



# 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/SCD24090217/Uqp3
91 UBI AVE 4 SINGAPORE 408827	Date:	24/09/2024
	Code:	SCD

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 3825L	Veh. Inspected	SJN 3240L
Policy No.	-	Coverage	0
Claim No.	2024 – 108	Excess	\$0.00
Assign From	MUHAMMAD SYABIL	Assign Date	12/09/2024

### 2. Vehicle Details

Make & Model	HYUNDAI HD AVANTE 1.6 A	C.C	1591
Engine No.	G4FC9U596197	Year of Reg.	12/02/2009
Chassis No.	KMH DU41BR9U679790	Colour	GREY
Odometer	165937 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	195/65R15	APLUS	6
L/H Front Tyre	195/65R15	APLUS	6
R/H Rear Tyre	195/65R15	APLUS	6
L/H Rear Tyre	195/65R15	APLUS	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	10/09/2024	Inspection Date	13/09/2024
Survey held at	JIN AUTO SERVICES PTE LTD BLK 14 DEFU LANE 10 #01-412 SINGAPORE 539195		

### 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: 3 Working Days



# 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

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SJN 3240L

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BOOTLID (NPA)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	REAR BOOTLID WEATHERSTRIP RUBBER	NOT NECESSARY	\$89.40	\$0.00
1	REAR BUMPER	DENTED/DEFORMED	\$447.00	\$447.00
1	REAR BUMPER REINFORCEMENT	CRACKED	\$320.60	\$320.60
1	END PANEL (NPA)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	END PANEL TOP GARNISH	NOT NECESSARY	\$57.50	\$0.00
1	REAR BUMPER SPONGE	TORN	\$165.50	\$165.50
	<b>LESS 20.00% DISCOUNT</b>		(\$216.00)	(\$186.62)
			<b>\$864.00</b>	<b>\$746.48</b>

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET BUMPER CLIPS (SN)	NECESSARY	\$60.00	\$30.00
1	SET REVERSE SENSOR (SN)	SERVICEABLE	\$280.00	\$0.00
			<b>\$340.00</b>	<b>\$30.00</b>

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO R&R LABOUR FOR REVERSE SENSOR		\$80.00	\$30.00
	LABOUR CHARGE. INCLUSIVE OF THE REPAIR OF REAR BOOTLID AND END PANEL		\$700.00	\$400.00
	SPRAY PAINTING		\$550.00	\$550.00
	WIRING		\$70.00	\$20.00
	TUFF KOTE	NOT NECESSARY	\$80.00	\$0.00
			<b>\$1,480.00</b>	<b>\$1,000.00</b>

<b>GRAND TOTAL</b>			<b>\$2,684.00</b>	<b>\$1,776.48</b>
--------------------	--	--	-------------------	-------------------

	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>\$1,400.00</b>
--	---	--	--	-------------------

Report Ref No: CS/SCD24090217/Uqp3



## **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

## **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 responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying 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 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 ..... 11/09/2024 16:49 (SGT)  
Reported by ..... Owner  
Date of Accident ..... 10/09/2024 17:55 (SGT)  
Exact Location of Accident ..... Sunrise Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJN3240L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JAMARI BIN AHMARI  
NRIC No ..... SXXXX085H  
Email Address ..... JAM.AHMARI@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90080950  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
Variant ..... HYUNDAI / HD AVANTE 1.6 A  
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 ..... 1591  
Vehicle Fuel ..... Petrol  
First Registration Date ..... 12/02/2009  
Chassis no ..... KMH DU41BR9U679790  
Effective Date/Time of Ownership ..... 25/12/2021 00:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5125119678-02

#### DRIVER

Name of Driver .....	NURUL ATIQA BINTE JAMARI
NRIC No .....	SXXXX593G
Date Of Birth .....	10/11/1998
Occupation .....	Indoor
Driving Pass Date .....	27/12/2017
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	6 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90401080
Alt. Phone Number .....	-
Email Address .....	ATIQAHI98@GMAIL.COM
Address .....	APT BLK 225C COMPASSVALE WALK #04-349
Address complement .....	-
Postcode .....	543225
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DAUGHTER
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 THE ATTACHED POLICE REPORT.

