



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/SCD22010596/Sqcm4
91 UBI AVE 4		Date:	22/11/2022
SINGAPORE 408827			
SINGAPORE 408827			
ATTN: RALF TAY GIM CHYE		Code:	SCD
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	QX 1260G	Veh. Inspected	SBP 3636M
Policy No.		Coverage (\$)	0.00
Claim No.	2022 - 96	Excess (\$)	0.00
Assign From	RALF TAY GIM CHYE	Assign Date	26/10/2022
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HARRIER	c.c	1986
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	ZSU600085576	Colour	WHITE
Odometer	157488 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/55 R18	CONTINENTAL	6 mm
L/H Front Tyre	235/55 R18	CONTINENTAL	6 mm
R/H Rear Tyre	235/55 R18	CONTINENTAL	6 mm
L/H Rear Tyre	235/55 R18	CONTINENTAL	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	25/10/2022	Inspection Date	27/10/2022
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
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. SBP 3636M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	BROKEN	1,535.49	980.00
2	REAR BUMPER RETAINER	NOT NECESSARY	181.94	-
1	REAR BUMPER LOWER GARNISH	BROKEN	513.59	410.00
1	REAR BUMPER SPONGE	BROKEN	212.52	135.00
2	REAR BUMPER REFLECTOR	CRACKED	127.16	127.16
1	KEYLESS ANTHENA	NOT NECESSARY	112.70	-
1	TAILGATE	DENTED	2,505.80	1,490.00
1	TAILGATE WEATHERSTRIP	NOT NECESSARY	485.43	-
1	TAILGATE EMBLEM - HARRIER	NOT NECESSARY	81.07	-
1	TAILGATE EMBLEM - LOGO	NECESSARY	63.03	63.03
1	TAILGATE GLASS MOULDING	NECESSARY	121.30	100.00
2	TAILGATE LAMP	NOT NECESSARY	1,497.98	-
1	TAILGATE LOCK	NOT NECESSARY	974.00	-
1	TAILGATE LOCK STRIKER	NOT NECESSARY	41.00	-
1	TAILGATE INNER TRIM BOARD	CRACKED	578.50	450.00
2	TAILLAMP	NOT NECESSARY	1,517.34	-
1	END PANEL	TO REPAIR SEE LABOUR	547.80	-
1	END PANEL TOP GARNISH	NOT NECESSARY	482.13	-
2	REAR FENDER INNER TRIM BOARD	NOT NECESSARY	1,436.00	-
	LESS 25% DISCOUNT		-3,253.69	-938.80
			9,761.09	2,816.39
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	30.00	30.00
1	SET REVERSE SENSOR (SN)	CRACKED	250.00	200.00
1	SET TAILGATE INNER TRIM BOARD CLIP (SN)	NOT NECESSARY	30.00	-
1	SET END PANEL TOP GARNISH CLIP (SN)	NOT NECESSARY	30.00	-
1	TAILGATE GLASS SEALANT (SN)	NECESSARY	150.00	80.00
1	JOINT SEALANT (SN)	NECESSARY	150.00	40.00
			640.00	350.00

Report Ref No. CS/SCD22010596/Sqcm4



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	CHECK WIRING AND LIGHTNING SYSTEM.		60.00	20.00
	REMOVE TRIMS & GARNISHES TO FACILITATE REPAIR.		200.00	50.00
	REMOVE & REPLACE REVERSE SENSOR.		150.00	30.00
	REMOVE & REFIT TAILGATE GLASS WINDSCREEN.		150.00	100.00
	REMOVE & REPLACE TAILGATE ATTACHMENT.		200.00	60.00
	REMOVE & REFIT EXHAUST SILENCER.	NOT NECESSARY	150.00	-
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF END PANEL.		1,200.00	400.00
	SPRAY PAINTING ON AFFECTED AREAS.		1,200.00	550.00
	APPLY ANTI RUST ON AFFECTED AREAS.	NOT NECESSARY	150.00	-
			3,460.00	1,210.00
	GRAND TOTAL		13,861.09	4,376.39
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,500.00

Report Ref No. CS/SCD22010596/Sqcm4

S MOHAMED IRFAN BIN MOHAMED IQUBAL

Asst. Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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 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 Submission 25/10/2022 17:30 (SGT)
Reported by Both
Date of Accident 25/10/2022 12:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBP3636M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO KOK SOON
NRIC No S6936188I
Email Address andrew@varl.com.sg
Mobile Phone No (Phone) +65-90033636
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR
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 1986

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5125373994

DRIVER

Name of Driver YEO KOK SOON
NRIC No S6936188I
Date Of Birth 19/10/1969
Occupation Outdoor

Date Of Driving Pass	31/01/1990
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90033636
Alt. Phone Number	-
Email Address	andrew@varl.com.sg
Address	APT BLK 551 ANG MO KIO AVE 10 #25-2224 (S) 560551
Address complement	-
Postcode	-
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
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 WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE, UNABLE TO UPLOAD

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1260G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	ABDUL RAUF
Contact Number	(Phone) +65-97340044
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

