

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

| | Affiliated to Federation Internationale Des Experts En Automobile | | | | | | | |
|-----|---|--|-------------------|-----------------------|--|--|--|--|
| | SINGAPORE CIVIL | DEFENCE FORCE (MHA05) | Ref: | CS/SCD23001286/Aqy3m4 | | | | |
| | 91 UBI AVE 4SING | APORE 408827 | Date | 24/03/2023 | | | | |
| | ATTN: RALF TAY | | Code | : SCD | | | | |
| 1. | | Policy Particulars : | - THIRD PARTY CLA | IM | | | | |
| | Insured Veh. | QX 2534K | Veh. Inspected | SMZ 1639K | | | | |
| | Policy No. | | Coverage (\$) | 0.00 | | | | |
| | Claim No. | 2023 - 11 | Excess (\$) | 0.00 | | | | |
| | Assign From | RALF TAY | Assign Date | 07/02/2023 | | | | |
| 2. | | Vehicle Partic | ulars & Condition | | | | | |
| | Make & Model | HYUNDAI AVANTE | c.c | 1598 | | | | |
| | Engine No. | HIDDEN | Year of Reg. | 2021 | | | | |
| | Chassis No. | KMHLN41ETNU157580 | Colour | BLUE | | | | |
| | Odometer | 26166 KM | Steering | IN ORDER | | | | |
| | Brakes | IN ORDER | Modification | SPORTS RIM | | | | |
| | General | GOOD | | | | | | |
| 3. | | Condition | ons of Tyres | _ | | | | |
| | | Size | Make | Balance | | | | |
| | R/H Front Tyre | 205/55 R16 | HANKOOK | 6 mm | | | | |
| | L/H Front Tyre | 205/55 R16 | HANKOOK | 6 mm | | | | |
| | R/H Rear Tyre | 205/55 R16 | HANKOOK | 6 mm | | | | |
| | L/H Rear Tyre | 205/55 R16 | HANKOOK | 6 mm | | | | |
| 4. | | Description | on of Damages | | | | | |
| | THE VEHICLE SUS | STAINED DAMAGES AT THE REA | AR PORTION. | | | | | |
| | DAMAGES SEE DE | ETAILS. | | | | | | |
| 5. | | General | Information | | | | | |
| | Accident Date | 04/02/2023 | Inspection Date | 07/02/2023 | | | | |
| | Survey held at | FONG MOTORS | | | | | | |
| | | 1 KAKI BUKIT AVE 6 #01-27/01-45 SINGAPORE 417883 | | | | | | |
| 5a. | | Re | emarks | | | | | |
| | | N WAS CONDUCTED ON A"WIT E TO YOUR INSTRUCTIONS, WI | | | | | | |
| 5b. | | Estimate I | Days of Repair | | | | | |
| | ESTIMATED NORM | MAL PERIOD FOR REPAIR: | 6 Wo | rking Days | | | | |



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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMZ 1639K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$)) | Our Adjusted (\$) |
|-----|--|---------------------------|-------------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | REAR BOOTLID | DENTED | 2,032.20 | 2,032.20 |
| 1 | BOOTLID UPPER GARNISH | NOT NECESSARY | 398.70 | - |
| 1 | BOOTLID LOCK | DAMAGED | 176.20 | 176.20 |
| 1 | BOOTLID LOCK SWITCH | NOT NECESSARY | 101.40 | - |
| 1 | BOOTLID REFLECTOR ASSEMBLY | CRACKED | 1,273.00 | 1,273.00 |
| 1 | BOOTLID LOGO | NECESSARY | 28.10 | 28.10 |
| 1 | BOOTLID EMBLEM - AVANTE | NECESSARY | 36.10 | 36.10 |
| 1 | BOOTLID CATCH | NOT NECESSARY | 23.10 | - |
| 1 | BOOTLID WEATHERSTRIP | NOT NECESSARY | 108.30 | - |
| 1 | BOOTLID INNER TRIMBOARD | NOT NECESSARY | 120.80 | - |
| 2 | TAIL LAMP LH&RH @\$876.80 | CRACKED | 1,753.60 | 1,753.60 |
| 1 | REAR BUMPER | DEFORMED | 598.00 | 598.00 |
| 2 | REAR BUMPER RETAINER @\$49.00 | NOT NECESSARY | 98.00 | - |
| 2 | REAR BUMPER REFLECTOR @\$50.2 | N/S CRACKED | 100.40 | 50.20 |
| 1 | REAR BUMPER FOG LAMP ASSEMBLY | NOT NECESSARY | 361.50 | - |
| 1 | REAR BUMPER LOWER SKIRT | DEFORMED | 340.60 | 340.60 |
| 1 | REAR BUMPER REINFORCEMENT | DISTORTED | 395.00 | 395.00 |
| 5 | REAR BUMPER REINFORCEMENT BRACKET @\$22.00 | DAMAGED (3PIECES ONLY) | 110.00 | 66.00 |
| 2 | REAR BUMPER UNDERCOVER LH&RH @\$67.60 | NOT NECESSARY | 135.20 | - |
| 1 | REAR END PANEL | DENTED | 484.80 | 484.80 |
| 1 | REAR END PANEL TOP GARNISH | DEFORMED | 215.80 | 215.80 |
| | LESS 20% DISCOUNT | | - | -1,489.92 |
| | | | 8,890.80 | 5,959.68 |
| | NETT ITEMS | | | |
| 1 | SET REVERSE SENSOR (N) | DAMAGED | 250.00 | 200.00 |
| 4 | TAIL LAMP CLIP @\$15.00 (N) | NECESSARY | 60.00 | 20.00 |
| 1 | SET BOOTLID INNER TRIM BOARD CLIP (N) | NOT NECESSARY | 50.00 | - |
| 1 | SET REAR BUMPER CLIP (N) | NECESSARY | 50.00 | 30.00 |
| 1 | SET REAR BUMPER LOWER SKIRT CLIP (N) | NECESSARY | 50.00 | 20.00 |
| 1 | SET REAR END PANEL GARNISH CLIP (N) | NECESSARY | 50.00 | 10.00 |

