



## 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 4 SINGAPORE 408827 ATTN: RALF TAY			Ref: CS/SCD23003556/Uqy3e2 Date: 04/08/2023 Code: SCD	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBF 519R	Veh. Inspected	SLS 8908L	
Policy No.		Coverage (\$)	0.00	
Claim No.	2023 - 39	Excess (\$)	0.00	
Assign From	RALF TAY	Assign Date	05/04/2023	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	JAGUAR XJ30 (A)	c.c	2995	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	SAJAC2287H8W05626	Colour	GREEN	
Odometer	28854 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	245/45Z R19	PIRELLI	6 mm	
L/H Front Tyre	245/45Z R19	PIRELLI	6 mm	
R/H Rear Tyre	275/40Z R19	PIRELLI	6 mm	
L/H Rear Tyre	275/40Z R19	PIRELLI	6 mm	
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
Accident Date	31/03/2023	Inspection Date	06/04/2023	
Survey held at	HH MOTOR TRADING BLOCK 3012, BEDOK NORTH AVE 4, #01-2054 BEDOK INDUSTRIAL PARK E, SINGAPORE 489978			
<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:		4 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 8908L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	CUT / TORN	3,560.40	2,980.00
1	FRONT BUMPER REINFORCEMENT BEAM	NOT NECESSARY	565.20	-
1	FRONT BUMPER REINFORCEMENT BEAM FOAM	NOT NECESSARY	175.10	-
1	FRONT BUMPER SIDE RETAINER O/S	O/S CRACKED / BENT	135.10	135.10
1	FRONT BUMPER BRACKET O/S	NOT NECESSARY	125.70	-
1	FRONT BUMPER AIRDUCT CHROME GARNISH O/S	NOT NECESSARY	140.10	-
1	FRONT BUMPER AIRDUCT MESH O/S	NOT NECESSARY	132.10	-
1	FRONT BUMPER RADIATOR GRILLE	NOT NECESSARY	410.25	-
1	FRONT BUMPER HEADLAMP SPRAYER COVER O/S	MISSING	80.10	80.10
1	FRONT BUMPER HEADLAMP SPRAYER MOTOR O/S	NOT NECESSARY	195.20	-
1	FRONT BUMPER HEADLAMP SPRAYER NOZZLE O/S	CRACKED	298.10	298.10
1	FRONT BUMPER HEADLAMP SPRAYER BRACKET O/S	NOT NECESSARY	83.20	-
1	FRONT HEADLAMP BRACKET O/S	CRACKED	125.20	125.20
1	FRONT HEADLAMP O/S	CRACKED	7,912.80	6,106.30
1	FRONT FENDER O/S	DENTED / BENT	1,900.00	1,900.00
1	FRONT FENDER LOGO "V6" O/S	NECESSARY	128.10	128.10
1	FRONT FENDER CHROME GARNISH O/S	NOT NECESSARY	135.20	-
1	FRONT FENDER SPLASH GUARD O/S	TORN	300.20	241.00
1	FRONT RADIATOR ASSEMBLY	NOT NECESSARY	2,150.10	-
1	FRONT RADIATOR ASSEMBLY HOLDER	NOT NECESSARY	160.50	-
1	FRONT SHOCK ABSORBER O/S	NOT NECESSARY	380.10	-
1	FRONT SHOCK ABSORBER MOULDING O/S	NOT NECESSARY	125.40	-
1	FRONT WHEEL HUB O/S	NOT NECESSARY	465.10	-
1	FRONT LOWER ARM O/S	NOT NECESSARY	425.20	-
1	FRONT WHEEL BEARING O/S	NOT NECESSARY	235.10	-
1	FRONT KNUCKLE ASSEMBLY O/S	NOT NECESSARY	483.20	-
1	BONNET	BENT / BUCKLED	3,000.10	2,880.00
	LESS 10% DISCOUNT		-	-1,487.39
			23,826.85	13,386.51

