

# BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

WITHOUT PREJUDICE

Our Ref : **SFQ 5828 K**  
Your Ref : **SGG 9678 R**

27/05/2020

China Taiping Insurance (Singapore) Pte Ltd  
3 ANSON ROAD, #16-00 SPRINGLEAF TOWER, SINGAPORE 079909

Attention: Motor Claims Department

Dear Sir/Mdm.

Accident on 31/03/2020 along 13 Tuas South St 5 (Tuas Supermarket open Compound)  
involving vehicles SFQ 5828 K and SGG 9678 R

We refer to the above-mentioned accident.

We are claiming as per below:-

1. Repair Cost	\$ 1,900.00
2. Loss of Use for 8 Days x \$120/- per day	\$ 960.00
3. LTA/GIA Search fee	\$ 34.10
<b>SUBTOTAL</b>	<b>\$ 2,894.10</b>
<b>GST(7.0%)</b>	<b>\$ 135.39</b>
<b>TOTAL</b>	<b>\$ 3,029.49</b>

Enclosed herewith a copy each of relevant GIA report, LTA, Proforma Tax invoice, and Letter of Authorization for your attention. Kindly let us have your reply with the next 14 days upon receipt of this letter.

If you have any enquiries, please contact us @ 9648-8228 or you may email to us at [claims@bifrostauto.com](mailto:claims@bifrostauto.com)

Yours faithfully,  
**BIFROST AUTO PTE. LTD.**



**NOTE:** # Please note that the Loss of Use will be paid based on negotiation and on the NIMA Protocol (Court Guideline).

This is a computer generated letter and does not need a signature.

*The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.*

*GST at 7% is chargeable if applicable*

# BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

## Proforma Invoice

China Taiping Insurance (Singapore) Pte Ltd  
3 ANSON ROAD, #16-00 SPRINGLEAF TOWER,  
SINGAPORE 079909

Inv. No. : PF.RA.2005007  
Inv. Date : 27-05-2020  
Ref : 31/03/2020  
Terms : 14 Days  
Veh. No. : SFQ 5828 K  
Make & Model : Lexus IS-250  
(A)

#	Description	Qty	Rate	Total	Tax
1	Repair Costs	1.0000	\$1,900.00	\$1,900.00	\$133.00
	Remarks: SFQ 5828 K				

Subtotal for invoice : S\$1,900.00  
GST (7.0%) : S\$133.00  
Total : S\$2,033.00

*I agree to the price as listed above and  
affirm that the goods are received in good  
condition.*

On behalf of **BIFROST AUTO PTE. LTD.**

(Customer's Signature and Company Stamp)



Please make cheque payable to "BIFROST AUTO PTE LTD" and mail to **6001 BEACH ROAD #22-01, GOLDEN MILE TOWER Singapore 199589** or direct bank transfer to **DBS Bank Current Account 070-902-886-1.**

*The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.*

*GST at 7% is charged where applicable*

# BIFROST AUTO PTE. LTD.

Co. Reg. No. : 201929175W

## LETTER OF AUTHORISATION

Accident on 31/03/2020 along 13 TUAS SOUTH ST 5 (TUAS SUPERMARKET CARP)  
Involving vehicles SFQ 5828K & SGC 9678R

In consideration of **Bifrost Auto Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589**, repairing my/our motor vehicle no SFQ 5828K at my request, I/We, NGOON W LING ("the claimant") of 115 HO CHING ROAD #13-108 S(614115) (address) bearing NRIC No S85064206 the owner of motor vehicle no SFQ 5828K, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Bifrost Auto Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Bifrost Auto Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Bifrost Auto Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Bifrost Auto Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Bifrost Auto Pte Ltd** shall amount to a good discharge of **Bifrost Auto Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 31 day of 03 (month) 20 20

Signed by "the claimant"

Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_

Signed by Bifrost Auto Pte Ltd

Name: \_\_\_\_\_



## TAX INVOICE

Our Ref No: GR-20-054203

Date of Request: 03/04/2020

Your Ref No: WALK IN JATI

BIFROST AUTO PTE LTD  
6001 BEACH ROAD, #22-01 GOLDEN MILE TOWER  
SINGAPORE 199589

Dear Sir/Madam,

Your Vehicle No: SFQ5828K

Date of Accident: 31/03/2020

Place of Accident: 13 TUAS SOUTH ST 5

Involving Vehicle No: SGG9678R

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-20-054205

Date of Request: 03/04/2020

Your Ref No: WALK IN JATI

BIFROST AUTO PTE LTD  
6001 BEACH ROAD, #22-01 GOLDEN MILE TOWER  
SINGAPORE 199589

Dear Sir/Madam,

Date of Accident: 31/03/2020

Vehicle No: SFQ5828K

Place of Accident: 13 Tuas South St 5 (Tuas supermarket Open Compound

Involving Vehicle No: SGG9678R

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SGG9678R	13 Tuas South St 5 (Tuas supermarket Open Compound	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 07 Apr 2020 / 12:52:36

