



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/SCD23002236/Kwy3e2
91 UBI AVE 4 SINGAPORE 408827		Date:	04/04/2023
ATTN: RALF TAY		Code:	SCD
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBH 4954R	Veh. Inspected	SLW 6283Y
Policy No.		Coverage (\$)	0.00
Claim No.	2023 - 08	Excess (\$)	0.00
Assign From	RALF TAY	Assign Date	01/03/2023
2. Vehicle Particulars & Condition			
Make & Model	B.M.W. 420I (A)	c.c	1997
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WBA3N12070F994917	Colour	WHITE
Odometer	168677 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/45 R18	PIRELLI	7 mm
L/H Front Tyre	225/45 R18	PIRELLI	7 mm
R/H Rear Tyre	255/40 R18	PIRELLI	7 mm
L/H Rear Tyre	255/40 R18	PIRELLI	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	28/01/2023	Inspection Date	02/03/2023
Survey held at	SIN MING AUTOCARE BFG PTE LTD 176, SIN MING DRIVE #02-05 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		
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. SLW 6283Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LOCK	TO REPAIR SEE LABOUR	582.15	-
1	RH TAILLAMP	MTG CRACKED	738.40	738.40
1	REAR BODY PANEL	TO REPAIR SEE LABOUR	780.50	-
1	REAR BODY PANEL TOP GARNISH	SERVICEABLE	298.15	-
1	REAR BUMPER	BUCKLED	1,744.60	1,655.80
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	880.10	-
1	REAR BUMPER BRACKET	CRACKED	285.15	285.15
1	REAR BUMPER CENTRE PAD	DENTED	198.35	198.35
1	REAR BUMPER CENTRE INNER GARNISH	SERVICEABLE	331.50	-
1	REAR BUMPER REFLECTOR LH	SERVICEABLE	70.35	-
1	REAR BUMPER REFLECTOR RH	SERVICEABLE	70.35	-
1	REAR BUMPER TOW HOOK COVER	SERVICEABLE	85.60	-
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	295.80	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	295.80	-
1	REVERSE SENSOR LH	SERVICEABLE	405.60	-
1	REVERSE SENSOR RH	SHORTED	405.60	265.00
1	REAR BOOTLID REFLECTOR RH	SERVICEABLE	580.35	-
1	REAR TAILGATE	BENT	3,150.00	3,150.00
1	REAR BUMPER REFLECTOR RH	CRACKED	89.00	89.00
	LESS 5% DISCOUNT		-	-319.09
			11,287.35	6,062.61
LABOUR				
	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY. INCLUSIVE OF THE REPAIR OF BOOT LOCK, REAR BODY PANEL AND REAR BUMPER REINFORCEMENT.		1,000.00	500.00
	TO PUTTY, APPLY PRIMER & SPRAY PAINT ON EFFECTED AREAS.		1,000.00	480.00
	TO APPLY RUST-PROOFING ON REPAIRED AND REPLACED.		180.00	30.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO OBN DIAGNOSTIC.	NOT NECESSARY	380.00	-
			2,560.00	1,010.00
GRAND TOTAL			13,847.35	7,072.61
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,650.00

Report Ref No. CS/SCD23002236/Kwy3e2

KONG SENG CHEONG

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 relying 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	30/01/2023 11:20 (SGT)
Reported by	Driver
Date of Accident	28/01/2023 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER DELTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6283Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHENG OON TECK
NRIC No	S1569958B
Email Address	ANDREWCHENG@KINGSMEN-INT.COM
Mobile Phone No	(Phone) +65-96337377
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i SPORT
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119406357-02

DRIVER

Name of Driver	CHENG WEI MING, MATTHEW
NRIC No	S9405981Z
Date Of Birth	16/02/1994
Occupation	Indoor

Date Of Driving Pass	05/10/2013
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96698875
Alt. Phone Number	-
Email Address	MATTHEWWMCHENG@GMAIL.COM
Address	24 BEGONIA WALK
Address complement	-
Postcode	805810
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	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	JOSIAH JORDAN CHOO
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4954R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	MUHD WIRA
NRIC No	S9132555A
Contact Number	(Phone) +65-83189536
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.