Report Ref No. CS/SCD23003556/Uqy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	40.00	40.00
1	SET FRONT FENDER SPLASH GUARD CLIPS (SN)	NECESSARY	40.00	40.00
1	SET FRONT BUMPER RADIATOR GRILLE CLIPS (SN)	NOT NECESSARY	40.00	-
1	FRONT ALLOY RIM LH (SN)	TO REPAIR SEE LABOUR	1,280.00	-
1	FRONT TYRE LH (SN)	NOT NECESSARY	980.00	-
			2,380.00	80.00
	<b><u>LABOUR</u></b>			
	TO CARRY OUT ANTI-RUST TREATMENT.		120.00	30.00
	TO CONDUCT 4 WHEEL ALIGNMENT.	NOT NECESSARY	150.00	-
	UNDER-CARRIAGE REPAIR WORKS (INCLUDING REMOVING AND INSTALLING OF SHOCK ABSORBER, LOWER ARM, KNUCKLE ARM, DRIVE SHAFT, STEERING RACK, LINKS AND ALL NECESSARY).	NOT NECESSARY	450.00	-
	REWIRING TO FACILITATE WORKS.		120.00	20.00
	COMPUTER DIAGNOSIS FOR ALL FAULT CODES.	NOT NECESSARY	150.00	-
	LABOUR TO REMOVE AND REPLACE, KNOCK AND JACK FRONT PANEL, WHEEL HOUSING, INCLUDING REPOSITIONING OF REPLACED PARTS. INCLUSIVE OF THE REPAIR OF FRONT ALLOY RIM LH.		1,050.00	500.00
	SPRAY PAINTING MATERIALS AND RESPRAY OF ALL AFFECTED AND REPLACED PARTS NECESSARY FOR PAINTWORK.		1,100.00	600.00
			3,140.00	1,150.00
<b>GRAND TOTAL</b>			<b>29,346.85</b>	<b>14,616.51</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>11,600.00</b>

Report Ref No. CS/SCD23003556/Uqy3e2

CHUA KANG SENG

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 .....	03/04/2023 12:21 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	31/03/2023 16:15 (SGT)
Exact Location of Accident .....	Sims Ave, Singapore
Additional Location Information .....	CAR PARK SIMS AVENUE SINGAPORE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLS8908L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TOH SENG TECK
NRIC No .....	S1638612Z
Email Address .....	TOHSENGTECK@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96689882
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Jaguar
Model .....	Xj
Variant .....	JAGUAR / XJ 3.0S/C TSS LWB SR
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 .....	2995

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MT/01106007

#### DRIVER

Name of Driver .....	TOH SENG TECK
NRIC No .....	S1638612Z
Date Of Birth .....	10/05/1964
Occupation .....	Indoor

Date Of Driving Pass .....	28/03/2003
Driving experience .....	20 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96689882
Alt. Phone Number .....	-
Email Address .....	TOHSENGTECK@GMAIL.COM
Address .....	BLK 36 LORONG 105 CHANGI - SINGAPORE 426521
Address complement .....	-
Postcode .....	426521
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 on collision
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 .....	Marine Parade Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004428999
Alt. Police Station Phone No .....	(Fax) +65-62447678
Police Station Address .....	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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 .....	GBF519R
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUHAMMED FIROZ S/O ABDUL HALICK
NRIC No .....	S9223002C
Contact Number .....	(Phone) +65-81399447
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

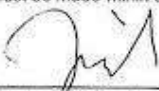
Describe Circumstance of the Accident

REFER TO POLICE REPORT,

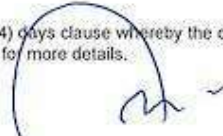
**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
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****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:

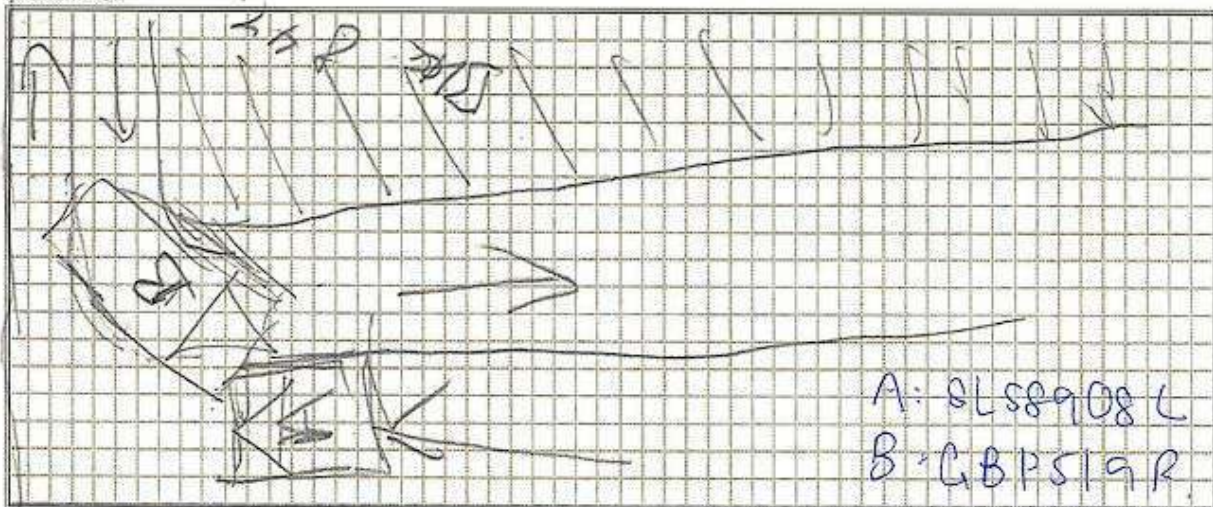
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the **"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/D card)

Sketch Plan






**SINGAPORE  
POLICE FORCE**


T/20230401/2005

1 of 3

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20230401/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2023 00:59	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: TOH SENG TECK	Address: 36 LORONG 105 CHANGI SINGAPORE 426521		
ID Type / ID No.: NRIC NO / S1638612Z	Contact No.: Home/Office:                      Mobile: 96689882		
Nationality: SINGAPORE CITIZEN	Email: tohsengteck@gmail.com		
Sex: Male	Age: 58	Date of Birth: 10/05/1964	Type of Informant: Vehicle Owner
Race: Chinese	Language: English		
Occupation: Company 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: 31/03/2023 16:15	Type of Location: Car Park
Location:  SIMS AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF519R	SCDF VEHICLE			Red	Slightly Damaged	3
SLS8908L	Car	JAGUAR	XJ	Green	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS8908L	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01106007	10/10/2022	09/10/2023



**SINGAPORE  
POLICE FORCE**



T/20230401/2005

2 of 3

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20230401/2005

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMED FIROZ S/O ABDUL HALICK	ID No.	S9223002C
Related Vehicle	GBF519R (SCDF VEHICLE)	Contact No.	81399447
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	TOH SENG TECK	ID No.	S1638612Z
Related Vehicle	SLS8908L (Car)	Contact No.	96689882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 31/03/2023 at about 1615hrs, I was driving my car (SLS8098L) at the car park of Block 848 Sims Avenue Singapore 400848, Car Park No. GEEC7, when I saw an SCDF vehicle heading towards my car in the opposite lane. I was proceeding towards the gantry to exit the car park while the SCDF vehicle had just entered the car park. I stopped my vehicle at one of the turns in the car park in order to give way to the SCDF vehicle. I wanted to reverse my car in order to give him more space but before I could do so, the SCDF vehicle had proceeded to make the left turn and while turning, the front of his vehicle hit the front of my vehicle. I proceeded to park my car within the car park and exchanged particulars with the SCDF personnel. He admitted that it was his fault and exchanged particulars with me. He then issued me a form which states instructions in order to make claims from SCDF. The form states that I need to lodge a police report.

I wish to state that my car has in-car cameras, but I am not sure if it is working.



**SINGAPORE  
POLICE FORCE**



T/20230401/2005

3 of 3

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Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20230401/2005

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

G /

SGT 2 MUHAMMAD HISYAM  
HAIRIE BIN SAMSARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/04/2023 00:59

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168





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### INSPECTION





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**PHOTOGRAPHS FOR VEHICLE NO. SLS 8908L**

**RE-INSPECTION**





## LKK Auto Consultants Pte Ltd

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