Report Ref No. CS/SCD23001286/Aqy3m4



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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$)) | Our Adjusted (\$) |
|-----|---|-----------|-------------------------------|-------------------|
| 1 | REAR END PANEL SEALANT (N) | NECESSARY | 60.00 | 60.00 |
| | | | 570.00 | 340.00 |
| | <u>LABOUR</u> | | | |
| | TO CHANGE DAMAGE PARTS, REPAIR, ALIGN BODY STRUCTURE ON AFFECTED PARTS. | | 1,200.00 | 800.00 |
| | SPRAY PAINTING ON ALL AFFECTED PARTS (REAR PORTION). | | 1,400.00 | 800.00 |
| | TO REMOVE AND TRANSFER TAILGATE INNER MECHANISM. | | 120.00 | 60.00 |
| | TO REMOVE AND REPLACE REVERSE SENSORS. | | 40.00 | 40.00 |
| | TO APPLY RUST COATING. | | 200.00 | 60.00 |
| | TO CONDUCT WIRING CHECKS. | | 80.00 | 30.00 |
| | TO REMOVE AND REFIT UPHOLSTRY TO FACILITATE REPAIR. | | 200.00 | 60.00 |
| | TO DIAGNOSE FAULT CODE AND RESET MEMORY. | | 300.00 | 120.00 |
| | | | 3,540.00 | 1,970.00 |
| | GRAND TOTAL | | 13,000.80 | 8,269.68 |

| RECOMMENDED COST OF LUMP SUM REPAIRS | | 6,600.00 |
|--------------------------------------|--|----------|
| (TO ITS PRE-ACCIDENT CONDITION) | | · |

Report Ref No. CS/SCD23001286/Aqy3m4



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 contact or tort, is accepted to any third party who may reply 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 witholding 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 06/02/2023 14:15 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 04/02/2023 17:25 (SGT) Exact Location of Accident Singapore Additional Location Information AYE TOWARDS CHANGI BEFORE NORTH/SOUTH BUONA VISTA ROAD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ1639K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMED HABIB NOOR BIN ABDUL JABBAR NRIC No S9100235C Email Address HABIB_HAZE@HOTMAIL.COM Mobile Phone No (Phone) +65-98630100

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Auto

Transmission CC 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5121951796-01

DRIVER

Name of Driver MOHAMED HABIB NOOR BIN ABDUL JABBAR NRIC No S9100235C Date Of Birth 07/01/1991

Occupation Indoor Date Of Driving Pass 18/05/2011 Driving experience 11 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-98630100 Alt. Phone Number Email Address HABIB HAZE@HOTMAIL.COM Address BLK 669A JURONG WEST STREET 64 Address complement Postcode 641669 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident 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) 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 HAMETAH BINTE ABDUL AZIZ 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 REFER AS POLICE REPORT ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

| Vehicle Registration Number | QX2534K |
|---|---------------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Government |
| Name of Driver | ABDUL RUSYDIN BIN SUKIMAN |
| Contact Number | (Phone) +65-86991284 |
| 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.
- 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.
- 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.
- 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.

