ASS. REC. BY: Kenneth

REF: AXA/ 21 000203RF

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Mossing

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $ 22k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 20 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

04/24

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJQ 6153U Yr Regn: 05, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Kia Cerato A5 c.c 1591

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 168956 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFH221395068159

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 215/45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	4 mm
L/Bal.	8 mm	L/Bal.	4 mm
D.O.A.	4/11/21	D.O.I.	6/1/2021

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

& Frt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ S / RS _____ SI

Parking _____

Others _____

TOTAL _____

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/p 91082728

Fax : 64816131

Not Authorised
LI Sup 3
Resurvey After Paint
12 days

Nareash Kumar S/O Meenachisunram
Blk 120D Canberra Crescent
#12-405
Singapore 754120

Vehicle No : SJQ 6153 U
Make : Kia Cerato Forte
Year : 2009

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- ~~No illegal modification(s) is allowed~~
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Estimate Cost Of Repair

Qty	Description		Unit Price		Amount	
2 pcs	Front headlamp assy		$497.00		$994.00	✓
1 pc	Front grille				$255.00	✓
1 pc	Front grille emblem				$55.00	✓
1 pc	Front bumper			CM	$688.00	—
1 pc	Front bumper reinforcement				$385.00	✓
1 pc	Front bumper sponge				$155.00	✓
1 pc	Front bumper lower grille			Sn	$175.00	✗
1 pc	Front support panel				$550.00	✓
1 pc	Rear boot lid			Ry	$885.00	—
1 pc	Rear boot lid inner lock			Nm	$155.00	—
1 pc	Rear boot lid outer chrome handle			Way	$197.00	—
1 pc	Rear boot lid emblem " KIA "			Sn	$48.00	—
1 pc	Rear boot lid emblem " Cerato "			Mec	$45.00	—
2 pcs	Rear boot lid lamp	MST	o/s CM		$1,310.00	4
2 pcs	Rear tail-lamp assy		n/s CM/Ry	$775.00	$1,550.00	—
2 pcs	Rear tail-lamp panel			$235.00	Ry $270.00	—
1 pc	Rear boot rubber				Coy $187.00	50/50
1 pc	Rear end panel				Ry $488.00	—
1 pc	Rear end panel inner garnish				Dij $155.00	—
2 pcs	Rear fender inner trim board			$305.00	$710.00	✓
1 pc	Rear n/s fender air duct				Sn $125.00	✗
2 pcs	Rear fender innershield			$85.00	Sn $170.00	✗
1 pc	Rear spare tyre panel				Ry/Ry $685.00	—
1 pc	Rear spare tyre cover board				Sn $278.00	✗
1 pc	Rear bumper				Ry $685.00	✓
2 pcs	Rear bumper bracket			$85.00	$75.00	✓
2 pcs	Rear bumper side retainer			$55.00	Sn $110.00	✗
1 pc	Rear bumper reinforcement				CM $385.00	—
1 pc	Rear bumper sponge				CM $135.00	—
					balance c/f	$11,905.00

Bonnet — ✓
Boot lid insulation — ✓

SJQ 6153 U

		balance b/f		$11,905.00
~~4~~ 3 pcs	Rear reverse sensor	CMI/Shan	$265.00	$1,060.00 LHT
1 pc	Rear exhaust silencer			$885.00 ?
				$13,850.00
			Less 10 %	$1,385.00
				$12,465.00

S. Nett Item

1 pc	Front no plate		No $40.00 ✓
1 pc	Rear spare tyre panel black insulator		Nil $200.00 100sa
1 pc	Rear no plate		No $40.00 ✓
20 pcs	Rear bumper clip	$2.00	Nil $40.00 ✓
			$790.00

Labour Charges

Remove/renew the above parts including knocking, cutting & welding.	1400 $1,600.00
To putty & spray paint on accident affected portion.	1400 $1,600.00
Check/reconnect wiring.	$45.00 40
To spray anti rust on accident affected portion.	$200.00 120
Remove/refit rear boot upholstery to facilitate repair.	$120.00 80
Remove/refit fuel tank to facilitate repair.	$100.00 60
Remove/renew rear exhaust silencer	$150.00 60
Remove/refti air con condenser and to top up gas	$180.00 ?
Total	$17,250.00

