



## 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/SCD23002948/Aqy3e2
91 UBI AVE 4 SINGAPORE 408827			Date:	18/05/2023
ATTN: RALF TAY			Code:	SCD
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	QX 1865L	Veh. Inspected	SJZ 2249G	
Policy No.		Coverage (\$)	0.00	
Claim No.	2023 - 34	Excess (\$)	0.00	
Assign From	RALF TAY	Assign Date	22/03/2023	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA ALTIS	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	MR053REE104105684	Colour	BLUE	
Odometer	322919 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	195/65 R15	YOKOHAMA	6 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
Accident Date	19/03/2023	Inspection Date	21/03/2023	
Survey held at	HD PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875			
<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:		9 Working Days	



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJZ 2249G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DISTORTED	498.00	498.00
1	REAR BUMPER REFLECTOR LH	CRACKED	60.00	60.00
2	REAR BUMPER RETAINER (FRONT) @\$70.00	NOT NECESSARY	140.00	-
2	REAR BUMPER SIDE RETAINER (BACK) @\$78.00	N/S DAMAGED	156.00	78.00
2	REAR BUMPER BRACKET @\$90.00	N/S DENTED	180.00	90.00
1	REAR BUMPER SPONGE	CRACKED	140.00	140.00
1	REAR BUMPER PROTECTOR BAR	NOT NECESSARY	395.00	-
1	REAR FENDER LH	BUCKLED	980.00	980.00
1	REAR FENDER INNER COWLING LH	NOT NECESSARY	350.00	-
1	REAR FENDER INNER TRIM LH	NOT NECESSARY	370.00	-
1	REAR FENDER AIR VENT LH	CRACKED	148.00	148.00
1	REAR WINDSCREEN MOULDING	NECESSARY	110.00	110.00
1	TAILLAMP LH	CRACKED	330.00	330.00
1	TAILLAMP PANEL LH	BUCKLED	198.00	198.00
1	TAILLAMP LOWER BRACKET LH	CRACKED	45.00	45.00
1	BOOTLID	BUCKLED	780.00	780.00
1	BOOTLID LAMP LH	CUT	226.00	226.00
1	BOOTLID LOGO	NECESSARY	65.00	65.00
1	BOOTLID EMBLEM '1.6'	NECESSARY	40.00	40.00
1	BOOTLID EMBLEM 'COROLLA'	NECESSARY	50.00	50.00
1	BOOTLID EMBLEM 'ALTIS'	NECESSARY	50.00	50.00
2	BOOTLID STOPPER @\$18.00	NOT NECESSARY	36.00	-
2	BOOT LID HINGE @\$70.00	NOT NECESSARY	140.00	-
1	BOOTLID TOP LOCK	NOT NECESSARY	125.00	-
1	BOOTLID LOWER LOCK	NOT NECESSARY	20.00	-
1	BOOTLID WEATHERSTRIP	CUT	195.00	195.00
1	REAR END PANEL	DENTED	595.00	595.00
1	REAR END PANEL TOP GARNISH	DEFORMED	220.00	220.00
1	REAR FLOOR PANEL TOP BOARD	TORN	298.00	298.00
1	REAR FLOOR SIDE PANEL LH	NOT NECESSARY	240.00	-

Report Ref No. CS/SCD23002948/Aqy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 25% DISCOUNT		-1,795.00	-1,299.00
			5,385.00	3,897.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	80.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	80.00	30.00
1	SET BOOT LID INSULATOR CLIP (SN)	NOT NECESSARY	80.00	-
1	SET TAILLAMP CLIPS (SN)	NECESSARY	40.00	10.00
2	TAILLAMP PANEL SEALANT @\$60.00 (SN)	NECESSARY	120.00	20.00
1	REAR FENDER RH SEALANT (SN)	NECESSARY	150.00	40.00
1	SET REAR FENDER COWLING CLIP (SN)	NOT NECESSARY	80.00	-
1	SET REAR FENDER INNER TRIM CLIP (SN)	NOT NECESSARY	80.00	-
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	80.00	40.00
1	REAR WINDSCREEN INNER SEAL (SN)	NECESSARY	60.00	30.00
1	SET REAR END PANEL TOP GARNISH CLIP (SN)	NECESSARY	40.00	10.00
1	REAR END PANEL INSULATION SEAL (SN)	NECESSARY	150.00	60.00
1	REVERSE SENSOR (SN)	DAMAGED	220.00	200.00
1	REVERSE CAMERA (SN)	NOT NECESSARY	580.00	-
			1,840.00	440.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING, REMOVAL AND REPLACING PARTS.		2,000.00	1,200.00
	TO SPRAY PAINT AFFECTED AREA.		1,800.00	1,000.00
	TUFF COAT.		250.00	80.00
	REMOVE AND REFIX CUSHION SEAT / UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR.		350.00	60.00
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.		80.00	50.00
	REMOVE AND REFIX REVERSE CAMERA AND DISTANCE SETTING.	NOT NECESSARY	80.00	-
	TRANSFER BOOTLID MECHANISM.		80.00	60.00
	CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	180.00	-
	REMOVE & REINSTALL REAR WINDSCREEN.		120.00	120.00
	REMOVE AND REFIX FUEL TANK TO FACILIATE FLOOR PANEL REPLACEMENT.		80.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT / CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	NOT NECESSARY	180.00	-
			5,200.00	2,630.00
<b>GRAND TOTAL</b>			<b>12,425.00</b>	<b>6,967.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>5,550.00</b>

