

WITHDRAWN

**BIFROST AUTO PTE LTD**

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT #01-49 SINGAPORE 415875

Tel: +65 64524457

Company Reg No: 201929175W

Vehicle No:  
Model and make:  
Chassis No:

**SME931H**  
Honda Fit

**Qty Spare Parts**

**List Price (\$)**

1	Bonnet	\$	534.70	DDV
1	Bonnet RH hinge	\$	35.10	
1	Bonnet LH hinge	\$	35.10	
1	Bonnet lock	\$	<del>45.80</del>	NDA
1	Front bumper	\$	544.60	BRV
1	Front bumper number plate garnish	\$	50.70	BRV
1	Front bumper lower grille	\$	162.90	BRV
1	Front bumper RH side retainer	\$	13.40	} NECV
1	Front bumper LH side retainer	\$	13.40	
1	Front bumper reinforcement	\$	231.10	BTU
1	Front grille	\$	181.90	
1	Front grille emblem	\$	24.30	NECV
1	Front RH fender	\$	364.80	BTU
1	Front RH fender splash shield	\$	72.90	TNV
1	Support panel	\$	594.80	
1	RH headlamp assy	\$	505.20	BRV
1	RH headlamp lower bracket	\$	25.30	DDV
1	LH headlamp assy	\$	505.20	CUTV
1	LH headlamp bracket	\$	25.30	
1	Aircon condenser	\$	607.80	BTU
1	Radiator assy	\$	1,670.50	
1	Wiper garnish	\$	109.50	NDA
1	Front RH door			Repair
1	Front RH shock absorber	\$	317.50	
1	Front RH shock absorber top mounting	\$	89.40	
1	Front RH knuckle arm	\$	381.90	
1	Front RH wheel bearing	\$	166.90	
		\$	7,310.00	
		-20% \$	1,827.50	
		\$	5,482.50	

**Qty Spare Parts**

**Special Nett (\$)**

1set	Front bumper clips	\$	30.00	60.00 NEC
1	Front bumper lower spoiler	\$		700.00
1	Front number plate	\$	50.00	70.00 BRV

1set Front RH fender spalsh shield clips  
1 Radiator coolant

\$ 30.00  
\$

50.00 NEC ✓  
60.00

### Labour and painting

Labour charges to remove, check, replace and reinstall damages bodyparts.  
To panel beating, cut / weld and re-align all affected panels

\$ 1,000.00

Spray painting on affected panels

\$ 1,000.00

Check wiring and lighting system

\$ 60.00

Apply rust coating on affected areas

\$ 50.00

Remove and replace aircon condenser and pipes, To refill aircon gas

\$ 180.00

Remove and replace radiator, hoses and fan assy. To refill radiator coolant

\$ 180.00

Remove and replace front undercarriage parts

\$ 180.00

Conduct and adjust wheel alignment system

\$ 100.00

**Total:**

\$ 9,172.50

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 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 Submission	28/04/2021 12:27 (SGT)
Date of Accident	27/04/2021 22:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	212 HOUGANG ST 21 CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME931H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM MENG CHENG DESMOND
NRIC No	SXXXX024E
Email Address	KITECONCIERGE@GMAIL.COM
Mobile Phone No	(Phone) +65-91444389
Alternative Phone No	+65-91444389

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1339

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MT/00541276/02
Cover Note Number	-

### DRIVER

Name of Driver	LIM MENG CHENG DESMOND
NRIC No	SXXXX024E



Date Of Birth	30/12/1971
Occupation	Indoor
Date Of Driving Pass	11/10/1990
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91444389
Alt. Phone Number	+65-91444389
Email Address	KITECONCIERGE@GMAIL.COM
Address	261B SENGKANG EAST WAY #07-402
Address complement	-
Postcode	542261
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 on collision
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	JOANNE YEONG LEINYAT
Gender	Female

#### PASSENGER 2

Name	LIM JIA XUAN KINBERLEY
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 THE STATEMENT

#### 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	SKE1331G
Vehicle Manufacturer	Audi



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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SME931H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



**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 lodgment 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 Purpose(s); 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:

23/04/2021  
1115HRS

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

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



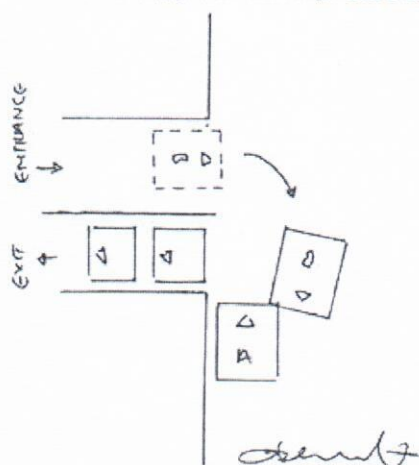
# Accident Toolkit

## Sketch plan

Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

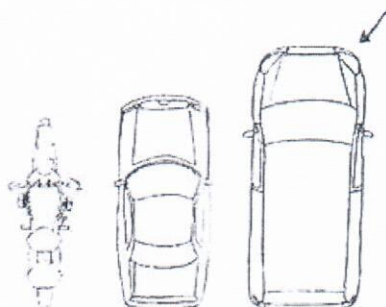
If safe, please take photos or videos from all angles.



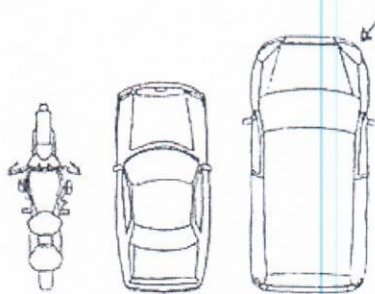
ON THE STATED DATE AND TIME,  
I WAS STATIONARY WAITING FOR  
THE TWO CARS IN FRONT OF ME  
TO EXIT THE CARPARK.  
OUT OF A SUDDEAN, VEHICLE B ENTERED THE CARPARK,  
DROVE AROUND TURNED REALLY FAST  
AND HIT ONTO MY VEHICLE.

*Shunt*

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A  
SMG 931 H



Vehicle B  
SLK 1331 G

**direct**  
**asia**  
insurance

*Shunt*  
28/04/2021  
1115 HRS

Call us direct  
Customer Care  
**6665 5555**  
Claims Support 24/7 Hotline  
**6532 1818**  
+65 6603 1688 (from overseas)