



# 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				
SINGAPORE CIVIL DEFENCE FORCE (MHA05)			Ref:	CS/SCD22002758/Uqy3s2
91 UBI AVE 4			Date:	21/04/2022
SINGAPORE 408827				
SINGAPORE 408827				
ATTN: RALF TAY GIM CHYE			Code:	SCD
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	QX 1295G	Veh. Inspected	SMK 7271B	
Policy No.		Coverage (\$)	0.00	
Claim No.	2022 - 21	Excess (\$)	0.00	
Assign From	RALF TAY GIM CHYE	Assign Date	25/03/2022	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI AD AVANTE (A)	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHD841CMKU891243	Colour	BLACK	
Odometer	95091 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	TOURADOR	6 mm	
L/H Front Tyre	205/55 R16	TOURADOR	6 mm	
R/H Rear Tyre	205/55 R16	TOURADOR	6 mm	
L/H Rear Tyre	205/55 R16	TOURADOR	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	19/03/2022	Inspection Date	28/03/2022	
Survey held at	PROGRESSIVE CAR CARE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			<b>2 Working Days</b>	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMK 7271B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DENTED / DEFORMED	460.00	460.00
10	REAR BUMPER CLIPS @ \$4.90	NECESSARY	49.00	49.00
2	REAR BUMPER SIDE HOLDER - LH / RH @ \$28.00	NOT NECESSARY	56.00	-
1	REAR BUMPER LOWER GARNISH	DEFORMED / TORN	265.00	265.00
1	REAR BUMPER REFLECTORS - RH	NOT NECESSARY	201.50	-
3	REAR BUMPER REINFORCEMENT LOWER BRACKET @ \$11.50	NOT NECESSARY	34.50	-
2	REAR BUMPER REINFORCEMENT TOP BRACKET @ \$11.50	NOT NECESSARY	23.00	-
1	REAR BOOT H LOGO	NOT NECESSARY	197.00	-
1	REAR BOOT AVANTE S WORDING	NOT NECESSARY	35.00	-
	LESS 20% DISCOUNT		-264.20	-154.80
			1,056.80	619.20
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR BUMPER SENSOR (SN)	SERVICEABLE	220.00	-
			220.00	-
<b><u>LABOUR</u></b>				
	TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS.		450.00	350.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS.		600.00	400.00
	TO CHECK WIRING.		50.00	20.00
	TO TUFF-KOTE.	NOT NECESSARY	30.00	-
	TO TRANSFER REAR BUMPER SENSOR.	NOT NECESSARY	100.00	-
			1,230.00	770.00
<b>GRAND TOTAL</b>			<b>2,506.80</b>	<b>1,389.20</b>

<b>RECOMMENDED COST OF REPAIRS</b>			<b>1,389.20</b>
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Report Ref No. CS/SCD22002758/Uqy3s2

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 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 Authorised 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 Submission .....	21/03/2022 13:25 (SGT)
Date of Accident .....	19/03/2022 14:35 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	TPE EXIT 10 TO SENGKANG EXIT PUNGGOL ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMK7271B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	FAZLY BIN ABU BAKAR
NRIC No .....	SXXXX795Z
Email Address .....	FAZLYAB@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97767774
Alternative Phone No .....	+65-97767774

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	P10333258R01
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	FAZLY BIN ABU BAKAR
NRIC No .....	SXXXX795Z

Date Of Birth .....	02/02/1983
Occupation .....	Indoor
Date Of Driving Pass .....	10/11/2004
Driving experience .....	17 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97767774
Alt. Phone Number .....	+65-97767774
Email Address .....	FAZLYAB@GMAIL.COM
Address .....	APT BLK 330 TAMPINES STREET 32 #06-434
Address complement .....	-
Postcode .....	520330
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 .....	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

#### 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 ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	QX1295G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	KANG WEI LIANG
Contact Number .....	(Phone) +65-91269331
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## Describe Circumstances of the Accident

On one bright Saturday afternoon, 19th March 2022, at around 1435 hrs, I was driving my car at a relatively slow speed to filter and turn to the left at the junction.

On the 19th March 2022, at around 1435 hrs, I was driving on the road towards Sengkang East Road. While ~~was~~ driving at the left side of the road, at a relatively low speed, an ambulance van hit my car from the back.


## Declaration

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





## SKETCH PLAN

### IMPORTANT NOTICE

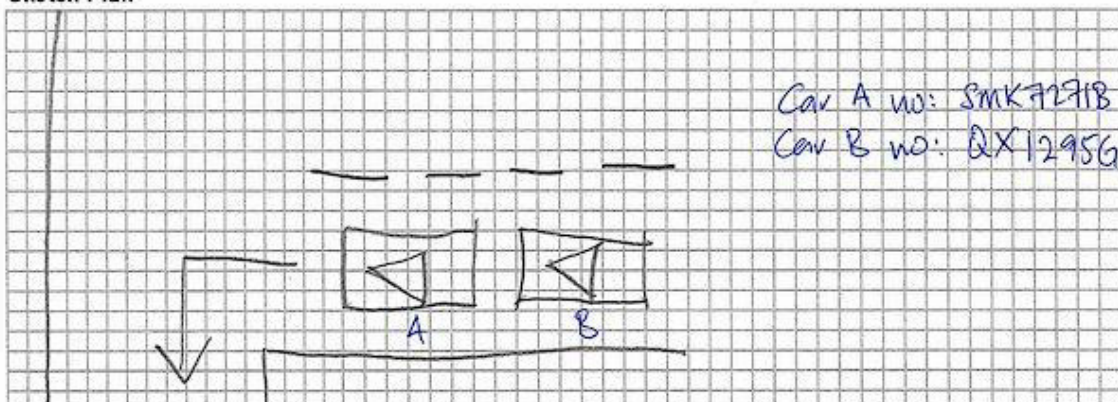
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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 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' law yers/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' law yers/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 law yers/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

### Sketch Plan





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### INSPECTION







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### RE-INSPECTION

