



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/SCD24090071/Rqp3m4

Date: 29/10/2024

Code: SCD

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FIRE ENGINE TRUCK	Veh. Inspected	SMV 6122Y
Policy No.	-	Coverage	0
Claim No.	2024 – 98	Excess	\$0.00
Assign From	MUHAMMAD SYABIL	Assign Date	04/09/2024

2. Vehicle Details

Make & Model	HYUNDAI AE IONIQ HEV 1.6 DCT	C.C	1580
Engine No.	G4LEKU453158	Year of Reg.	12/10/2020
Chassis No.	KMHC851CVLU201029	Colour	GREY
Odometer	280124 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	195/65R15	WEST LAKE	6
L/H Front Tyre	195/65R15	WEST LAKE	6
R/H Rear Tyre	195/65R15	WEST LAKE	6
L/H Rear Tyre	195/65R15	WEST LAKE	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/08/2024	Inspection Date	10/09/2024
Survey held at	PEGASUS ENGINEERING & TRADING PTE LTD - 74 KIAN TECK ROAD SINGAPORE 628800		

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: 6 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMV 6122Y

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	SCRATCHED	\$659.40	\$659.40
1	REAR BUMPER SIDE RETAINER (RHS)	* CHECK	\$73.10	\$0.00
10	REAR BUMPER CLIPS @\$5.00	NECESSARY	\$50.00	\$50.00
1	REAR FENDER (RHS)	BUCKLED	\$1,798.30	\$1,798.30
10	REAR FENDER INNER TRIM BOARD CLIPS @\$5.00	NECESSARY	\$50.00	\$50.00
1	REAR DOOR (RHS)	TO REPAIR SEE LABOUR	\$1,768.90	\$0.00
10	REAR DOOR INNER TRIM BOARD CLIPS @\$5.00	NOT NECESSARY	\$50.00	\$0.00
1	REAR WHEEL HUP CAP (RHS)	NOT NECESSARY	\$346.40	\$0.00
	LESS 20.00% DISCOUNT		(\$959.22)	(\$511.54)
			\$3,836.88	\$2,046.16

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE & REFIX INNER TRIMMINGS AND GARNISHES FOR THE FACILITATE REPAIR		\$120.00	\$60.00
	TO APPLY RUSTPROOFING/TUFFCOATING TREATMENT FOR THE REPLACED PARTS		\$100.00	\$40.00
	TO KNOCKING & PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR (RHS)		\$1,200.00	\$800.00
	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS		\$1,000.00	\$600.00
			\$2,420.00	\$1,500.00

GRAND TOTAL		\$6,256.88	\$3,546.16
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$58.48 NETT)		\$3,546.16
Report Ref No: CS/SCD24090071/Rqp3m4			

MRB

MOHAMMED RASUL BIN MOHD YUNUS

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 repossibility 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	23/08/2024 17:53 (SGT)
Reported by	Actual Driver
Date of Accident	22/08/2024 21:30 (SGT)
Exact Location of Accident	532 Ang Mo Kio Ave 10, Singapore 560532
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV6122Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-97702669
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV 1.6 DCT
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVLU201029
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_03

DRIVER

Driver	LEO SANG SWAN
No	SXXXX142I
Of Birth	09/09/1959
Occupation	Outdoor
Driving Pass Date	25/01/1979
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97702669
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 240 PASIR RIS STREET 21 #13-41
Address complement	-
Postcode	510240
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 22/08/2024 AT ABOUT 2130HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SMV6122Y ENROUTE FROM AFTER PASIR RIS TO 532 ANG MO KIO AVE 10 TO BUY BREAD. WHILE DRIVING ALONG 532 ANG MO KIO AVE 10 OPEN SPACE CARPARK I SLOWED DOWN AND STOPPED TO GIVE WAY TO VEHICLE (B) BEARING REGISTRATION NUMBER UNKNOWN AS IT WAS A SCDF VEHICLE WITH SIRENS ON. WHILE VEHICLE (B) MADE A RIGHT TURN TO THE LANE BESIDE ME I TRIED TO GIVE WAY BY MOVING LEFT MORE AND STAYED STATIONARY WHILE VEHICLE (B) PASS BY. HOWEVER THE RIGHT SIDE OF VEHICLE (B) BRUSHED AGAINST THE REAR RIGHT OF MY VEHICLE AND LEFT AS ITS SIRENS WAS ON AND PROBABLY PROCEEDING TO A EMERGENCY. I AM NOT INJURED.