Receipt Date/Time : 07 Apr 2020 / 12:50:54

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-200407-001662

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SGG9678R				
As at 31 Mar 2020/15:10:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SGG9678R			
	Enquiry Fee	7.00	0.49	7.49
	20200407124937249492			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
Paid By				
	421808XXXXXX0399 eNETS Credit Card			7.45
	<b>Total</b>			7.45
	Cash Change			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

## 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 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 Report	02/04/2020 15:41
Date Of Accident	31/03/2020 15:05
Exact Location Of Accident	13 TUAS SOUTH ST 5 (TUAS SUPERMARKET OPEN COMPOUND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ5828K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGOOI LU LING
NRIC No	SXXXX420G
Email Address	JOHNGOOI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96600361
Alternative Phone No	OFFICE-60000000

### Vehicle Particulars

Manufacturer	LEXUS
Model	IS-250 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00756671
Cover Note Number	

### Driver

Name of Driver	NGOOI LU LING
NRIC No	SXXXX420G
Date Of Birth	27/02/1985
Occupation	INDOOR
Date Of Driving Pass	24/06/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96600361
Fax Number	
Contact Number	OFFICE 60000000

Address	BLK 115 HO CHING ROAD #13-108
Postcode	610115
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	J/20200401/7057
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Report please refer to sketch Plan

#### 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	SGG9678R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Name	NGOOI LU LING
Approximate Age	35
Injuries Sustain	NECK BACK SHOULDER
Injured person in which vehicle?	SFQ5828K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## 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 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 dispute regarding 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 lodging 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.

### 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 (entire information submitted on 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 took report/vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be 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 making 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders;

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No.:

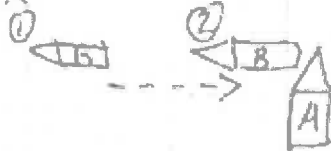
## Accident Sketch Plan

### SKETCH PLAN

13 THAS SOUTH STREET 5  
(THAS SUPERMARKET OPEN SPACE COMPOUND)

16H.A - 505828K

MEM. 8 - 544 9678 R (1)




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reverend to your report

## DECLARATION

I/We declare the foregoing particulars are true in every respect

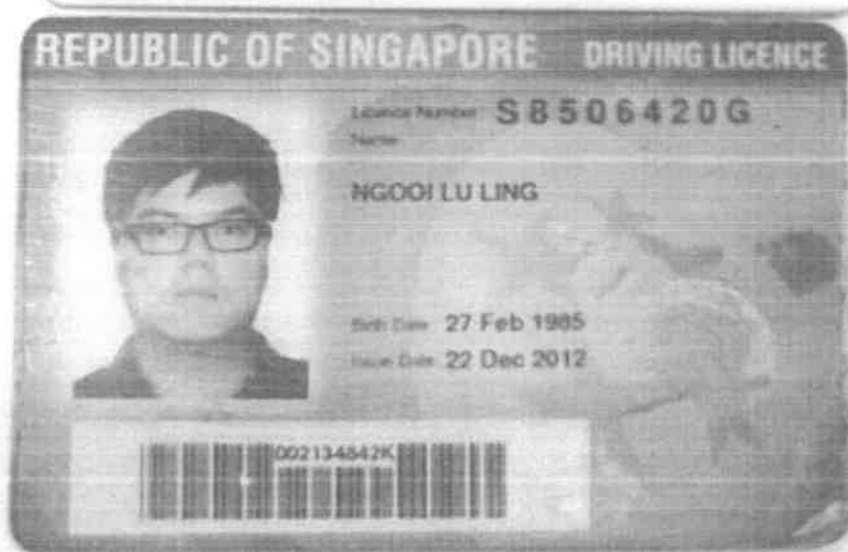
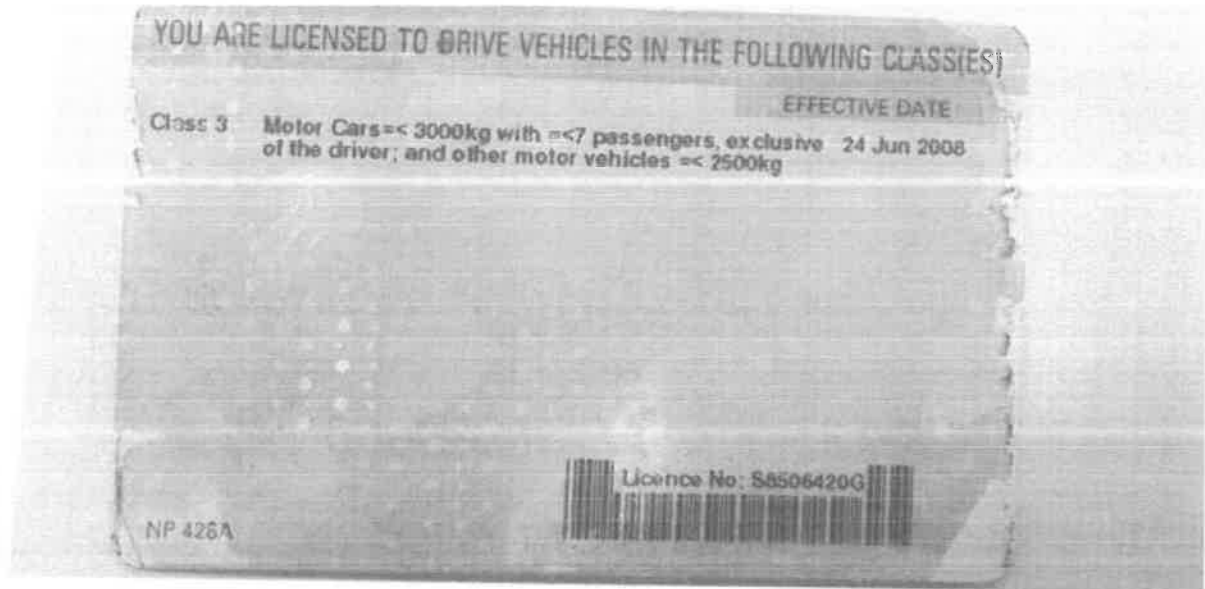
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Dette 2. 1999

