

**BIFROST AUTO PTE LTD**

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Vehicle number: XE7054 M

Make &amp; Model: Scania P450

Chassis number: YS2P8X4000563636114

No.	Description of spare parts	Qty	Amount S\$
1	Front bumper <i>x R</i>	1	\$ 2,301.00
2	Front bumper fasteners <i>x</i>	1set	\$ 90.00
3	Front bumper reinforcement <i>v</i>	1	\$ 993.00
4	Front bumper RH side garnish <i>/ cut</i>	1	\$ 293.00
5	RH headlamp <i>x</i>	1	\$ 1,783.00
6	RH headlamp wire mesh <i>x</i>	1	\$ 432.00
7	RH headlamp cover <i>x</i>	1	\$ 228.00
8	RH headlamp bracket <i>x</i>	1	\$ 766.00
9	RH front lower step <i>x</i>	1	\$ 660.00
10	RH front lower step bracket <i>x</i>	1	\$ 344.00
11	RH front centre step <i>/ cut</i>	1	\$ 337.00
12	RH front upper step <i>x</i>	1	\$ 337.00
13	RH front step garnish <i>x</i>	1	\$ 1,039.00
14	RH front wheel upper garnish <i>(air/h find garnish) / cut</i>	1	\$ 1,429.00
15	RH front wheel cap <i>x</i>	1	\$ 409.00
16	RH front door <i>x</i>	1	\$ 4,880.00

\$ 16,321.00  
 Parts less 10% \$ 1,632.10  
 Total: \$ 14,688.90

No.	Special Nett Items	Qty	Amount S\$
1	RH front tyre <i>x</i>	1	\$ 900.00
2	RH front door "Bizsafe" sticker <i>x</i>	1	\$ 60.00

Total: \$ 960.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,300.00



# 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 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 ..... 01/11/2024 15:17 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 31/10/2024 07:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG BKE TOWARDS SLE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE7054M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AE STAR ELECTRICAL ENGINEERING PTE LTD  
Company Reg No ..... 2XXXXX775Z  
Email Address ..... CKK0204@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93360395  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Scania  
Model ..... P450B8X4HZ  
Variant ..... SCANIA / P450B8X4HZ  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 0  
Vehicle Fuel ..... -  
First Registration Date ..... -  
Chassis no ..... -  
Effective Date/Time of Ownership ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2009502945-01

### DRIVER

.....	CHAN KOK KEONG
.....	SXXXX714D
.....	02/04/1984
.....	Outdoor
.....	31/07/2012
.....	5
.....	Valid
.....	12 YEARS AND 3 MONTHS
.....	Male
.....	(Phone) +65-93360395
.....	-
.....	CKK0204@GMAIL.COM
.....	BLK 116 HOUGANG AVENUE 1 13-1192 SINGAPORE 530116
.....	-
.....	530116
.....	No
.....	Employee
.....	No
.....	-
.....	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
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) .....	2
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 .....	SAMY
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Video captured by Car Camera?

Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	SNN4330G
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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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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/postal 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

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

Z

Witnessed by Reporting Centre Personnel (Name as in NRIC card)

**Sketch Plan**

100y BLE 3-2m 500F

A: KE7054 W  
B: 5VN4E30G

v1JF022

**Describe Circumstance of the Accident**

- refer to police report -

**Declaration**

We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

2

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