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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

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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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.

[Signature]



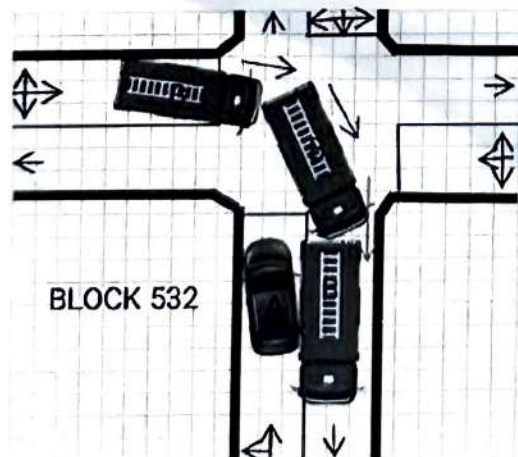
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

23/08/2024 1530HRS



532 ANG MO KIO AVE 10
OPEN SPACE CARPARK

A - SMV6122Y

B - UNKNOWN (SCDF VEHICLE)

Describe Circumstances of the Accident

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Declaration

We declare the foregoing particulars are true in every respect.



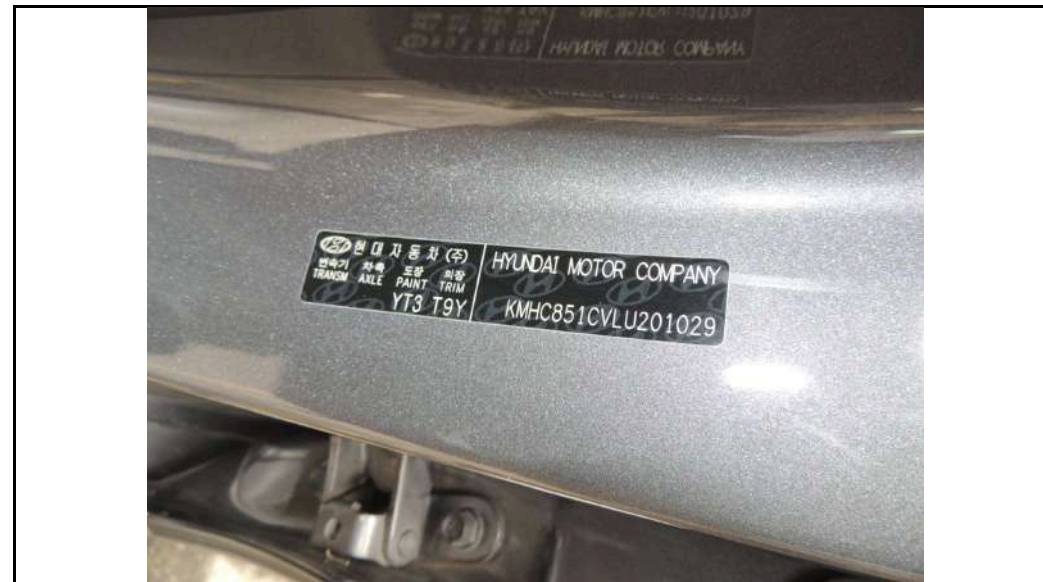
Policyholder's Signature / Date & Time

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

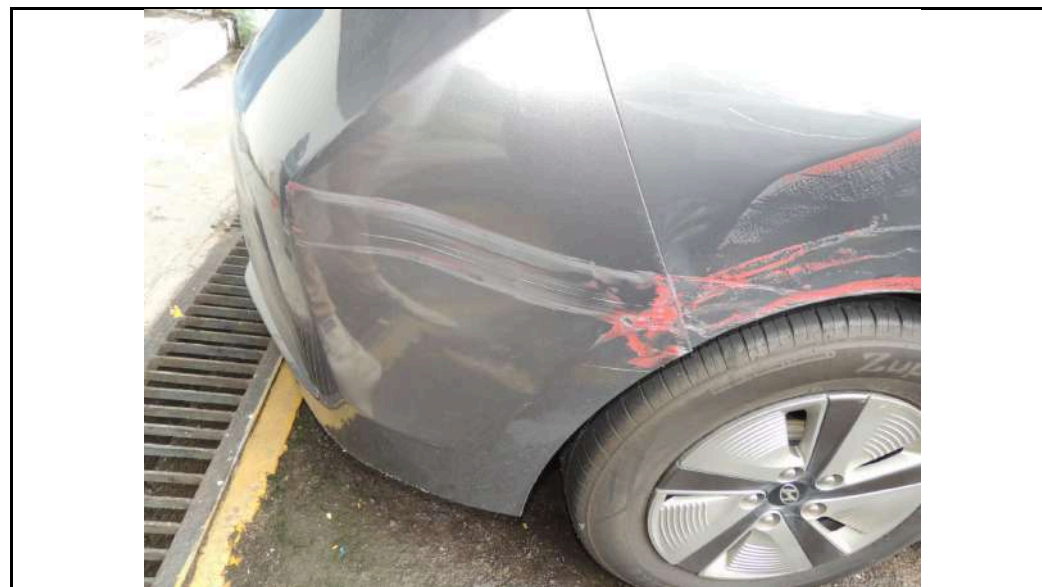
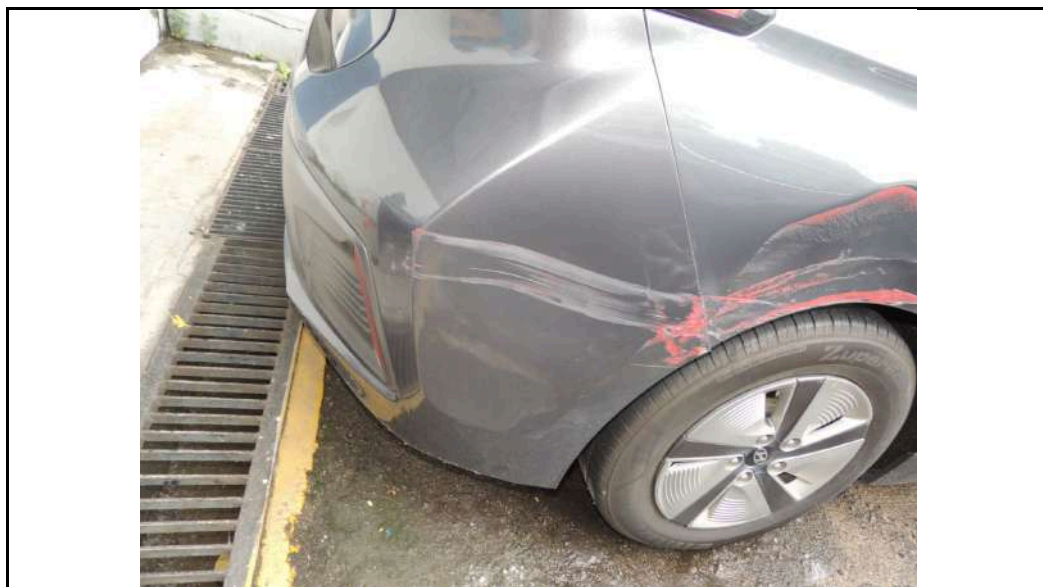
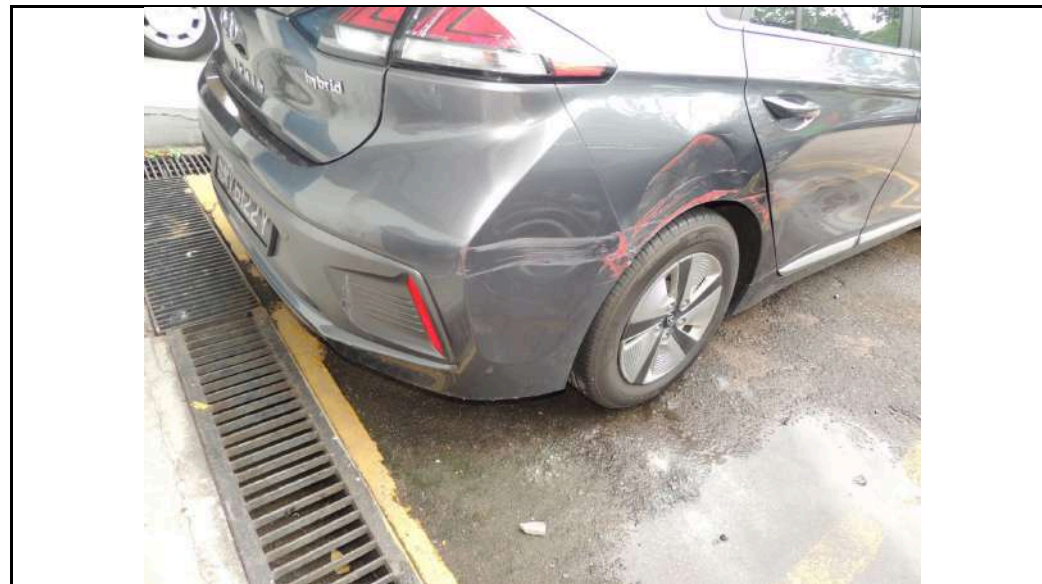


