

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 : **SGK 9882X**
Made : **Honda**
Model : **Accord Euro-R 2.0 M**
Chassis No : **CL71201111**

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

Amount: _____

Working Day: _____

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$
1	Rear Bumper / DD	1	\$ 1,069.20	\$ 1,069.20 ✓
2	Rear Bumper Reflector RH X	1	\$ 64.10	\$ 64.10
3	Rear Bumper Reflector LH X	1	\$ 64.10	\$ 64.10
4	Rear Bumper Side Retainer RH / BR	1	\$ 35.70	\$ 35.70 ✓
5	Rear Bumper Side Retainer LH / BR	1	\$ 35.70	\$ 35.70 ✓
6	Rear Bumper Reinforcement X	1	\$ 340.00	\$ 340.00
7	Rear Bootlid X R	1	\$ 750.10	\$ 750.10
8	Rear Bootlid Lock Assembly X	1	\$ 281.40	\$ 281.40 ✓
9	Rear Bootlid Weatherstrip / TM	1	\$ 125.00	\$ 125.00
10	Rear Bootlid Taillamp Assembly RH X	1	\$ 261.20	\$ 261.20
11	Rear Bootlid Taillamp Assembly LH X	1	\$ 261.20	\$ 261.20
12	Rear Bootlid Emblem / M	1	\$ 53.50	\$ 53.50 ✓
13	Rear Bootlid "Accord" Emblem / M	1	\$ 30.20	\$ 30.20 ✓
14	Rear Bootlid "Euro-R" Emblem / M	1	\$ 31.80	\$ 31.80 ✓
15	Rear Taillamp Assembly RH X	1	\$ 315.00	\$ 315.00
16	Rear Taillamp Assembly LH X	1	\$ 315.00	\$ 315.00
17	Rear End Panel / DD	1	\$ 620.00	\$ 620.00 ✓
18	Rear End Panel Top Garnish X	1	\$ 105.00	\$ 105.00
19	Rear Spare Tyre Panel Top Board X	1	\$ 325.30	\$ 325.30
20	Rear Spare Tyre Panel X	1	\$ 899.50	\$ 899.50
21	Rear Fender Inner Trim RH X	1	\$ 428.00	\$ 428.00
22	Rear Fender Inner Trim LH X	1	\$ 428.00	\$ 428.00
Parts Sub Total :				\$ 6,839.00
20% Discount				\$ 1,367.80
PARTS TOTAL :				\$ 5,471.20

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$
1	Rear Number Plate X	1	\$ 50.00	\$ 50.00
2	Rear Bumper Clips - Set / M	1	\$ 50.00	\$ 50.00 30
3	Rear Bootlid Inner Trim Clips - Set X	1	\$ 50.00	\$ 50.00
4	Rear Taillamp Assembly Clips - Set X	1	\$ 50.00	\$ 50.00

5	Rear End Panel Top Garnish Clips - Set X	1	\$ 40.00	\$ 40.00
6	Rear Fender Inner Trim Clips - Set X	1	\$ 80.00	\$ 80.00
7	Rear Bootlid Sealant X	1	\$ 150.00	\$ 150.00
8	Rear End Panel Sealant X / MC	1	\$ 150.00	\$ 30 150.00
9	Rear Floor Panel Sealant X	1	\$ 150.00	\$ 150.00
10	Rear Fender RH Sealant X	1	\$ 150.00	\$ 150.00
11	Rear Fender LH Sealant X	1	\$ 150.00	\$ 150.00
12	Rear Windscreen Glass Sealant X	1	\$ 120.00	\$ 120.00
13	Rear "HKS" Exhaust Pipe - Aftermarket X	1	\$ 2,500.00	\$ 2,500.00
14	Rear Bootlid Reverse Camera X	1	\$ 500.00	\$ 500.00
15	Rear Bumper Reverse Sensor / Shaded	1	\$ 300.00	\$ 300.00
* Rear Bumper 1mm sparker / BR \$ 350 /				SPECIAL NETT TOTAL : \$ 4,490.00

Nos.	LABOUR	TOTAL S\$
1	To Panel Beat, Remove & Refix Parts	\$ 800 2,400.00
2	To Spray Paint Affected Areas	\$ 600 1,800.00
3	Wiring & Bulb Check	\$ 30 100.00
4	To Remove & Refix Rear Windscreen Glass	\$ X 150.00
5	To Transfer Rear Bootlid Mechanism	\$ X 150.00
6	To Remove & Refix Rear Bumper Reverse Sensor	\$ 30 120.00
7	To Remove & Refix Rear Bootlid Reverse Camera	\$ X 150.00
8	To Remove & Refix Rear Exhaust Pipe	\$ X 120.00
9	To Remove & Refix Fuel Tank	\$ X 200.00
10	To Remove & Refix Interior Upholstry to facilitate repairs	\$ 50 150.00
11	To apply anti rust on affected parts	\$ 30 200.00
12	To Conduct Water Leak Test	\$ X 100.00
13	To Send for Diagnostic and Reset Control Unit. Programming & Calibration	\$ X 480.00
LABOUR TOTAL :		\$ 6,120.00