#### 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 .....	GBF3825L
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

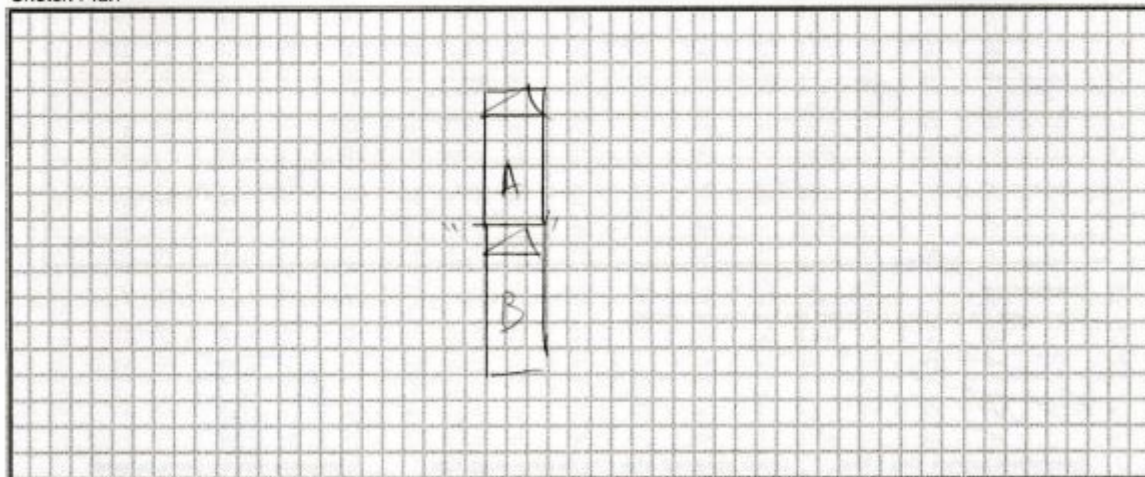


Driver's Signature (if driver is not the policyholder) / Date & Time



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

**Sketch Plan**



Don: 10/9/24,

A: SJW 3240L, B: GBF 3826L



Describe Circumstance of the Accident

REFER TO POLICE REPORT

vehicle in front of me stopped, so do I. Suddenly, I

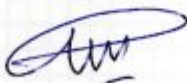
felt an impact from the rear of my vehicle. Then I realised

vehicle B had collided to my vehicle.

no one was injured.

Declaration

I/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  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20240911/7053

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

1 of 3

Report No. T/20240911/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2024 13:05		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: Nurul Atiqah binte Jamari		Address: 225C Compassvale Walk #04- SINGAPORE 543225		
ID Type / ID No.: NRIC NO / S9837593G		Contact No.: Home/Office:                      Mobile: 90401080		
Nationality: SINGAPORE CITIZEN		Email: atiqahj98@gmail.com		
Sex: Female	Age: 25	Date of Birth: 10/11/1998	Type of Informant: Driver	
Race: Javanese		Language: English		
Occupation: Software and applications developer and analyst		Driving Licence Information: Class:                      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 10/09/2024 17:55	Type of Location: Zebra Crossing
Location:  SUNRISE AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF 3825L	SCDF Red Rhino Van					0
SJN3240L	Motor car	HYUNDAI	Avante	Grey	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJN3240L	NTUC Income Insurance Co-Operative Limited	5125119678-02	12/02/2024	11/02/2025



**SINGAPORE  
POLICE FORCE**



T/20240911/7053

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

2 of 3

Report No. T/20240911/7053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUANG JINQUAN	ID No.	S9071931I
Related Vehicle	GBF 3825L (SCDF Red Rhino Van)	Contact No.	92998329
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	Nurul Atiqah binte Jamari	ID No.	S9837593G
Related Vehicle	SJN3240L (Motor car)	Contact No.	90401080
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.**

At 5.55 pm, I, Nurul Atiqah binte Jamari, driver of SJN 3240 L, was driving from Yio Chu Kang Road towards Seletar West Link (Yishun Ave 1) / SLE / TPE near Sunrise Avenue. The vehicle in front of me, by the plate of SMJ 1369Z, pulled the brake at the Zebra Pedestrian crossing, which in return made my response to pull the brakes as well. In a sudden, I felt an impact from the rear of my vehicle. Then, I realised that the SCDF Red Rhino, by the plate of GBF 3825 L, behind me has collided to my vehicle.

No one was injured.