Witnessed by Reporting Centre Personnel

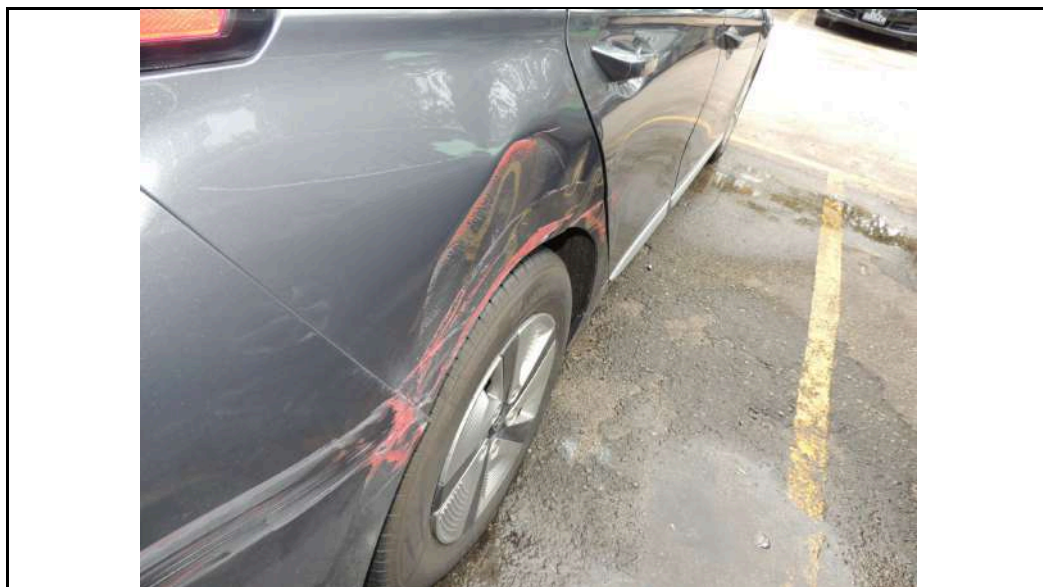
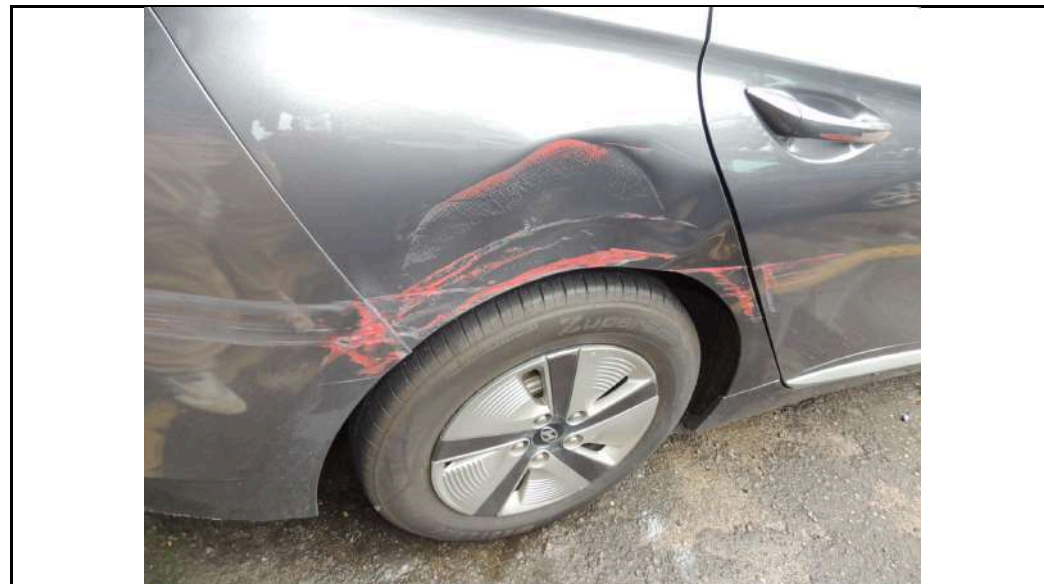
PHOTOGRAPHS FOR VEHICLE NO. : SMV 6122Y