PARTS TOTAL : \$ 5,471.20
 SPECIAL NETT TOTAL : \$ 4,490.00
 LABOUR TOTAL : \$ 6,120.00
GRAND TOTAL : \$ 16,081.20

Steve (LKK)
 9/12/24, 1.00pm
 m R
 L/S
 4 AL sky
 6 days

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	06/12/2024 13:27 (SGT)
Reported by	Actual Driver
Date of Accident	05/12/2024 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PAYAR LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK9882X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DZULRAIHAN BIN KAMALUDIN
NRIC No	SXXXX576F
Email Address	HAHAHASLINDAHALIM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92999962
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Accord
Variant	HONDA / ACCORD EURO-R 2.0 M
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	Manual
CC	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	M0026849

DRIVER

Driver	NUR HASLINDA BINTE ABDUL HALIM
No	SXXXX512I
Of Birth	15/11/1990
Occupation	Indoor
Driving Pass Date	29/05/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96318134
Alt. Phone Number	-
Email Address	HAHAHASLINDAHALIM@HOTMAIL.COM
Address	BLK 605A TAMPINES STREET 61 04-314 SINGAPORE 521605
Address complement	-
Postcode	521605
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?	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

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ6674Z
Vehicle Manufacturer	-

Model	-
Variant	-
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)	-

INJURED PERSONS DETAILS


INJURED 1

Name of injured person	NUR HASLINDA BINTE ABDUL HALIM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGK9882X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

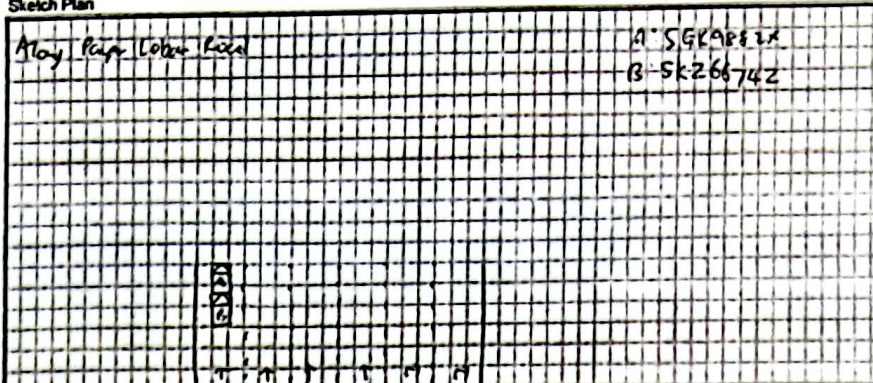
- 1 Please report correctly the details of the accident to speed up the claims process
 - 2 This Form must be completed by the Policyholder and/or the Actual Driver
 - 3 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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 insurers 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


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


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

Sketch Plan

Atay Payer Lohar Local		A-SGKAR 2A	
		B-SK26674Z	
			

vJun2022

Describe Circumstance of the Accident

On the stated line and date, I was driving vehicle
 A, 54298526 and stationary, at the traffic light junction
 when suddenly vehicle B, 54266792 collided me on the rear.

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

eJun2022

2

Back to OneMotoring

Inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 576F

Vehicle Details

Vehicle No.: SGK9882X
Vehicle to be Exported: Yes
Intended Deregistration Date: 06 Dec 2024
Vehicle Make: HONDA
Vehicle Model: ACCORD EURO-R 2.0 M
Primary Colour: Black
Manufacturing Year: 2006
Engine No.: K20A6531116
Chassis No.: CL71201111
Maximum Power Output: 162.0 kW (217 bhp)
Open Market Value: \$28,539.00
Original Registration Date: 30 Aug 2006
First Registration Date: 30 Aug 2006
Transfer Count: 2
Actual ARF Paid: \$31,393.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 May 2026
COE Category: B - Car (1601cc & above)
COE Period(Years): 10
PQP Paid: \$46,048.00
COE Rebate Amount: \$6,832.00
Total Rebate Amount: \$6,832.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 06 Dec 2024

OK