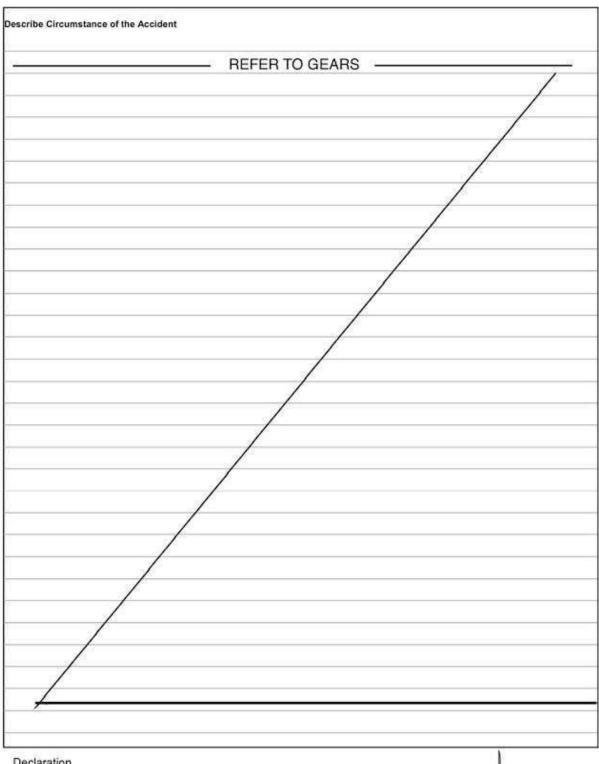
(collectively the "Purposes")

- (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 06/02/2023 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Muhammad Sumardi Bin Mohd Affandi S995530





Declaration

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

Policyholder's Signature / Date & Time 06/02/2023 14:02HRS

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Muhammad Sumardi Bin Mohd Affandi 2 S995530



Date of Expiry:

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

Report No. T/20230204/7065

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 04/02/2023 23:35 | | | Vide Report No.: | Station Diary No. | | | |
|--|-------------|-------|-------------------------------------|----------------------------|--|--|--|
| Informa | nt's Partic | ulars | | | | | |
| Name of Informant: MOHAMED HABIB NOOR BIN ABDUL JABBAR ID Type / ID No.: NRIC NO / S9100235C | | | Contact No.: | STREET 64 #08-94 SINGAPORE | | | |
| National | | 35C | Home/Office: Mobile: 98630100 | | | | |
| | ORE CITIZ | EN | Email: HABIB_HAZE@HOTMAIL.COM | | | | |
| Sex: Age: Date of Birth: Male 32 07/01/1991 | | | Type of Informant: Driver | | | | |
| Race: Indian | | | Language: Institution / School Name | | | | |
| Occupation: | | | Driving Licence Inform | nation: | | | |

Driving Licence Information:

Class: 3

| Type of Accident: | Non-Injury Government Vehicle | Drink Drive: No | Date/Time of Accident: 04/02/2023 17:25 | Type of Location Straight Road |
|---------------------------------------|----------------------------------|------------------------------------|---|-------------------------------------|
| AYER RAJAH Weather: | EXPRESSWAY | Road Surface: | | Road Speed Limit: |
| Drizzling | | Wet | | 90 Km/h |
| Drizzling Traffic Flow: One Way | | Traffic Control: Not Controlled | | 90 Km/h Traffic Volume: Heavy |

| Details of V | ehicle Involve | u | _ | | | 1000 |
|--------------|----------------|------------------|------------------------------------|-------|----------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| QX2534K | Ambulance | MERCEDES BENZ | | White | Slightly Damaged | 0 |
| SMZ1639K | Car | HYUNDAI | CN7 AVANTE 1.6 DOHC CVT S | Blue | Seriously Damaged | |



T/20230204/2005

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

2 of 4 Report No. T/20230204/7065

CONTINUATION OF REPORT

| Vehicle No. | Insurance Company | 1 | | |
|--------------|------------------------------------|---------------|------------|-------------|
| 0112 | The same continuity | Insurance No | Effective | Expiry Date |
| - THE TOOSIX | NTUC Income Insurance Co-Operative | 5121951796-01 | 14/04/2022 | 13/04/2023 |

