

ASS REC. BY: TGUMREF: CS/AIS 2200400/BVf3Veron

ASSIGNMENT

From: _____ Date: 12/1/2022

Estimated Cost: _____

OD/ 7 / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SGK 2019Tat Workshop m/s Bifrost Autoof 8 Kaki Bt Ave 4 Premier # 01-49

Insured: _____

Policy No. _____

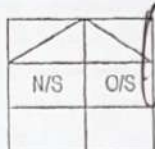
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 39,000/-

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGK 2019T Yr Regn: 1/8/2006Type: Motor / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Civic 1MB c.c. 1339Colour: Silver AC: Insured / Std / NI / NASp. Reading: 384838 T/Radio: Insured / Std / NI / NAEng/No: LDA21026803C/No: JHMF0362065203078

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inter / Jammed / Leaked / Burnt orBrake: Inter / Jammed / Leaked / Burnt orModi: Nil / SR / STD A/Rim orTyre Size: F: 195/65/15 WindforceR: 195/65/15 B3

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mm R/Bal. _____ mmL/Bal. 5 mm L/Bal. _____ mmD.O.A. 5/1/2022 D.O.I. 12/1/2022Survey held at BifrostDes. of Damages: Frt / Rear / Q / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Range 4,000/- - 5,000/-
	Recommended COR is LS \$4,850.00 TGUM Min
	MV 39,000/-
	PV 20,826/-
	NV 18,174/-
	TGUM Min 15/1/2022

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.I. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐Site Insp (\$ 1)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS. \$ _____

Photos

Others

TOTAL

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Company Reg No: 201929175W

Repair Estimate

Vehicle number: SGK2019T

Make & Model: Honda Civic

Chassis number: JHMFD36206S203078

2006

No.	Description of spare parts	Qty	List price	Amount
1	Bonnet	1	590.20	\$ 617.00
2	Front bumper	1	580.20	\$ 678.00
3	Front bumper RH side retainer	1		\$ 22.00
4	Front bumper LH side retainer	1		\$ 22.00
5	Front grille	1		\$ 227.00
6	Front grille emblem	1		\$ 34.00
7	RH headlamp assy	1	633.20	\$ 912.00
8	RH headlamp lower bracket	1		\$ 32.00
9	RH front fender	1		\$ 471.00
10	RH front fender splash shield	1		\$ 84.00
11	RH front fender glass with rubber seal	1		\$ 115.00
12	RH front door	1	908.00	\$ 986.00
13	RH front door frame black tape	1	48.00	\$ 55.00
14	RH front shock absorber	1		\$ 254.00
15	RH front lower arm	1	335.00	\$ 478.00
16	RH front knuckle arm	1		\$ 265.00
17	RH front knuckle arm ball joint	1		\$ 98.00
18	RH front wheel bearing	1	132.40	\$ 178.00
19	RH front tie rod end	1		\$ 78.00
20	RH front drive shaft	1		\$ 903.00
21	Steering rack and pinion	1		\$ 1,382.00
22	Front RH wiper tank	1		\$ 132.00
23	RH side rocker panel garnish	1		\$ 442.00
			4645.00	
	@ 20%		929.00	
			3716.00	
	Total			\$ 8,465.00
	Less 20%			\$ 1,693.00
	Total			\$ 6,772.00

DDV
DPV
NECV
NDX
CUTV
NDX
DPV
MISV
NDX
DDV
NECV
BTX
BTX
DDV
NDX
JMV
NDX
CUTX R

No.	Special Nett Items	Amount
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1	Front bumper clips	1set		\$ 30.00	NECV
2	RH front fender splash shield clips	1set		\$ 30.00	NECV
3	Brake fluid	1		\$ -55.00	NNX
4	RH front door inner trim board clips	1set		\$ 30.00	NECV
5	RH side rocker panel garnish clips	1set		\$ 30.00	NECV
6	RH front sport rim	1	400.00	\$ 850.00	ATV
7	RH front tyre	1		\$ 320.00	NDX