Policyholder's Signature / Date & Time

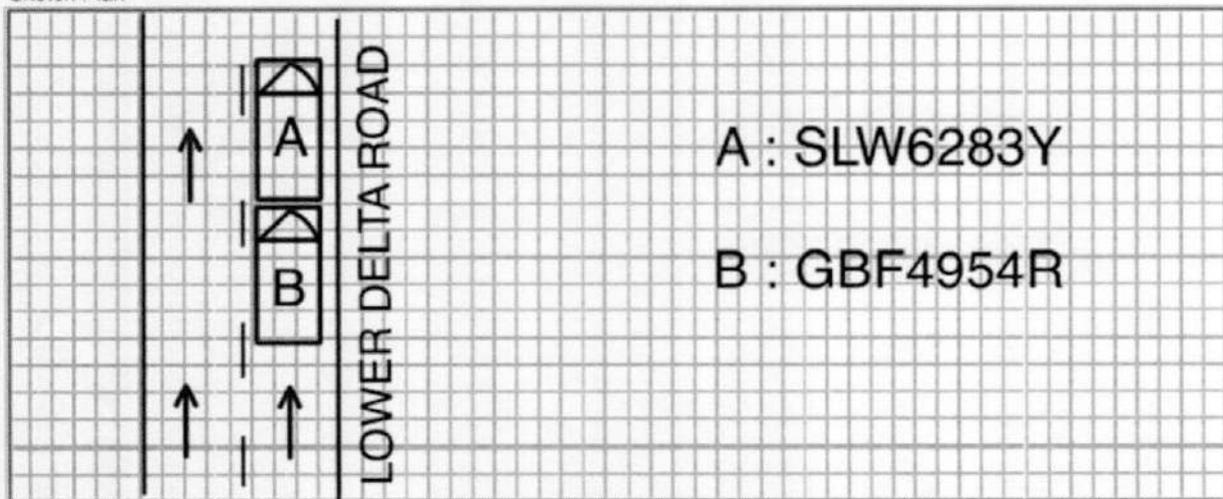
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NR/C/ID card)

30/01/2023
1100HRS

SUMAN SUKUMAR
S990968

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

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
30/01/2023
1100HRS



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
SUMAN SUKUMAR
S990968


**SINGAPORE
POLICE FORCE**


T/20230128/2064

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 4
Report No. T/20230128/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2023 21:09	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: CHENG WEI MING, MATTHEW		Address: 24 BEGONIA WALK SINGAPORE 805810	
ID Type / ID No.: NRIC NO / S9405981Z		Contact No.: Home/Office: Mobile: 96698875	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 16/02/1994	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CONSULTANT		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: 28/01/2023 20:00	Type of Location: Straight Road
Location: LOWER DELTA ROAD			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBF4954R	SCDF Vehicle				Slightly Damaged	2
SLW6283Y	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230128/2054

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20230128/2054

CONTINUATION OF REPORT

Driver			
Name	Muhd Wira	ID No.	S9132555A
Related Vehicle	GBF4954R (SCDF Vehicle)	Contact No.	83189536
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	NIL	Degree of Injury	NIL
Driver			
Name	CHENG WEI MING, MATTHEW	ID No.	S9405981Z
Related Vehicle	SLW6283Y (Car)	Contact No.	96698875
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	NIL	Degree of Injury	NIL

Brief Details.

On 28/01/2023 at about 2000hrs, I stopped my vehicle (SLW6283Y) along Lower Delta Road in front of the red light. Suddenly, one SCDF vehicle (GBF4954R) collided head on with my vehicle from the rear. I went down to make check. The other driver did not appear to be injured and we both exchanged particulars. I had 1 passenger in my vehicle and there were 2 passengers in the SCDF vehicle. No one was injured.

The following are the particulars of the other driver:

Name: Muhd Wira
NRIC: S9132555A
HP: +65 8318 9536

Due to the accident, the rear lower bumper was scratched, cracked, and dented while the boot was dented. The front bumper of the SCDF vehicle was dented and cracked. Their license plate was crooked. No other properties were damaged. Since I had to drop off my passenger, I left before traffic police arrived.

