

I am lodging this traffic accident report for record purposes only.



**SINGAPORE
POLICE FORCE**



T/20240901/7001

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

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Report No. T/20240901/7001

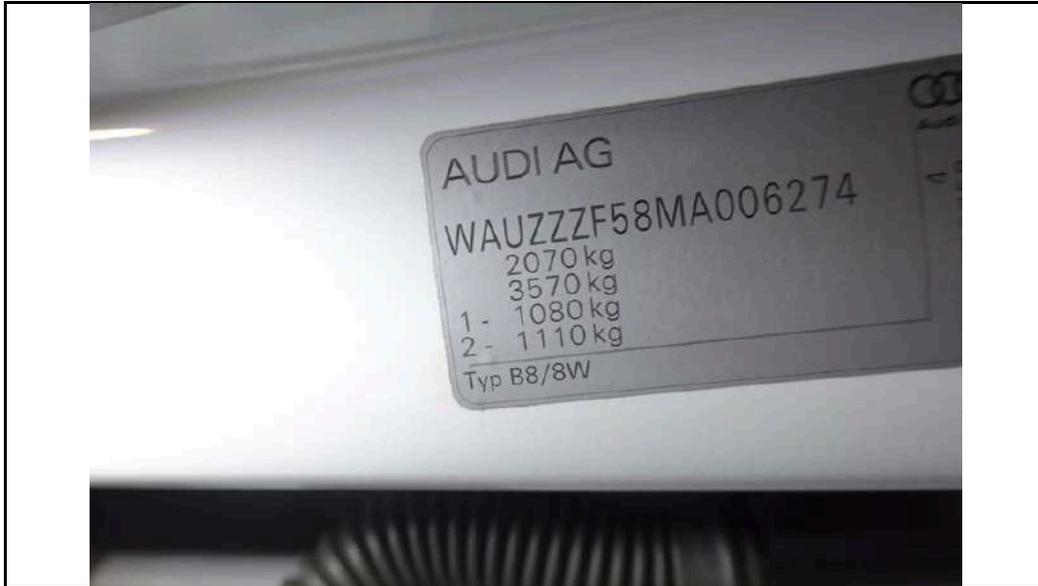
CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / FADLI SHAIFUDDIN BIN MOHAMED SANI Contact No.: 65476845

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 01/09/2024 00:26
Classification Of Case:

NP168

PHOTOGRAPHS FOR VEHICLE NO. : SKP 40U



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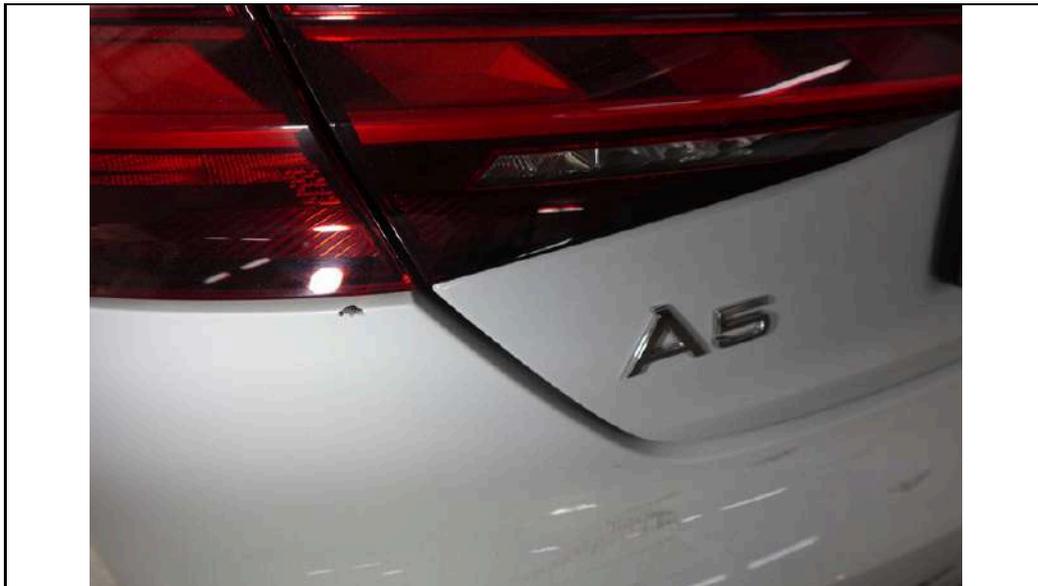
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