



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/SCD24090262/Uqp3m4
91 UBI AVE 4 SINGAPORE 408827	Date:	08/10/2024
	Code:	SCD

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 1854T	Veh. Inspected	SDJ 4772D
Policy No.	-	Coverage	0
Claim No.	2024 – 109	Excess	\$0.00
Assign From	SYABIL ISMAIL	Assign Date	16/09/2024

2. Vehicle Details

Make & Model	TOYOTA PRIUS PLUS (AUTO)	C.C	1798
Engine No.	2ZR0D19688	Year of Reg.	30/04/2019
Chassis No.	JTDZS3EU50J039031	Colour	SILVER
Odometer	108211 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	205/60R16	MICHELIN	6
L/H Front Tyre	205/60R16	MICHELIN	6
R/H Rear Tyre	205/60R16	MICHELIN	6
L/H Rear Tyre	205/60R16	MICHELIN	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	15/09/2024	Inspection Date	17/09/2024
Survey held at	PROGRESSIVE CAR CARE PTE LTD - BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 408716		

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SDJ 4772D

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	DENTED	\$855.40	\$855.40
2	REAR BUMPER SIDE RETAINER - LH/RH @\$217.10	NOT NECESSARY	\$434.20	\$0.00
10	REAR BUMPER CLIPS @\$5.50	NECESSARY	\$55.00	\$55.00
1	REAR BUMPER LOWER (BLACK)	DEFORMED	\$1,175.80	\$1,175.80
1	REAR BUMPER REINFORCEMENT	DENTED	\$334.00	\$334.00
2	REAR BUMPER REINFORCEMENT BRACKET - LH/RH @\$243.00	SERVICEABLE	\$486.00	\$0.00
2	REAR BUMPER REFLECTOR - LH/RH @\$83.40	NOT NECESSARY	\$166.80	\$0.00
	LESS 25.00% DISCOUNT		(\$876.80)	(\$605.05)
			\$2,630.40	\$1,815.15
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REAR BUMPER SENSOR (SN)	TORN	\$200.00	\$200.00
			\$200.00	\$200.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PORTIONS		\$550.00	\$280.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS		\$500.00	\$400.00
	TO CHECK WIRING		\$30.00	\$20.00
			\$1,080.00	\$700.00
GRAND TOTAL			\$3,910.40	\$2,715.15
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				\$2,100.00
Report Ref No: CS/SCD24090262/Uqp3m4				

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 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	16/09/2024 12:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/09/2024 11:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ4772D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO WEE SIANG (YAO WEIXIANG)
NRIC No	SXXXX945D
Email Address	weesiangyeo@gmail.com
Mobile Phone No	(Phone) +65-97372639
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2020-00003927

DRIVER

Name of Driver	YEO WEE SIANG (YAO WEIXIANG)
NRIC No	SXXXX945D
Date Of Birth	25/11/1970
Occupation	Indoor
Driving Pass Date	24/10/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97372639
Alt. Phone Number	-
Email Address	weesiangyeo@gmail.com
Address	12 LORONG SARINA #02-02
Address complement	-
Postcode	416736
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	Collision - Head to Rear
Weather Conditions	CLOUDY
Road Surface	Wet

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	ELLEN YEO
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

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1854T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	JENNYLINE FAN
Contact Number	(Phone) +65-90282095
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.

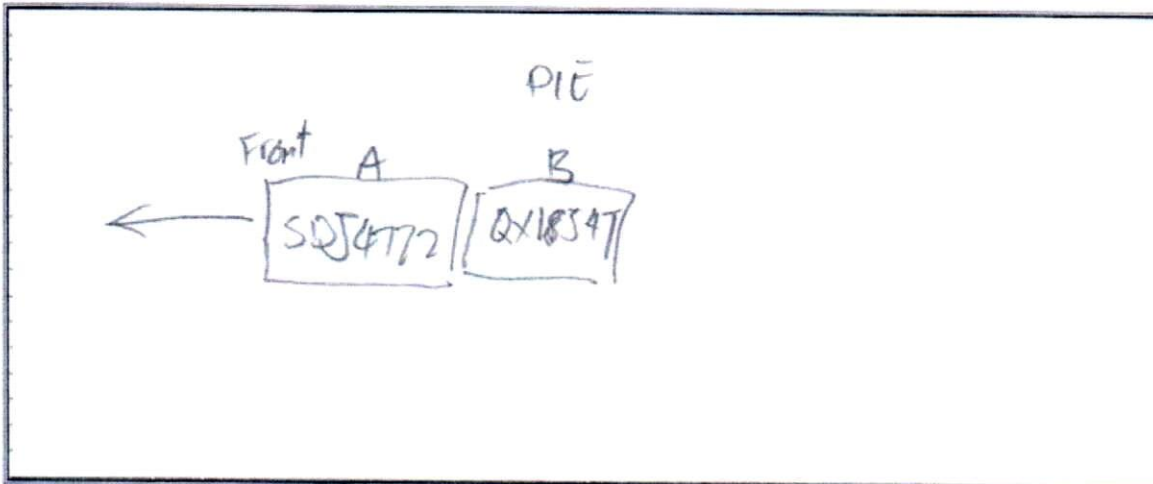
Anthony 16 Sep 2019

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

refer to police report

Declaration

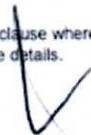
I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



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/20240915/7064

1 of 3

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

Report No. T/20240915/7064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2024 18:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO WEE SIANG			Address: 12 LORONG SARINA #02-02 SINGAPORE 416736		
ID Type / ID No.: NRIC NO / S7042945D			Contact No.: Home/Office: Mobile: 97372639		
Nationality: SINGAPORE CITIZEN			Email: weesiangyeo@gmail.com		
Sex: Male	Age: 53	Date of Birth: 25/11/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Automotive engineer			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: 15/09/2024 11:55	Type of Location: Straight Road
Location: GEYLANG BAHRU				
Weather: Cloudy		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
QX1854T	Motor car	OPEL		White	No Damage	0
SDJ4772D	Motor car	TOYOTA	Prius plus	Silver	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SDJ4772D		Pnpv2020-00003927- 04	30/04/2024	29/04/2025



SINGAPORE POLICE FORCE



T/20240915/7064

2 of 3

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

Report No. T/20240915/7064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO WEE SIANG	ID No.	S7042945D
Related Vehicle	QX1854T (Motor car)	Contact No.	97372639
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	JENNYLINE FAN	ID No.	NIL
Related Vehicle	QX1854T (Motor car)	Contact No.	90282095
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
Passenger			
Name	YEO XIN TONG ELLEN	ID No.	T0723676F
Related Vehicle	SDJ4772D (Motor car)	Contact No.	89210012
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.

My car SDJ4772D was hit by QX1854T from the rear along PIE towards TUAS near Kallang Basin Swimming Complex. I had to do an emergency braking to prevent colliding into a car which stop suddenly in front of my car. QX1854T then collided into the rear of my car causing visible damage to my car bumper upon visual inspection on site. I have photos showing the damages to my car and front camera view showing the accident when it happen. Video of my rear camera could not be read.



**SINGAPORE
POLICE FORCE**



T/20240915/7064

3 of 3

Report No. T/20240915/7064

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

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

Date/Time:
15/09/2024 18:37

Classification Of Case:

NP168



PHOTOGRAPHS FOR VEHICLE NO. : SDJ 4772D



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INSPECTION PHOTOS (Page 4 of 10)

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REINSPECTION PHOTOS (Page 3 of 3)

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