ASS. REC. BY: Kenneth

REF: AGI/ 21001923/Kgd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Massive

of _____

Insured: _____

Policy No. _____

Claims No. C10009001/JM

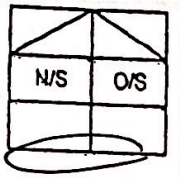
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 8626

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 10 ~~06~~ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SKN 6375A Yr Regn: 07 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) : Wagon

Make: Honda Odyssey c.c 2356

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

Sp.Reading 96652 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRC1880EC202124

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: _____

R: 215/55R17

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	7/2/21	D.O.I.	9/2/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Kenneth confirmed LS $8850, 10 days (Red ~~$5121.64, 37%~~)

Date/Time, File Pass to?

1) 22/04 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: $ - R.S. $

Parking _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : TP

Lump Sum ~~H.B.I.~~ ($ 8850

Massive Trading & Auto

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 560225
H/p 91082728

Fax : 64816131

Not Authorise
c/Sup &
Resurvey After Paint
6 days

Juliswati Binte Samad
Blk 121 Bukit Batok Central
#05-443
Singapore 650121

Vehicle No : SKN 6375 A
Make : Honda Odyssey 2.4
Year : 2014

Qty	Description	Unit Price	Amount

Estimate Cost Of Repair

1 pc	Rear tail-gate assy	R/ —
2 pcs	Rear tail-gate reflector	C/M —
1 pc	Rear tail-gate center reflector	C/M —
1 pc	Rear tail-gate lower chrome garnish	C/M —
1 pc	Rear windscreen moulding	N/ —
1 pc	Rear tail-gate emblem " Logo "	N/
1 pc	Rear tail-gate inner trim board	C/M —
1 pc	Rear tail-gate inner lock	R/ —
1 pc	Rear tail-gate inner lock sensor	?
2 pcs	Rear no plate lamp	S/W X
1 pc	Rear wiper motor	?
2 pcs	Rear tail-gate lamp assy	R/S/W +
1 pc	Rear boot rubber	Diff/R 508/N
2 pcs	Rear fender inner trim board	B/U —
1 pc	Rear end panel	B/U —
1 pc	Rear end panel inner garnish	Diff —
1 pc	Rear bumper	B/U —
2 pcs	Rear bumper side retainer	S/W X
2 pcs	Rear bumper reflector	R/W X
2 pcs	Rear reverse sensor	R/W —
1 pc	Rear exhaust silencer	?
1 pc	Rear exhaust silencer heat shield	X
1 pc	Rear boot floor panel top cover board	?
1 pc	Rear boot floor panel	?