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

Reporting Centre Personnel's Signature  
Name *R. S. M. C.*  
NRG / PIN No.

545 150 96

# Driving License



## Insurance Cert



**Contact us at**  
 Hotline: (65) 6532 2868  
 E-mail: CustomerService@DirectAsia.com

### CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00756671
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SFQ5828K
<b>Chassis No.</b>	: JTHBK262307096037
<b>2) Name of Policy Holder</b>	: Ngooi, Lu Ling
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 16/01/2020 09:46
<b>4) Date/Time of Expiry of Insurance</b>	: 19/05/2021 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(a) Any named person under the policy who is driving on the Policyholder's permission. (b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission.  The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
<b>6) Limitations as to use*</b>	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.  *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 800.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	: Moneymax Leasing Pte Ltd
<b>Main driver</b>	: Ngooi, Lu Ling
<b>Named driver</b>	: None
<b>Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.</b>	

(We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).)

Issued on: 16/01/2020

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur (Chief Underwriting Officer)

Direct Asia Insurance (Singapore) Pte Ltd  
 20 Anson Road #08-01 Twenty Anson Singapore 079912  
[www.DirectAsia.com](http://www.DirectAsia.com)

## Police Report



**SINGAPORE  
POLICE FORCE**



J/202004017057

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20200401/7057

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 01/04/2020 22:11	Video Report No.	Station Diary No.
Name Of Informant NGOOI LU LING	Address APT BLK 115 HO CHING ROAD #13-108 SINGAPORE 610115	
ID Type / ID No. NRIC NO / S8506420G	Contact No. Home/Office:	Mobile: 96600961
Nationality SINGAPORE CITIZEN	Email Address johnngooi@hotmail.com	
Occupation Business development executive	Sex Male	Age 35
Institution/School Name	Date of Birth 27/02/1985	Race Chinese
Date/Time Of Incident 31/03/2020 15:05	Location Of Incident 13 TUAS SOUTH STREET 5 SINGAPORE 637555	
<b>Brief details.</b>		

On the above mentioned date and time, I was inside my vehicle SFQ5828K which was stationary at the said location.

I had noticed that SGG9678R was reversing and as such I waited for him to complete his manoeuvre.

I was not paying attention to what he was doing when suddenly, there was a huge impact from the front portion of my vehicle. My car shook violently.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2020 22:11
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



SINGAPORE  
POLICE FORCE



J/20200401/7057

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200401/7057

I looked up to realise that SGG9678R had reversed and collided into my front left portion.

Later that afternoon, I started feeling muscle soreness on my neck, shoulder and back area due to the impact from the accident.

I went to see my family doctor at Unihealth 24-Hr Clinic (Jurong East) and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2020 22:11
Officer In-Charge Of Case	Classification Of Case:

Authentication Stamp

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

