



## 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) 91 UBI AVE 4SINGAPORE 408827 ATTN: RALF TAY			Ref: CS/SCD23001949/Swy3m4 Date: 28/03/2023 Code: SCD	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	QX 2546B	Veh. Inspected	SH 8533J	
Policy No.		Coverage (\$)	0.00	
Claim No.	2023 - 20	Excess (\$)	0.00	
Assign From	RALF TAY	Assign Date	17/02/2023	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU141134	Colour	BLUE	
Odometer	447500 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
Accident Date	16/02/2023	Inspection Date	20/02/2023	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<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>3 Working Days</b>	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8533J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	COVER-FR DR O/S HDL LH	BROKEN	33.20	33.20
1	GRIP-FRONT DOOR OUTSIDE L	BROKEN	234.80	234.80
1	PANEL ASSY-FRONT DOOR LH#	DENTED	1,797.20	1,797.20
1	PANEL ASSY-REAR DOOR LH#	TO REPAIR SEE LABOUR	2,147.90	-
1	EMBLEM-BLUE DRIVE LH	NECESSARY	26.60	26.60
1	MIRROR ASSY-OUTSIDE RR VI	BROKEN	1,391.70	1,391.70
	LESS 20% DISCOUNT		-1,126.28	-696.70
			4,505.12	2,786.80
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRT DOOR LOGO CTPL (SN)	NECESSARY	75.00	75.00
1	ZIG BOOK NOW APP LOGO REA (SN)	NECESSARY	80.00	80.00
1	FUEL TANK LID (PETROL ONL (SN)	NECESSARY	30.00	30.00
1	ADVERTISEMENT STICKER-FENDERS (SN)	NECESSARY	200.00	200.00
1	ADVERTISEMENT STICKER-DOORS (SN)	NECESSARY	200.00	200.00
			585.00	585.00
	<b><u>LABOUR</u></b>			
	PANEL BEAT. INCLUSIVE OF THE REPAIR OF PANEL ASSY-REAR DOOR LH#.		1,200.00	1,050.00
	SPRAYPAINT CHARGE.		1,300.00	1,000.00
	TRANSFER DOOR PARTS.		240.00	80.00
	CHECK ALL WIRING.		50.00	30.00
	TOWING FEE.		60.00	60.00
			2,850.00	2,220.00
	<b>GRAND TOTAL</b>		<b>7,940.12</b>	<b>5,591.80</b>

Report Ref No. CS/SCD23001949/Swy3m4



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,450.00
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Report Ref No. CS/SCD23001949/Swy3m4

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	17/02/2023 08:59 (SGT)
Reported by	Driver
Date of Accident	16/02/2023 10:20 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	AFTER IRRAWADDY ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8533J
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97472711
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

### INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

### DRIVER

Name of Driver	MOHAMAD SAPEINGE BIN JAMIL
NRIC No	SXXXX299D
Date Of Birth	13/03/1966
Occupation	Outdoor

Date Of Driving Pass .....	17/01/1990
Driving experience .....	33 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97472711
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 290D BUKIT BATOK EAST AVE # 03-370
Address complement .....	-
Postcode .....	651290
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 16.02.2023 AT ABOUT 1020HRS I WAS DRIVING MY VEHICLE A SH8533J FETCHING MY PASSENGER TO NEWTON. MY VEHICLE A WAS ON THE MIDDLE LANE OF THOMSON ROAD. AFTER IRRAWADDY ROAD AS I WAS DRIVING PAST STATIONARY VEHICLE B QX2546B ON MY LEFT. VEHICLE B SUDDENLY SWERVED OUT ,HENCE HIS VEHICLE BRIGHT FRONT SIDE SWIPE MY VEHICLE A WHOLE LEFT SIDE.  
MY PASSENGER IS NOT INJURED AND SHE DECIDED TO TAKE ANOTHER TAXI.  
UPON IMPACT I FEL NUMBNESS ON MY LEFT ARM.  
SCENE PHOTOS AND PARTICULARS TAKEN.  
NO HANDPHONE EXCHANGE.

#### 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 NOT SUITABLE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	QX2546B
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KHAIRUL ANWAR BIN ABDUL RAZAK
NRIC No .....	SXXXX340F
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	RIGHT FRONT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHAMAD SAPEINGE BIN JAMIL
Gender .....	Male
Phone No .....	(Phone) +65-97472711
Address .....	BLK 290D BUKIT BATOK EAST AVE # 03-370
Address Complement .....	-
Post Code .....	651290
Approximate Age Years Old .....	56
Injuries Sustained .....	LEFT ARM NUMB
Injured person in which vehicle? .....	SH8533J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

**FLASH ACCIDENT  
REPORTING OFFICER**  
KYMI YONG



Policyholder's Signature / Date & Time

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

16.02.2023 1355HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

ON 16.02.2023 AT ABOUT 1020HRS I WAS DRIVING MY VEHICLE A SH8533J FETCHING MY PASSENGER TO NEWTON. MY VEHICLE A WAS ON THE MIDDLE LANE OF THOMSON ROAD. AFTER IRRAWADDY ROAD AS I WAS DRIVING PAST STATIONARY VEHICLE B QX2546B ON MY LEFT. VEHICLE B SUDDENLY SWERVED OUT ,HENCE HIS VEHICLE BRIGHT FRONT SIDE SWIPE MY VEHICLE A WHOLE LEFT SIDE. MY PASSENGER IS NOT INJURED AND SHE DECIDED TO TAKE ANOTHER TAXI. UPON IMPACT I FEL NUMBNESS ON MY LEFT ARM. SCENE PHOTOS AND PARTICULARS TAKEN. NO HANDPHONE EXCHANGE.

## 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  
16.02.2023 1400HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI YONG







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### PHOTOGRAPHS FOR VEHICLE NO. SH 8533J

### INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SH 8533J

RE-INSPECTION