Report Ref No. CS/SCD23002948/Aqy3e2

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 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 .....	20/03/2023 16:48 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/03/2023 17:40 (SGT)
Exact Location of Accident .....	Bukit Timah Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJZ2249G
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HE QINGBIAO
NRIC No .....	SXXXX201I
Email Address .....	BILLHO68@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91991278
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
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 .....	Private hire
Transmission .....	Auto
CC .....	1598

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5105028881-04

#### DRIVER

Name of Driver .....	HE QINGBIAO
NRIC No .....	SXXXX201I
Date Of Birth .....	14/10/1967
Occupation .....	Outdoor

Date Of Driving Pass .....	06/10/2000
Driving experience .....	22 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91991278
Alt. Phone Number .....	-
Email Address .....	BILLHO68@GMAIL.COM
Address .....	BLK 121B CANBERRA STREET
Address complement .....	#11-727
Postcode .....	752121
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 .....	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? .....	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 .....	GRAB PASSENGER
Gender .....	Male

#### 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 SKETCH PLAN AND POLICE REPORT ATTACHED

#### 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 .....	QX1865L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	HE QINGBIAO
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SJZ2249G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

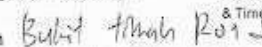
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow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

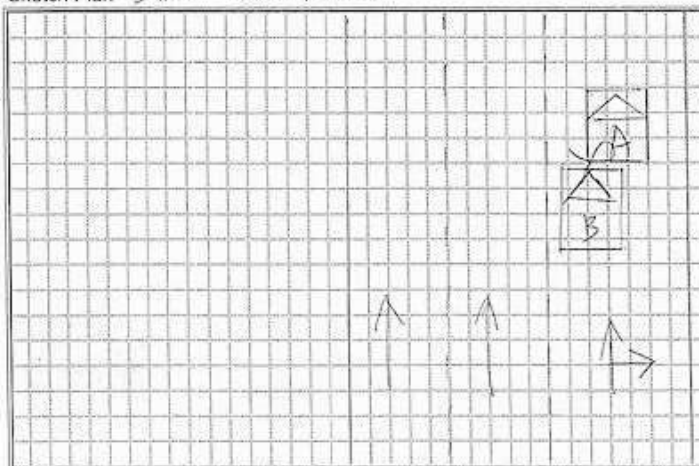
  
Policyholder's Signature / Date & Time

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

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



Sketch Plan 

		Veh A: SJZ 22496 Veh B: QX18656
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Describe Circumstance of the Accident

*Refer to police Report*

Declaration

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

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20230319/7042

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

1 of 3  
Report No. T/20230319/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2023 19:02		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HE QINGBIAO			Address: 121B CANBERRA STREET #11-727 SINGAPORE 752121		
ID Type / ID No.: NRIC NO / S26862011			Contact No.: Home/Office: Mobile: 91991278		
Nationality: SINGAPORE CITIZEN			Email: billho68@gmail.com		
Sex: Male	Age: 55	Date of Birth: 14/10/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2023 17:40	Type of Location: Straight Road
Location:  OLD HOLLAND ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
QX1865L	Car					0
SJZ2249G	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Blue		0

**Details of Vehicle Insurance**

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



T/20230319/7042

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

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Report No. T/20230319/7042

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ2249G	NTUC Income Insurance Co-Operative Limited	5105028881-04	31/10/2022	30/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HE QINGBIAO		ID No. S26862011
Related Vehicle	SJZ2249G (Car)		Contact No. 91991278
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 Slight

## Brief Details.

ON THE STATED TIME AND DATE

I WAS STATIONARY ON LANE 1 (SJZ2249G) WAITING THE TRAFFIC LIGHT TURN GREEN TO ENTER SWISS CLUB ROAD ,  
SUDDENLY I FELT A GREAT IMPACT FROM MY REAR , I ALIGHTED AND REALISE A VEHICLE BEARING CAR PLATE (QX1865L) WAS COLLIDED ONTO MY REAR .



