

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Vehicle number: SNB481T

Make & Model: AUDI A5

Chassis number: WAUZZZF53PA004033

No.	Description of spare parts	Qty	Amount S\$
1	Bootlid X	1	\$ 4,586.00
2	Bootlid centre emblem X	1	\$ 136.00
3	Bootlid "A5" emblem X	1	\$ 78.00
4	Bootlid RH lamp assy X	1	\$ 1,276.00
5	Bootlid LH lamp assy X	1	\$ 1,276.00
6	Bootlid lock X	1	\$ 323.00
7	Bootlid lock catch X	1	\$ 59.00
8	Bootlid weatherstrip X	1	\$ 378.00
9	Rear bumper / BR	1	\$ 2,945.00
10	Rear bumper clips / 1PK	1set	\$ 80.00
11	Rear bumper lower garnish / BR	1	\$ 310.00
12	Rear bumper RH reflector X	1	\$ 59.00
13	Rear bumper LH reflector X	1	\$ 59.00
14	Rear bumper RH exhaust chrome X	1	\$ 432.00
15	Rear bumper LH exhaust chrome / CUT	1	\$ 432.00
16	Rear bumper RH side reverse sensor X	1	\$ 233.00
17	Rear bumper RH centre reverse sensor X	1	\$ 233.00
18	Rear bumper LH centre reverse sensor X	1	\$ 233.00
19	Rear bumper LH side reverse sensor X	1	\$ 233.00
20	Rear bumper reverse sensor holders X	1	\$ 120.00
21	Rear bumper reverse sensor wire harness X	1	\$ 512.00
22	Rear bumper centre bracket X	1	\$ 43.00
23	Rear bumper RH side bracket X	1	\$ 76.00
24	Rear bumper LH side bracket X	1	\$ 76.00
25	Rear bumper reinforcement X	1	\$ 896.00
26	RH taillamp assy X	1	\$ 1,427.00
27	RH taillamp panel X	1	\$ 289.00
28	LH taillamp assy X	1	\$ 1,427.00
29	LH taillamp panel X	1	\$ 289.00
30	End panel (outer) X	1	\$ 730.00
31	End panel (inner) X	1	\$ 414.00
32	End panel inner garnish X	1	\$ 187.00
33	End panel inner garnish clips X	1set	\$ 70.00
34	Rear spare tyre cover X	1	\$ 189.00
35	Rear spare tyre sponge X	1	\$ 89.00

10	Conduct diagnostic check and reset system	\$ 400.00	80

Total: \$ 2,830.00

Agreed Amount: _____ (Part by Part / Lump sum)

Working days: _____

Spare Parts: \$ 23,248.40

Special Nett: \$ 1,710.00

Labour: \$ 2,830.00

Total: \$ 27,788.40

Stew (LKK)

10/6/24, 3:19pm

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L/S

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3 dgs

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:

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 willful 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 First Submission	07/06/2024 10:30 (SGT)
Reported by	Actual Driver
Date of Accident	05/06/2024 21:46 (SGT)
Exact Location of Accident	Telok Blangah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB481T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHERLIN YUAM XUE LING
NRIC No	SXXXX908F
Email Address	sherlin_yuam@hotmail.com
Mobile Phone No	(Phone) +65-90491934
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230018741

DRIVER

Name of Driver	IRA CHONG JIA KAI
NRIC No	SXXXX034F
Date Of Birth	25/03/1992
Occupation	Indoor

Iss Date	28/06/2021
Experience	3 YEARS
Number	Male
Phone Number	(Phone) +65-84985722
Address	-
Address complement	shorlin_yuam@hotmail.com
Postcode	BLK 419D NORTSHORE DRIVE #05-665
Is the driver the policyholder?	-
If No, Relationship of the Driver with the Insured	824419
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	Spouse
Insurance Company of Other Vehicle Owned by Driver	No

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	SHERLIN YUAM XUE LING
Gender	Female

PASSENGER 2

Name	TYLER CHONG
Gender	Male

PASSENGER 3

Name	ROSE MARY
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK21B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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 willful misrepresentation or withholding of material facts may allow Insurance companies to reassess 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 card)

Sketch Plan

THURSDAY 12/06/2024


A = SKR 481 T
B = SKR 213

Describe Circumstance of the Accident

ON THE STATED DATE & TIME, I WAS
DOING A U-TURN ALONG TELUK GUNSAH ROAD.
AS I WAS WAITING FOR THE MAIN ROAD
TO CLEAR, I SUDDENLY FELT A HUGE IMPACT
ON MY REAR. I GOT DOWN & REALISED THAT
VEH B HAD REAR ENDED ME.

Declaration
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


Witnessed by Reporting Person