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 Authorised 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	04/01/2021 13:39 (SGT)
Date of Accident	04/01/2021 07:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS AYE , BEFORE BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ 6153U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NAREASH KUMAR S/O MEENACHISUNDARAM
NRIC No	SXXXX815E
Email Address	nareash.kumar2710@gmail.com
Mobile Phone No	(Phone) +65-93395426
Alternative Phone No	+65-93395426

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115266222
Cover Note Number	5115266222

DRIVER

Name of Driver	NAREASH KUMAR S/O MEENACHISUNDARAM
NRIC No	SXXXX815E
Date Of Birth	27/10/1984
Occupation	Outdoor

...te Of Driving Pass	08/04/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93395426
Alt. Phone Number	+65-93395426
Email Address	nareash.kumar2710@gmail.com
Address	APT BLK 120D CANBERRA CRESCENT
Address complement	#12-405
Postcode	754120
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

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 04/01/2021, @ ARD 0730 HRS , I WAS TRAVELLING ALONG CTE TOWARDS AYE. JUST BEFORE BRADDELL EXIT , THE CAR INFRONT OF MINE SUDDENLY STOPPED . I STOPPED BUT VEH B (SHD6595U) COULDN'T STOP IN TIME AND COLLIDED INTO MY VEHICLE REAR PORTION. THE IMPACT WAS SO STRONG THAT PUSHED MY CAR FORWARD AND COLLIDED INTO THE CAR INFRONT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

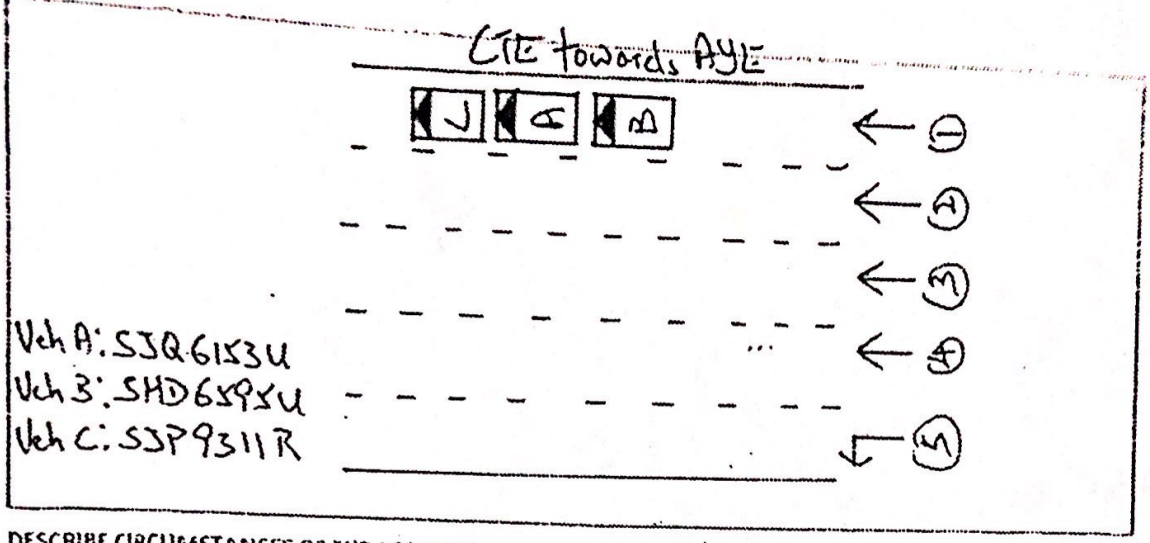
Vehicle Registration Number	SHD6595U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN CHOON SEN
NRIC No	SXXXX631B
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJP9311R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ISKANDAR
NRIC No	SXXXX479H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	REAR PORTION
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/01/2021 @ ard 0730hrs, I was travelling along CTE towards AYE. Just before Braddell exit, the car infront of mine suddenly stopped. I stopped but veh B (SHD659SU) couldn't stop in time and collided into my vehicle rear portion. The impact was so strong that pushed my car forward and collided into the car infront.

☐ Claim OD/TP at Su Brothers ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop :
Email address :
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

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