**SINGAPORE  
POLICE FORCE**



T/20230319/7042

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

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Report No. T/20230319/7042

**CONTINUATION OF REPORT**

Sketch 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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
19/03/2023 19:02

Classification Of Case:





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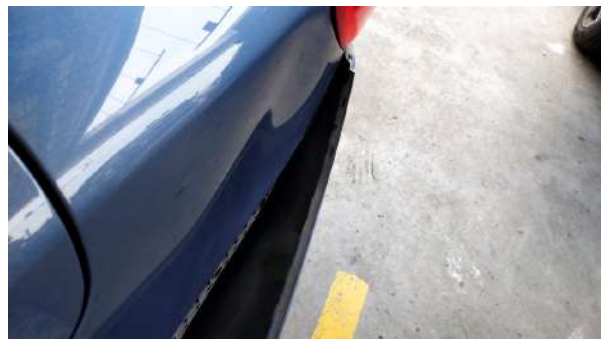
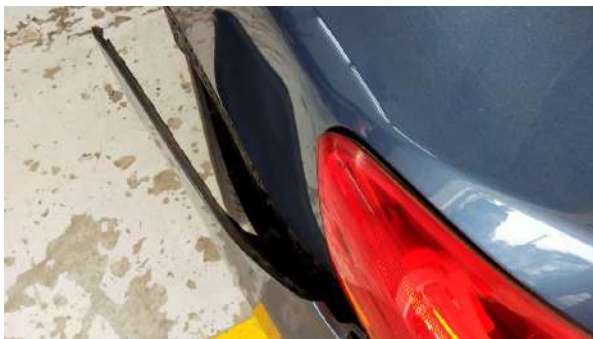


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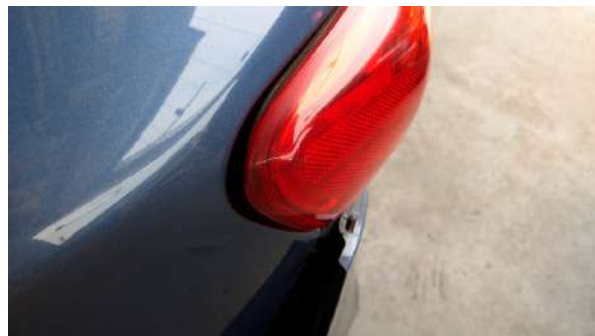
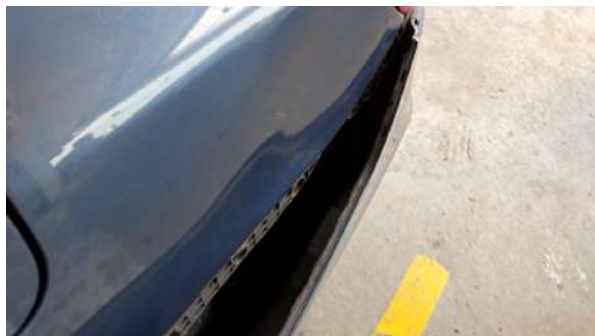
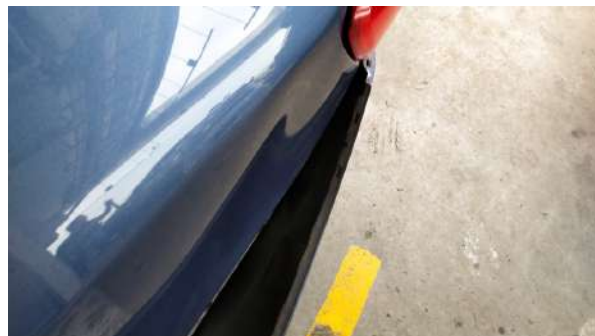
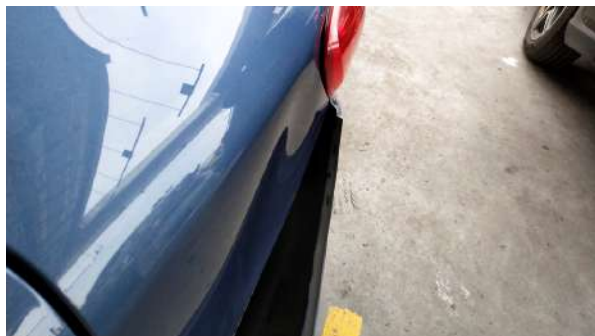


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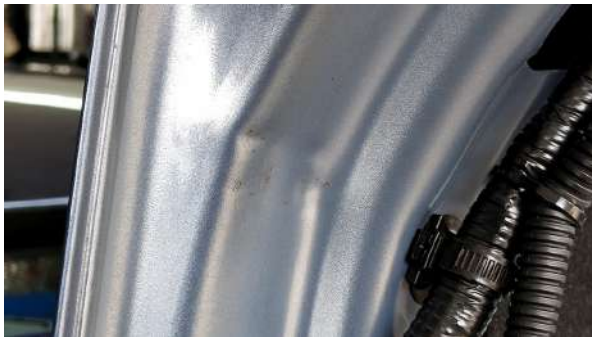


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**PHOTOGRAPHS FOR VEHICLE NO. SJZ 2249G**

**RE-INSPECTION**







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