My in-car camera was not recording. The SCDF vehicle has in car camera. I have pictures of the accident. I am lodging this report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20230128/2064

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Report No. T/20230128/2064

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20230128/2054

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20230128/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E / SCCPL AHMAD SYAFIQ BIN ABD RAZAK	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	

Signature Of Informant:	
Date/Time: 28/01/2023 21:09	
Classification Of Case:	

NP168



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PHOTOGRAPHS FOR VEHICLE NO. SLW 6283Y

INSPECTION





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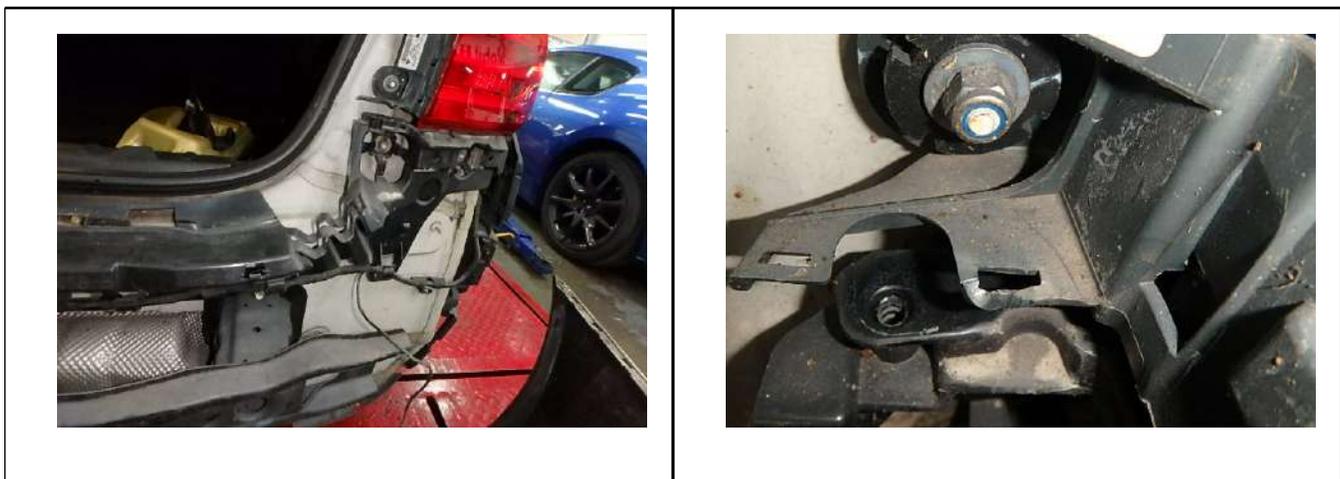
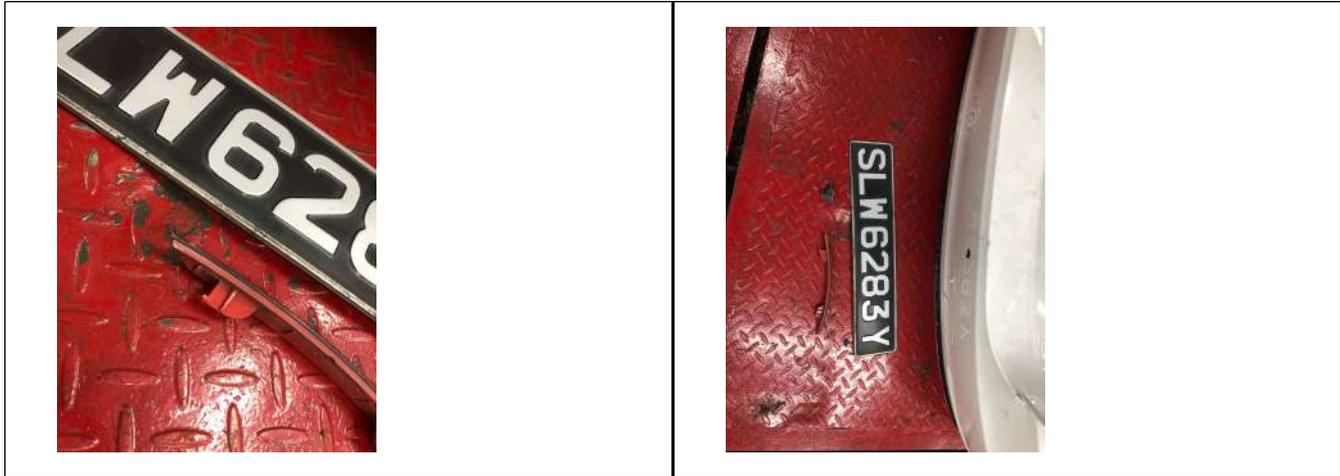
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PHOTOGRAPHS FOR VEHICLE NO. SLW 6283Y

RE-INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SLW 6283Y

RE-INSPECTION