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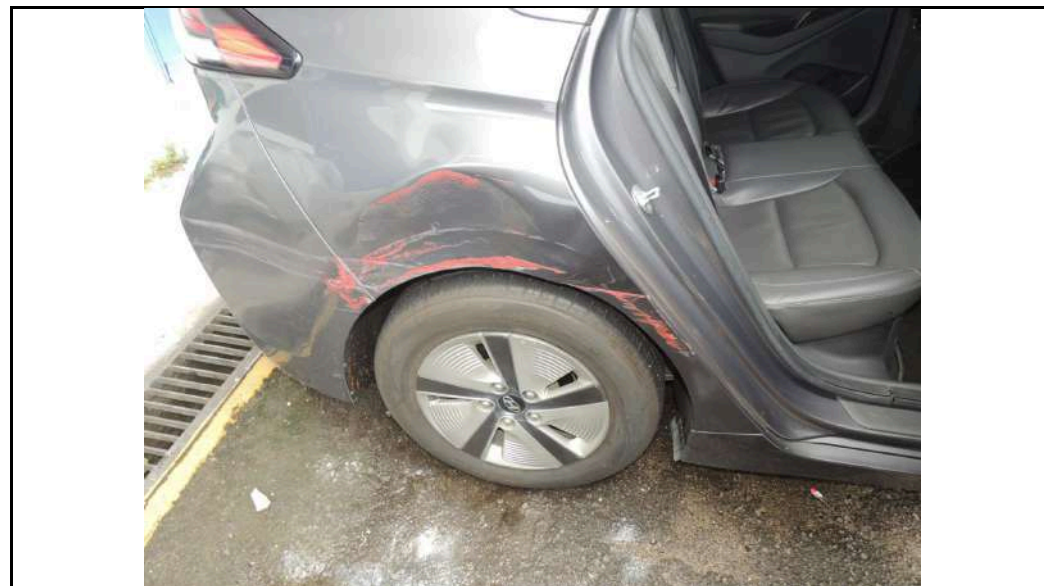
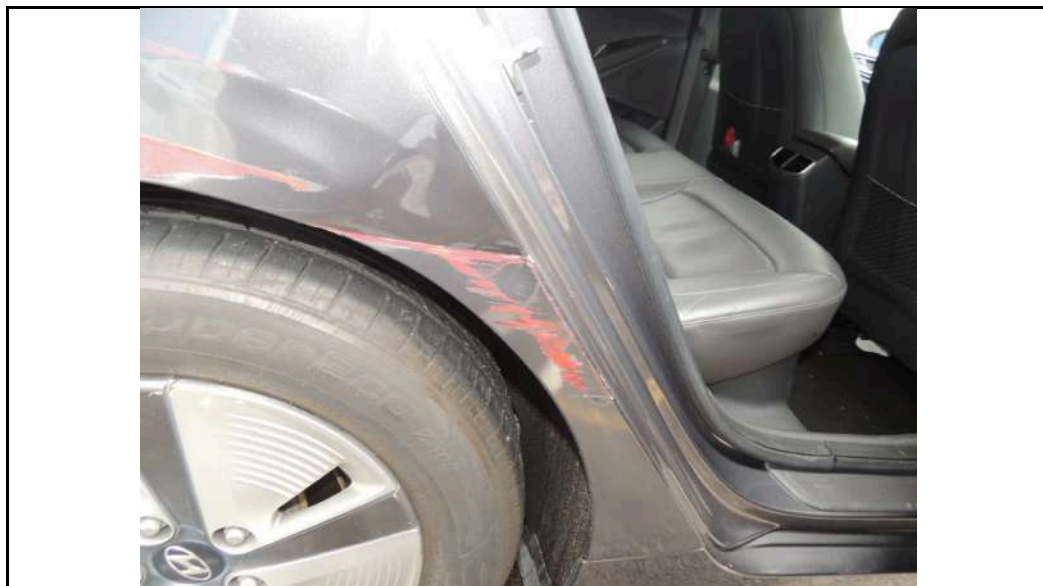
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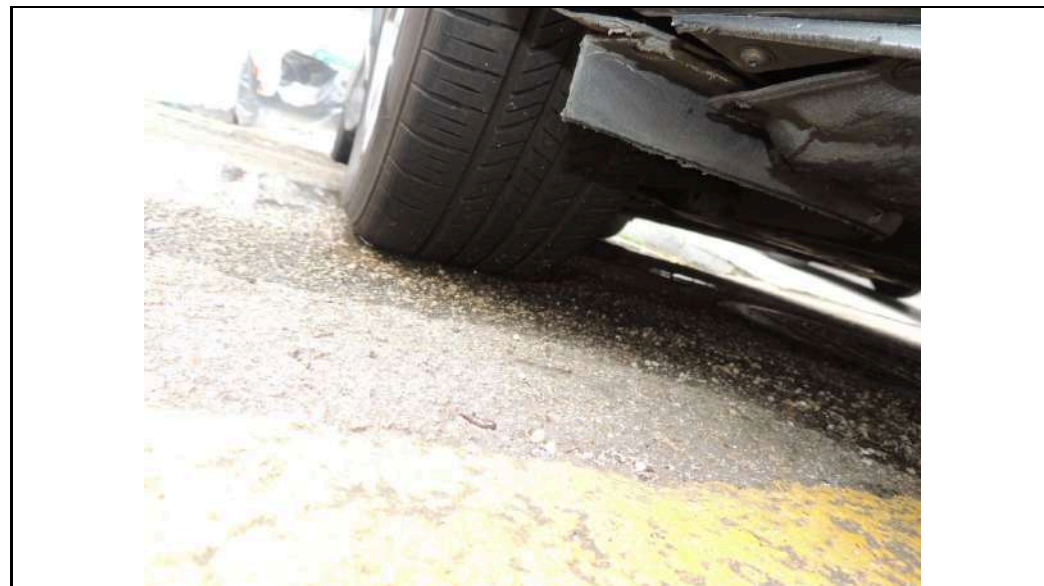
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INSPECTION PHOTOS (Page 9 of 9)

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