**SINGAPORE  
POLICE FORCE**

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



T/20240911/7053

3 of 3

Report No. T/20240911/7053

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

NP168

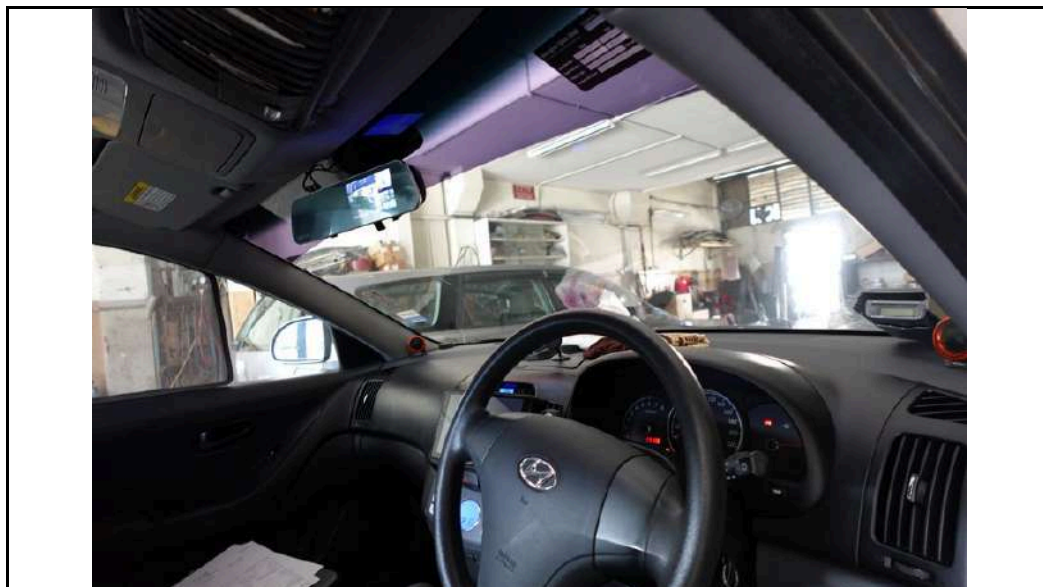
Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
11/09/2024 13:05

Classification Of Case:



## PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L



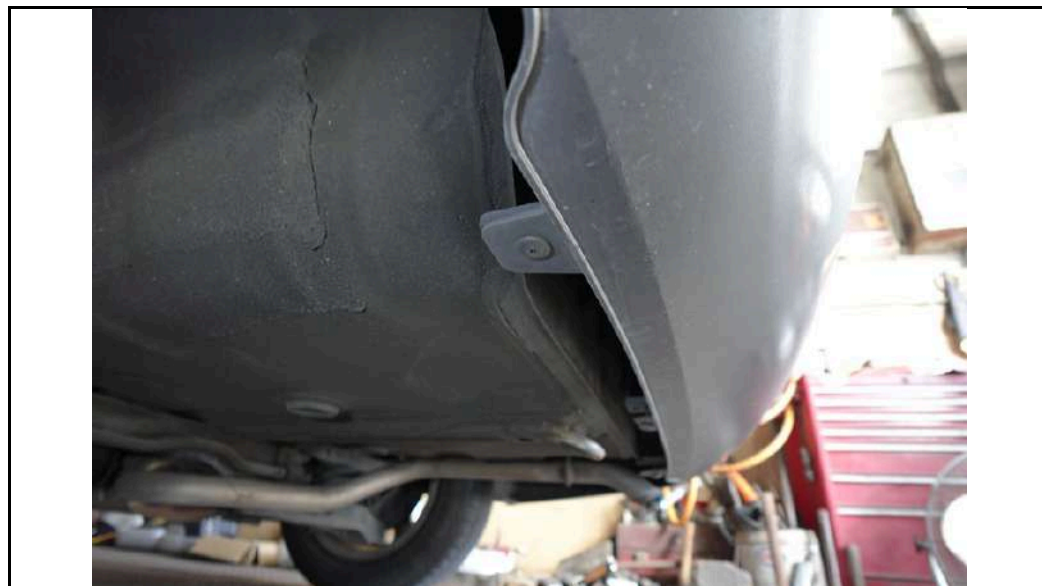


**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**



**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





## 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

INSPECTION PHOTOS (Page 7 of 14)

### PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**



**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





**PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L**





## 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

REINSPECTION PHOTOS (Page 2 of 2)

### PHOTOGRAPHS FOR VEHICLE NO. : SJN 3240L