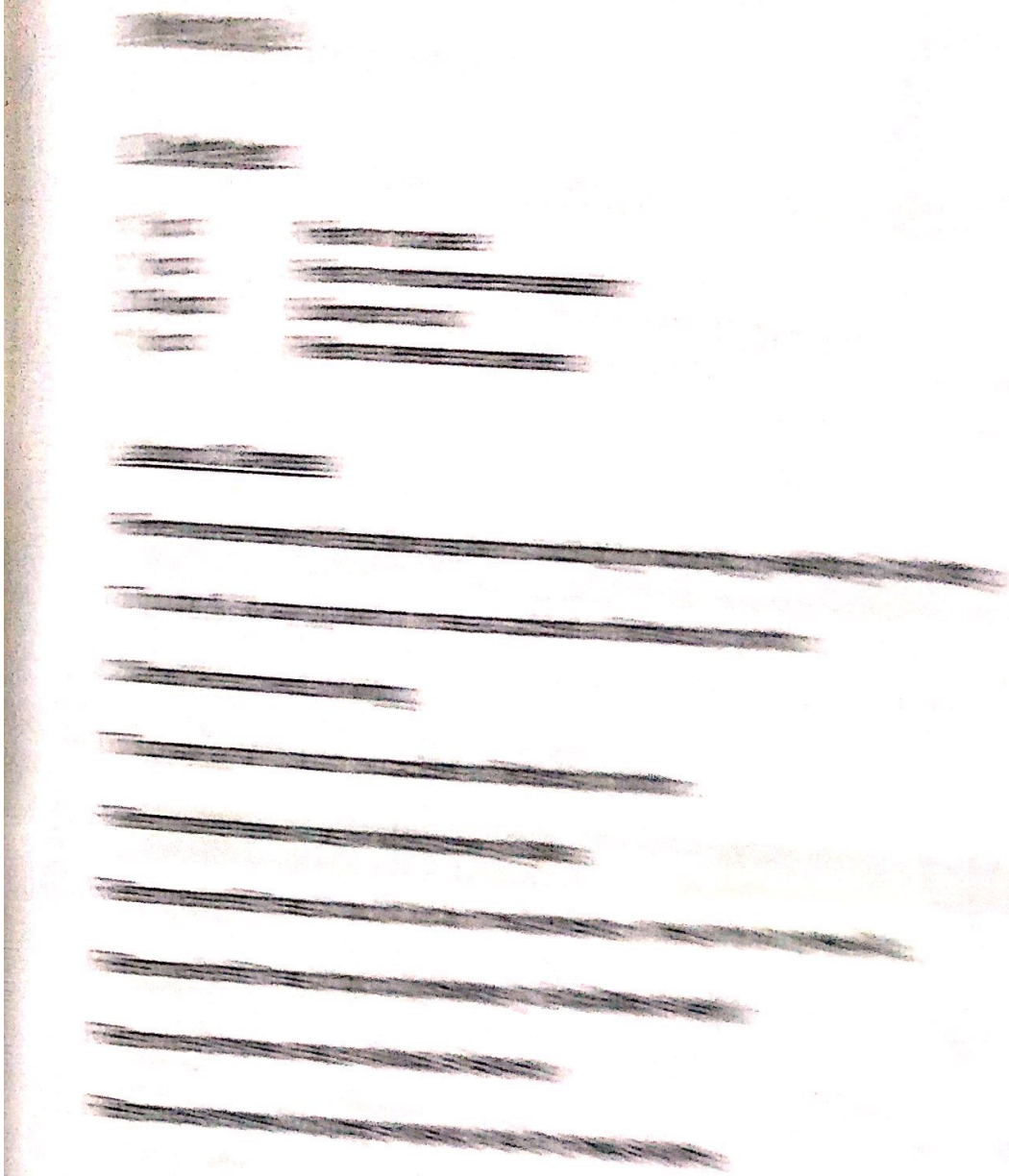
Less 20 % _____

balance c/f _____

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:



SS1Q21280002 / SU Brothers Motor Workshop
ENTRY DATE & TIME: 08/02/2021 14:21 (SGT)
SUBMITTED BY: Su Kia Wee
VERSION: 1 (08/02/2021 14:21 (SGT))

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	08/02/2021 14:21 (SGT)
Date of Accident	07/02/2021 11:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE BKE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6375A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JULISWATI BINTE SAMAD
NRIC No	SXXXX387A
Email Address	juliesofie-72@gmail.com
Mobile Phone No	(Phone) +65-90272456
Alternative Phone No	+65-90272456

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	5116386152
Cover Note Number	5116386152

DRIVER

Name of Driver	SAMSURI BIN SUKAIMI
NRIC No	SXXXX248C
Date Of Birth	25/07/1973
Occupation	Outdoor

Date Of Driving Pass	27/12/1994
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90272456
Alt. Phone Number	-
Email Address	juliesofie-72@gmail.com
Address	APT BLK 121 BUKIT BATOK CENTRAL
Address complement	#05-443
Postcode	650121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	2
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR MUHAMMAD FAIZAL BIN SAMAD
Gender	Male

PASSENGER 2

Name	MDM MASTURA BINTE KOLOOS
Gender	Female

PASSENGER 3

Name	MS ELLYSHA BINTE MUHAMMAD FAIZAL
Gender	Female

PASSENGER 4

Name	MS ERYNA BINTE MUHAMMAD FAIZAL
Gender	Female

PASSENGER 5

Name	MR HILMI BIN MUHAMMAD FAIZAL
Gender	Male

PASSENGER 6

Name	MS SOFINA BINTE SAMSURI
Gender	Female

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 07/02/2021 @ ARD 1120HRS. I WAS TRAVELLING ALONG PIE TOWARDS CHANGI.JUST BEFORE BKE EXIT, DUE TO SOME ROAD WORKS IN LANE ONE, THE CARS INFRONT SLOWING DOWN THUS I ALSO SLOW DOWN AND EVENTUALLY CAME TO A COMPLETE HALT. SUDDENLY, I FELT AN STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GOT OUT OF MY VEHICLE AND REALISED THAT VEH B (SKM 1134S) HAD COLLIDED INTO MY VEHICLE REAR PORTION. I ALSO WISH TO STATE THAT I HAVE SIX PASSENGERS IN MY VEHICLE AT THE TIME OF ACCIDENT.