| | Involved: No | | | | | |
|-------------------|-------------------------|-----------|------------------|--|-----------|-----------------------------------|
| No. of Pedestria | ns Injured: NIL | Delega- | Use of P | edestria | n Cross | dem MA |
| Driver | | | | edestria | ii Cross | sing: NA |
| Name | ABDUL RUSYDIN I | BIN SUKIN | MAN | ID No. | | NIL |
| Related Vehicle | QX2534K (Ambulance) | | | Contact No. | | 86991284 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Data | Expir | | |
| No. of Days gran | ted Medical Leave | NIL | Date Degree o | | NIL | |
| Driver | 20010 | IVIL | | 1 | NIL | |
| Name | MOHAMED HABIB JABBAR | NOOR BIN | N ABDUL | ID No | | S9100235C |
| Related Vehicle | SMZ1639K (Car) | | | Contact No. | | 98630100 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | | Class: 3 Date of Expiry: NIL |
| Date | NIL | 1997 | Date | Lexibit | NIL | |
| No. of Days grant | ed Medical Leave | NIL | Degree o | 1 | NIL | |
| Passenger | | | Degree o | | INIL | |
| Name | HAMETAH BINTE A | BDUL AZI | Z | ID No | | S1736338G |
| Related Vehicle | SMZ1639K (Car) | | | Conta | ct No. | 90583489 |
| lospital/Clinic | NIL | - | | Class Drivin Licens Expiry | g ce & | Class: 3 Date of Expiry: NIL |
| ate | NIL | | Date | | NIL | |
| | ed Medical Leave | NIL | Degree of | | NIL | |



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



3 of 4 Report No. T/20230204/7065

CONTINUATION OF REPORT

Brief Details.

On 04/02/2023 at about 1725hrs, I was driving my vehicle bearing the registration number of SMZ1639K along AYE towards Changi, before North & South Buona Vista exit on the extreme right with a passenger (my mother) onboard. The weather was drizzling and the road surface was wet. The traffic was heavy and thus, the vehicle in front of me came slowly to a halt. Thus, I too gradually stopped pressed my brakes and my vehicle came to a halt. I was driving within the speed limit.

Suddenly, I heard a loud siren from behind, followed a loud bang sound on the rear of my vehicle. As a result, of that, my vehicle jerked slightly forward. However, my vehicle did not hit the vehicle in front. I turned behind and realized that an ambulance had collided onto the rear of my vehicle. I then drove to the side of the road and the ambulance driver did likewise. I came out of my vehicle and spoke to the driver namely, Abdul Rusydin Bin Sukiman, HP: 86991284, driving the SCDF ambulance bearing the registration number of QX2534K. The driver informed that he had seen me slowly down gradually from afar but he could not stop his vehicle in time. I asked him if he was alright and if his passengers were alright. He informed me that none of them were injured. Likewise, I informed him that my mother and I were not injured. The rear of my bumper had some dents, scratches and some paint chipped off. I asked the driver if he had any patient on-board and he replies yes. I told the driver to go to carry on his duties first. The driver gave me an Annex A form from SCDF. The form entailed the steps to do the claims. We exchanged particulars and left the place. Shortly after, I contacted the driver via call and WhatsApp and we exchanged photos of the damages to our vehicles. The driver was apologetic.

I wish to state that my mother and I were not injured. As a result of the accident, the rear of my bumper had some dents, scratches and some paint chipped off. However, my vehicle can still be driven. I have an in-car camera. However, the in-car camera is not working. This is the first time my personal vehicle had been involved in a traffic accident with a government vehicle. I would be claiming via my insurance against SCDF. I also wish to state that I had informed my supervisors in SPF. I am lodging this report for the Traffic Police to investigate into the matter.



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



Report No. T/20230204/7065

CONTINUATION OF REPORT

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|---|----|-------|-----|-----|
| ~ | NO | 17711 | 9.3 | cui |

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/ ANG YITING, STEPHANIE 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: 04/02/2023 23:35

Classification Of Case:



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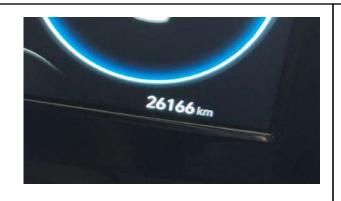
Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SMZ 1639K

INSPECTION















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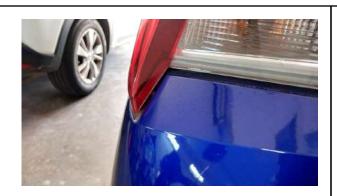
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PHOTOGRAPHS FOR VEHICLE NO. SMZ 1639K

RE-INSPECTION















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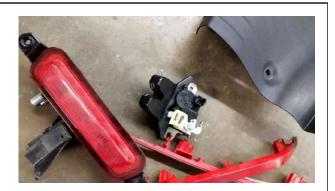














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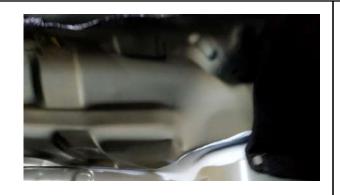


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