

Bifrost Auto Pte Ltd

8 Kaki Bukit Ave 4 #01-49, Premier @ Kaki Bukit Singapore 415875
Tel: 93290237 Email: claims_rar@bifrostauto.com

SJE : _____
Date of Survey : _____
Date of ReSurvey: _____
Contacts : _____

Vehicle Nos : **PC 7763E**
Made : **Mitsubishi**
Model : **Rosa BE641JRMDEE**
Chassis No : **BE641JK30572**

*** AGREED Cost Of Repair and Repair Day/s with SJE ***

Amount: _____

Working Day: _____

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$
1	Rear Door RH X	1	\$ 3,542.00	\$ 3,542.00
2	Rear Door Glass RH X	1	\$ 1,550.00	\$ 1,550.00
3	Rear Door Glass Rubber Moulding RH X	1	\$ 356.00	\$ 356.00
4	Rear Door Upper Hinge RH X	1	\$ 198.00	\$ 198.00
5	Rear Door Lower Hinge RH X	1	\$ 198.00	\$ 198.00
6	Rear Door RH Number Plate Lamp RH X	1	\$ 86.00	\$ 86.00
7	Rear Door RH Number Plate Lamp LH X	1	\$ 86.00	\$ 86.00
8	Rear Door Lock RH X	1	\$ 233.00	\$ 233.00
9	Rear Door Inner Trim Board RH X	1	\$ 250.00	\$ 250.00
10	Rear Bumper / DD	1	\$ 2,011.00	\$ 2,011.00
11	Rear Bumper Reflector RH X	1	\$ 69.00	\$ 69.00
12	Rear Bumper Side Bracket RH X	1	\$ 78.00	\$ 78.00
13	Rear Taillamp Assembly RH X	1	\$ 198.00	\$ 198.00
14	Rear Brake Lamp Assembly RH X	1	\$ 198.00	\$ 198.00
15	Rear Taillamp Panel RH X	1	\$ 3,017.00	\$ 3,017.00
16	Rear Taillamp Panel Glass RH X	1	\$ 708.00	\$ 708.00
17	Rear Taillamp Panel Glass Rubber Moulding RH X	1	\$ 275.00	\$ 275.00
18	Rear Side Panel RH X R	1	\$ 2,318.00	\$ 2,318.00
19	Rear Side Panel Glass RH X	1	\$ 2,300.00	\$ 2,300.00
20	Rear Side Panel Signal Lamp RH X	1	\$ 82.00	\$ 82.00
21	Rear End Panel X	1	\$ 1,022.00	\$ 1,022.00
22	Rear Exhaust Pipe X	1	\$ 2,384.00	\$ 2,384.00
Parts Sub Total :				\$ 21,159.00
10% Discount				\$ 2,115.90
PARTS TOTAL :				\$ 19,043.10

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$
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1	Rear Number Plate X	1	\$ 50.00	\$ 50.00
2	Rear Bumper Clips - Set X	1	\$ 50.00	\$ 50.00
3	Rear Taillamp Clips - Set X	1	\$ 50.00	\$ 50.00
4	Rear Door Inner Trim Board RH Clips - Set X	1	\$ 50.00	\$ 50.00
5	Rear Door RH Sealant X	1	\$ 150.00	\$ 150.00
6	Rear End Panel Sealant X	1	\$ 150.00	\$ 150.00
7	Rear Taillamp Panel RH Sealant X	1	\$ 150.00	\$ 150.00
8	Rear Side Panel RH Sealant X	1	\$ 150.00	\$ 150.00
9	Rear Door Glass RH Sealant X	1	\$ 150.00	\$ 150.00
10	Rear Taillamp Panel Glass RH Sealant X	1	\$ 150.00	\$ 150.00
11	Rear Side Panel Glass RH Sealant X	1	\$ 150.00	\$ 150.00
SPECIAL NETT TOTAL :				\$ 1,250.00

Nos.	LABOUR	TOTAL S\$
1	To Panel Beat, Remove & Refix Parts	\$ 600 2,400.00
2	To Spray Paint Affected Areas	\$ 800 1,800.00
3	Wiring & Bulb Check	\$ 30 100.00
4	To Remove & Refix Rear Door RH Glass	\$ X 150.00
5	To Remove & Refix Rear Side Panel RH Glass	\$ X 150.00
6	To Remove & Refix Rear Taillamp Panel RH Glass	\$ X 150.00
7	To Transfer Rear Door RH Mechanism	\$ X 150.00
8	To Remove & Refix Rear Exhaust Pipe	\$ X 150.00
9	To Remove & Refix Interior Upholstry to facilitate repairs	\$ 80 150.00
10	To apply anti rust on affected parts	\$ 30 150.00
11	To Conduct Water Leak Test	\$ X 100.00
12	To Send for Diagnostic and Reset Control Unit. Programming & Calibra	\$ X 480.00
LABOUR TOTAL :		\$ 5,930.00

Steer CLKK)
 11/11/24, 1.99pm
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 Lg AL Y
 4 days

PARTS TOTAL : \$ 19,043.10
 SPECIAL NETT TOTAL : \$ 1,250.00
 LABOUR TOTAL : \$ 5,930.00
GRAND TOTAL : \$ 26,223.10

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 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 First Submission 08/10/2024 13:34 (SGT)
Reported by Actual Driver
Date of Accident 07/10/2024 18:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information 165 TANJONG PAGAR RD(AMARA SINGAPORE)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7763E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MAG TRANSPORTATIONS PTE LTD
Company Reg No 202353535E
Email Address CHRISDESAGON@GMAIL.COM
Mobile Phone No (Phone) +65-81011904
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Rosa
Variant -
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 Goods vehicle
Transmission Auto
CC 2998
Vehicle Fuel -
First Registration Date -
Chassis no BE641JK30572
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2009681824-01

DRIVER



Accident report SA1A24A80002

FIN	PANDIAN KULANDAI VALOO
th	G8701799R
ion	11/05/1964
g Pass Date	Outdoor
ing License Pass Class	26/10/2020
iving License Validity	3
Driving experience	Valid
Gender	4 YEARS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-84350261
Email Address	-
Address	CHRISDESAGON@GMAIL.COM
Address complement	BLK 235 BUKIT BATOK EAST AVE 5 #02-01
Postcode	-
Is the driver the policyholder?	650235
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 THE ACCIDENT SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6177S
Vehicle Manufacturer	-

SKETCH PLAN

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. The 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.
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

Sketch Plan

LP

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



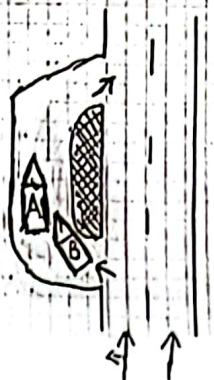
Witnessed by Reporting Centre Personnel

165 TANJONG PAGAR (AMARA SINGAPORE)

VEH. A - PC 7763E

VEH. B - SH 6177S

AMARA SINGAPORE
DROPPED OFF PORCH



Veh A: PC 7763 E
Veh B: SH 6177 S

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE 'A' WAS
STATIONARY WHILE WAITING FOR PASSENGERS TO DROP OFF.
SUDDENLY, I FELT AN IMPACT ON MY RIGHT SIDE. I THEN
REALISED THAT VEHICLE 'B' HAD COLLIDED ONTO MY RIGHT
SIDE PORTION WHEN HE WAS TRYING TO SQUEEZE PASS
MY VEHICLE ON THE RIGHT SIDE.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

RP

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



Witnessed by Reporting Centre Personnel