520.00

	Labour and painting		Amount	
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	600.00	\$ 1,000.00	✓
2	Spray painting on affected areas and panels	900.00	\$ 1,200.00	✓
3	Check wiring and lighting system		\$ -80.00	NNX
4	Apply rust coating chemical on affected areas and panels		\$ -80.00	NNX
5	Remove and replace front undercarriage parts to assist repairs		\$ 250.00	✓
6	Test drive and adjust wheel alignment system	60.00	\$ 120.00	✓
7	Replace RH front sport and tyre. Check and balance		\$ 50.00	NNX
		1810.00		

Survey
12/1/2022
12.00 hrs
TCrim M

Resurvey
13/1/2022
13.15 hrs
TCrim
Mux

Total Amount:

\$ 11,027.00

Lump Sum repair
Repair day 8

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 legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

LS 4850.00

TCrim M
15/1/2022

Parts 3716.00
SN 520.00
Labour 1810.00
6046.00
@20% 1209.20
4836.80

Date of Accident : 5/1/2022 Accident Time: 2330 (24-HR-FORMAT)
Accident Place : Bishun Street 24
Vehicle Reg. No (Car plate No.) : SGK2019T Vehicle Make/Model: Honda Civic
Insurance Company : AXA Policy No. VFX / P2441358
Name of Registered Owner : Company / Individual M Auto Leasing Pte Ltd
ID of Registered Owner : Co Reg No: 2020170872 Owner's NRIC No: 1
: Co Contact No: _____ Owner's Contact No: 9003 2303
DRIVER'S Name : Karthigesan s/o Periasamy DRIVER'S NRIC No: 57903264F
DRIVER'S Date of Birth : 14/9/1979 DRIVER'S License Pass Date 20/12/2021
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : 51 Braemar Drive
DRIVER'S Contact No./ Alt No. : 1) 96425194 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofe)
Email Address : duims@iap.com.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 1 Name & Gender: _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) Driver

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMK 1735</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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.

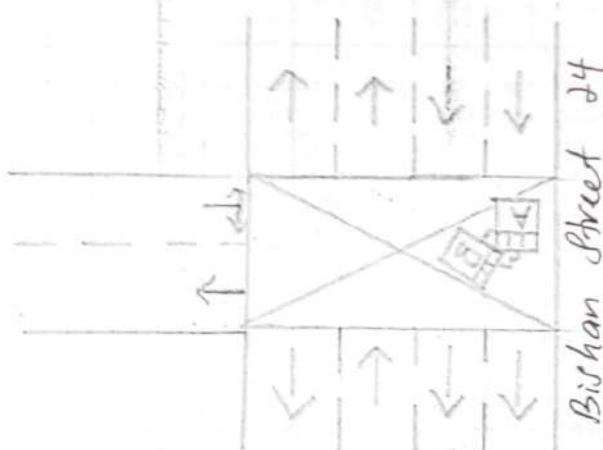


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: 86k 2019T

B: 8mk 2738

Describe Circumstances of the Accident

I was travelling straight along Bitham Street 24. The vehicle (16) traffic was clear for me to proceed straight. Out of sudden, [^] came out from the carpark exit without ensuring that the main road traffic was clear and collided onto my vehicle front right portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	087Z
Vehicle Details	
Vehicle No.:	SGK2019T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Jan 2022
Vehicle Make:	HONDA
Vehicle Model:	CIVIC IMA A
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	LDA21026803
Chassis No.:	JHMF036206S203078
Maximum Power Output:	70.0 kW (93 bhp)
Open Market Value:	\$27,157.00
Original Registration Date:	01 Aug 2006
First Registration Date:	01 Aug 2006
Transfer Count:	5
Actual ARF Paid:	\$19,011.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jun 2026
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$46,454.00
COE Rebate Amount:	\$20,826.00
Total Rebate Amount:	\$20,826.00

The information contained herein is correct as at 06 Jan 2022

OK

MV 39,100/2
PV 20,826/2
NV 18,174/2

Tan Jun
15/1/2022