

ASS. REC. BY:

REF: AXA / 210006031KT

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / IP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop n/s _____ Messine

of _____

Insured: _____

Policy No. _____

Claims No. _____

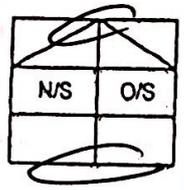
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 8 22k

IDAC Accident Rpt: _____ 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 04/24 24 HRS

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

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

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or Make: Kia Cerato 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: KNAFH 221395068159

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modf: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____ R: 215/45R17

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

Front R/Bal. 2 mm Rear R/Bal. 4 mm

L/Bal. 2 mm L/Bal. 4 mm

D.O.A. 4/1/21 D.O.I. 6/1/2021

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or & FM

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

Date / Time	Action / Instruction
	lump sum \$10550, red: 7550.80;41%
	18100.80

Date/Time, File Pass to? : Prell. Report : Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: 12

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS - SI _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format : _____
Lump Sum / I.B.I: (\$ _____)

Massive Trading & Auto

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

Fax : 64816131

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

Not Authorized
U/Sing B
Resurvey After Paint
12 days

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

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

Acknowledged by Repairer
Signature:
Date:

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		su	\$175.00	X	
1 pc	Front support panel			\$550.00	?	
1 pc	Rear boot lid		RA	\$885.00	✓	
1 pc	Rear boot lid inner lock		RA	\$155.00	✓	
1 pc	Rear boot lid outer chrome handle		Way	\$197.00	✓	
1 pc	Rear boot lid emblem " KIA "		RA	\$48.00	✓	
1 pc	Rear boot lid emblem " Cerato "		me	\$45.00	✓	
2 pcs	Rear boot lid lamp	MS?	ols CM	\$655.00	\$1,310.00	✓
2 pcs	Rear tail-lamp assy		ms CM/RA	\$775.00	\$1,550.00	✓
2 pcs	Rear tail-lamp panel			\$235.00	\$270.00	✓
1 pc	Rear boot rubber		RA	\$187.00	\$187.00	50/12
1 pc	Rear end panel		RA	\$488.00	✓	
1 pc	Rear end panel inner garnish		-Dil	\$155.00	✓	
2 pcs	Rear fender inner trim board			\$305.00	\$710.00	?
1 pc	Rear n/s fender air duct		su	\$125.00	X	
2 pcs	Rear fender innershield		\$85.00 su	\$170.00	X	
1 pc	Rear spare tyre panel		RA/RA	\$685.00	✓	
1 pc	Rear spare tyre cover board		su	\$278.00	X	
1 pc	Rear bumper		RA	\$685.00	✓	
2 pcs	Rear bumper bracket			\$85.00	\$75.00	?
2 pcs	Rear bumper side retainer		\$55.00 su	\$110.00	X	
1 pc	Rear bumper reinforcement		CM	\$385.00	✓	
1 pc	Rear bumper sponge		CM	\$135.00	✓	

Bonnet ✓
Boot lid insulator ✓

balance c/f \$11,905.00

SJQ 6153 U

3
4 pcs Rear reverse sensor
1 pc Rear exhaust silencer

balance b/f \$11,905.00

CM/Shar \$265.00 \$1,060.00 *444*
\$885.00 ?
\$13,850.00
Less 10 % \$1,385.00
\$12,465.00

S. Nett Item

1 pc Front no plate
1 pc Rear spare tyre panel black insulator
1 pc Rear no plate
20 pcs Rear bumper clip

nd \$40.00 ✓
nd \$200.00 *100/2*
nd \$40.00 ✓
\$2.00 *nd* \$40.00 ✓
\$790.00

Labour Charges

Remove/renew the above parts including knocking, cutting & welding. \$1,600.00 *1400*
To putty & spray paint on accident affected portion. \$1,600.00 *1400*
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/refit 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 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 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

.....	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
Details of property damaged in accident
No. Of Passenger (Including Driver)

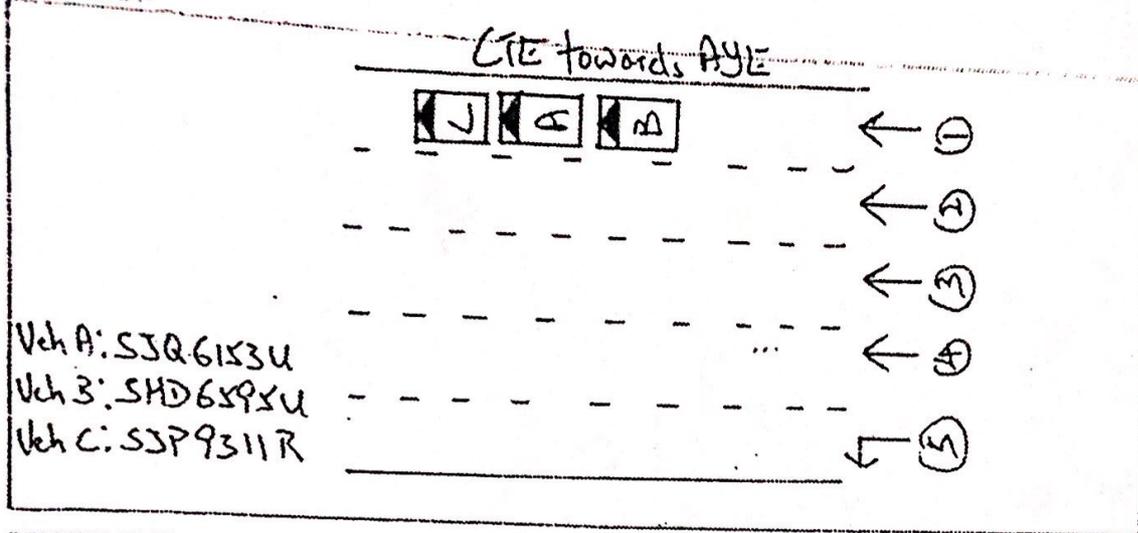
-
-
-
FRONT PORTION
FRONT PORTION
-

DETAILS OF OTHER VEHICLE PROPERTY 2

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

SJP9311R
Mitsubishi
-
-
-
Private car
ISKANDAR
SXXXX479H
-
-
-
-
-
REAR PORTION
REAR PORTION
-

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 in front 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 in front.

Claim OD/IP at Su Brothers Claim OD/IP 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.

[Signature]
 Policyholder's Signature
 Date & Time

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

[Signature]
 Reporting Officer's Signature
 Name
 Date & Time