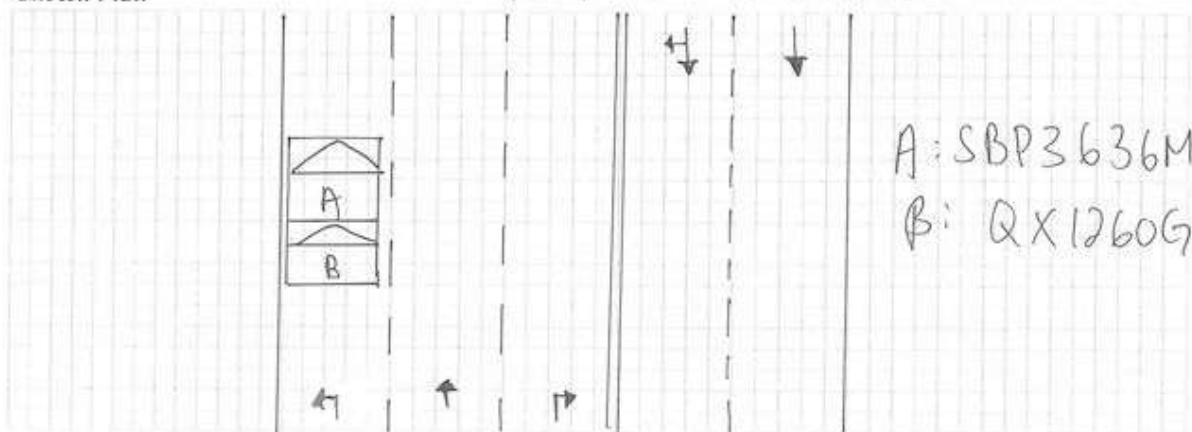
SKETCH PLAN**IMPORTANT NOTICE**

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 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 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

Sketch Plan

Describe Circumstances of the Accident


Refer to police report

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



**SINGAPORE
POLICE FORCE**



T/20221025/7036

1 of 3

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

Report No. T/20221025/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2022 14:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO KOK SOON			Address: 551 ANG MO KIO AVENUE 10 #25-2224 SINGAPORE 560551		
ID Type / ID No.: NRIC NO / S6936188I			Contact No.: Home/Office: Mobile: 90033636		
Nationality: SINGAPORE CITIZEN			Email: ANDREW@VARL.COM.SG		
Sex: Male	Age: 53	Date of Birth: 19/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 25/10/2022 12:45	Type of Location:
Location: ANG MO KIO AVENUE 10				
Weather:		Road Surface: Dry	Road Speed Limit:	
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
QX1260G	AMBULANCE					0
SBP3636M	Car	TOYOTA	HARRIER			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221025/7036

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

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Report No, T/20221025/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBP3636M	NTUC Income Insurance Co-Operative Limited		01/03/2022	28/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO KOK SOON	ID No.	S6936188I
Related Vehicle	SBP3636M (Car)	Contact No.	90033636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ABDUL RAUF	ID No.	NIL
Related Vehicle	NIL	Contact No.	97340044
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON THE STATED DATE AND TIME , I WAS STATIONARY AT THE TRAFFIC LIGHT OF 570 ANG MO KIO AVENUE 10 WAITING TO TURN LEFT ONTO ANG MO KIO AVENUE 3 . SUDDENLY , I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE . WHEN I GOT DOWN OF MY VEHICLE , I REALISED VEHICLE (QX1260G) COLLIDE ONTO MY REAR PORTION .



**SINGAPORE
POLICE FORCE**



T/20221025/7036

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

3 of 3

Report No. T/20221025/7036

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
25/10/2022 14:26

Classification Of Case:



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PHOTOGRAPHS FOR VEHICLE NO. SBP 3636M

INSPECTION





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RE-INSPECTION



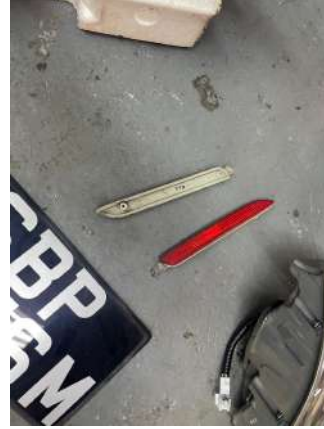


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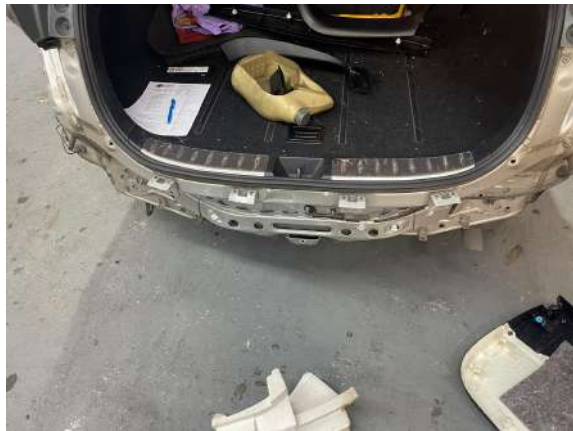


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