PASSENGERS : MR. MUHAMMAD FAIZAL BIN SAMAD
: MDM MASTURA BINTE KOLOOS
: MS ELLYSHA BINTE MUHAMMAD FAIZAL
: MS ERYNA BINTE MUHAMMAD FAIZAL
: MR HILMI BIN MUHAMMAD FAIZAL
: MS SOFINA BINTE SAMSURI

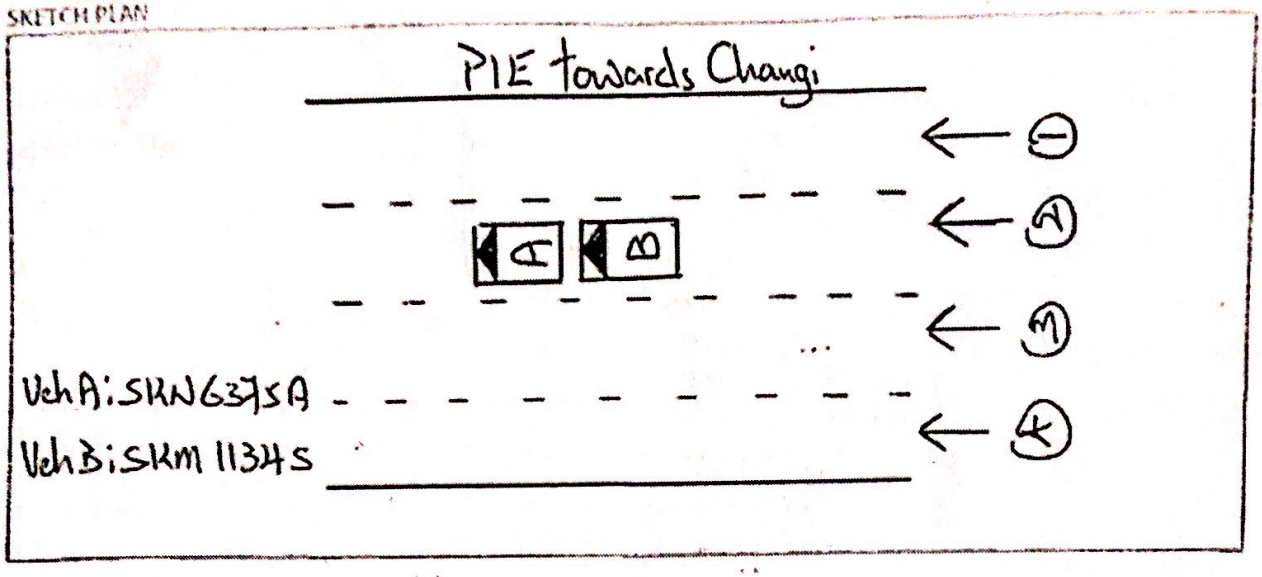
ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM1134S
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN JIN HUI JOEL
NRIC No	SXXXX945A
Contact Number	(Phone) +65-98509597
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	FRONT PORITON
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/2/2021 @ ard 1120hrs, I was travelling along PIE towards Changi. Just before BKE exit, due to some road works in lane One, the cars infront slowing down thus I also slow down and eventually came to a complete halt. Suddenly, I felt an strong impact from the rear of my vehicle. I got out of my vehicle and realised that veh B (SKM1134S) had collided into my vehicle rear portion. I also wish to state that I have six passengers in my vehicle at the time of the accident.

Passengers : Mr Muhammad Faizal Bin Samad
Mdm Mastura Binte Koloos
Ms Ellysha Binte Muhammad Faizal
Ms Eryna Binte Muhammad Faizal
Mr Hilmi Bin Muhammad Faizal
Ms Sofina Binte Samsuri.

☐ 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 : Massive Trading & Auto
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.

Policyholder's Signature
Date & Time:

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

Reporting Police Personnel's Signature
Name:
NRIC/FIN No: