

ASS. REC BY: T. J. M.

REF: CS/CT 27005412/Ty 3

ASSIGNMENT

From: _____ Date: _____
Estimated cost: _____
OD / TP / IS / TP RES / OD RES / EVA / INV / MV
To Inspect/Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: GBH 3318Z Yr Regn: 2018 April
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Suzuki Every C.C. 658
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 54742 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: DA17 V821267
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 155/R12
R: W

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Windforce
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 7/6/22
Survey held at Bijest
Des. of Damages: Frt / (Rear) O/S / N/S / U/C / Rooftop or

Bal. or Market Value: \$46K.
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS wp
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

1) Date/Time, File Return to?
2) _____

Report Format: _____
Lump Sum / L.B. / P. _____

Days Of Repair: _____
Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS. \$ _____
Photos _____
Others _____

TOTAL

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 : **GBH 3318Z**

Made : Suzuki

Model : Every

Chassis No : _____

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

Amount:

Working Day:

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$
1	Rear Bumper	1	\$ 594.00	\$ 594.00
2	Rear Bumper Side Retainer RH	1	\$ 33.40	\$ 33.40
3	Rear Bumper Side Retainer LH	1	\$ 33.40	\$ 33.40
4	Rear Bumper Number Plate Lamp	1	\$ 35.80	\$ 35.80
5	Rear Bumper Number Plate Lamp Bracket	1	\$ 26.70	\$ 26.70
6	Rear Bumper Taillamp Assembly RH	1	\$ 98.40	\$ 98.40
7	Rear Bumper Taillamp Assembly LH	1	\$ 98.40	\$ 98.40
8	Rear Tailgate	1	\$ 986.10	\$ 986.10
9	Rear Tailgate Lock Assembly	1	\$ 178.30	\$ 178.30
10	Rear Tailgate Lock Striker	1	\$ 35.00	\$ 35.00
11	Rear Tailgate Weatherstrip	1	\$ 144.90	\$ 144.90
12	Rear Tailgate Outer Handle	1	\$ 78.40	\$ 78.40
13	Rear Tailgate Emblem	1	\$ 35.00	\$ 35.00
14	Rear Tailgate "Every" Sticker Emblem	1	\$ 40.00	\$ 40.00
15	Rear Tailgate Sticker Emblem	1	\$ 35.00	\$ 35.00
16	Rear End Panel	1	\$ 654.90	\$ 654.90
17	Rear End Panel Air Duct RH	1	\$ 42.10	\$ 42.10
18	Rear End Panel Air Duct LH	1	\$ 42.10	\$ 42.10
19	Rear Floor Panel	1	\$ 1,372.00	\$ 1,372.00
20	Rear Floor Panel Insulator RH	1	\$ 143.50	\$ 143.50
21	Rear Floor Panel Insulator LH	1	\$ 143.50	\$ 143.50
22	Rear Fender RH	1	\$ 873.60	\$ 873.60
23	Rear Fender LH	1	\$ 873.60	\$ 873.60
24	Rear Fender Inner Trim RH	1	\$ 101.00	\$ 101.00
25	Rear Fender Inner Trim LH	1	\$ 101.00	\$ 101.00
26	Rear Fender Inner Shield RH	1	\$ 67.40	\$ 67.40
27	Rear Fender Inner Shield LH	1	\$ 67.40	\$ 67.40
28	Rear Exhaust Pipe	1	\$ 452.90	\$ 452.90
29	Rear Exhaust Gasket	1	\$ 48.00	\$ 48.00
30	Rear Exhaust Mounting	1	\$ 29.80	\$ 29.80
31	Spare Tyre Carriage	1	\$ 377.20	\$ 377.20

Parts Sub Total : \$ 7,842.80

15% Discount \$ 1,176.42

PARTS TOTAL : \$ 6,666.38

2868.90
15% 2458.56

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$
1	Rear Number Plate	1	\$ 50.00	\$ X nn 50.00
2	Rear Bumper Clips - Set	1	\$ 50.00	\$ 30mm 50.00
3	Rear Taillamp Clips - Set	1	\$ 50.00	\$ X 50.00
4	Rear Fender Inner Shield Clips - Set	1	\$ 40.00	\$ X 40.00
5	Rear Fender Inner Trim Clips - Set	1	\$ 100.00	\$ X 100.00
6	Rear Tailgate Sealant	1	\$ 150.00	\$ X 150.00
7	Rear End Panel Sealant	1	\$ 150.00	\$ 40mm 150.00
8	Rear Floor Panel Sealant	1	\$ 150.00	\$ X 150.00
9	Rear Fender Sealant	2	\$ 150.00	\$ X 300.00
10	Rear Tailgate Windscreen Glass Sealant	1	\$ 150.00	\$ 50mm 150.00
11	Rear Tailgate Inner Trim Clips - Set	1	\$ 50.00	\$ X 50.00
12	Rear Tailgate "70km/h" Sticker	1	\$ 30.00	\$ net 30.00
13	Rear Tailgate "5 Pax" Sticker	1	\$ 30.00	\$ net 30.00
14	Rear Tailgate "Lalamove" Sticker	1	\$ 500.00	\$ net 150 500.00
15	Rear Bumper Reverse Sensor - Set	1	\$ 350.00	\$ net 200 350.00
16	Rear Bumper Reverse Camera	1	\$ 500.00	\$ X 500.00
SPECIAL NETT TOTAL :				\$ 2,650.00

Nos.	LABOUR	S\$
1	To Panel Beat, Remove & Refix Parts	\$ 600 1,400.00
2	To Spray Paint Affected Areas	\$ 600 1,200.00
3	Wiring & Bulb Check	\$ 30 100.00
4	To Remove & Refix Rear Tailgate Windscreen Glass	\$ 120 150.00
5	To Transfer Tailgate Mechanism	\$ 60 150.00
6	To Remove & Refix Rear Bumper Reverse Camera	\$ X nn 150.00
7	To Remove & Refix Rear Bumper Reverse Sensor	\$ 30 120.00
8	To Remove & Refix Rear Exhaust Pipe	\$ 60 150.00
9	To apply anti rust on affected parts	\$ 30 100.00
10	To Remove & Refix Interior Upholstry to facilitate repairs	\$ 50 150.00
11	To Conduct Water Leak Test	\$ X nn 100.00
12	To Send for Diagnostic and Reset Control Unit. Programming & Calibration	\$ X nn 480.00
LABOUR TOTAL :		\$ 4,250.00

Tanjik 97495749 / 62563561

'NP' 9/1/22 @ 520pm

1/5 Resurvey after repair

tanjik@lkkauto.com

5 days.

2438.56

530

1580

4548.56

21583600

05 days

PARTS TOTAL : \$ 6,666.38
SPECIAL NETT TOTAL : \$ 2,650.00
LABOUR TOTAL : \$ 4,250.00
GRAND TOTAL : \$ 13,566.38

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	337E
Vehicle Details	
Vehicle No.:	GBH3318Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Jun 2022
Vehicle Make:	SUZUKI
Vehicle Model:	EVERY JOIN TURBO 660 AT 5DR LGV
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	R06A2144452
Chassis No.:	DA17V821267
Maximum Power Output:	-
Open Market Value:	\$16,102.00
Original Registration Date:	26 Apr 2018
First Registration Date:	26 Apr 2018
Transfer Count:	0
Actual ARF Paid:	\$806.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 Apr 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$34,202.00
COE Rebate Amount:	\$20,131.00
Total Rebate Amount:	\$20,131.00

The information contained herein is correct as at 06 Jun 2022

OK

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	27/05/2022 16:50 (SGT)
Date of Accident	27/05/2022 15:10 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3318Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WHEELZ FUTURE PTE LTD
Company Reg No	201542337E
Email Address	FAYTHTAN@KEMIA.COM.SG
Mobile Phone No	(Phone) +65-96576765
Alternative Phone No	+65-96576765

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Every
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	Commercial vehicle
Transmission	Auto
CC	658

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5099938123-04
Cover Note Number	-

DRIVER

Name of Driver	TAN LI CHING
NRIC No	S8007816A

Date Of Birth	22/03/1980
Occupation	Outdoor
Date Of Driving Pass	19/10/2005
Driving experience	16 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96576765
Alt. Phone Number	-
Email Address	FAYTHTAN@KEMIA.COM.SG
Address	APT BLK 305 CLEMENTI AVENUE 4
Address complement	#10-395
Postcode	120305
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

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 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	SMM3381H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90034850
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

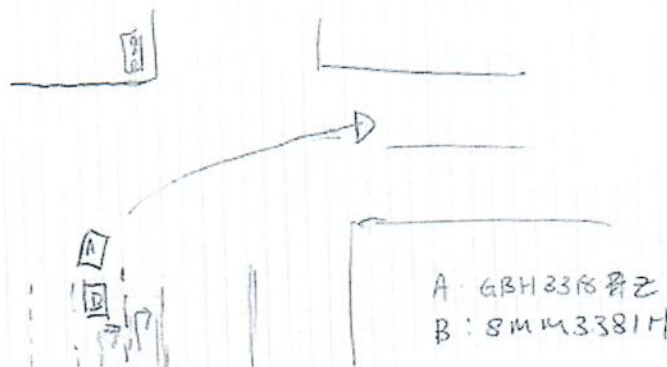
Fayfulden

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstances of the Accident		ACCIDENT DATE & TIME: 27/5/22 3:10pm
LICENSE PLATE: 6BH3ES 18H	E-MAIL ADDRESS: faythtan@kemia.com.sg	
CONTACT NUMBER: 965776765		
LOCATION: Jurong town hall road		
<div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>when turning right, the saw the light traffic light changed stopped the van, the car (2mm 3381H) hit onto my van.</p> </div>		
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>		
<p>Please state:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only </div>		

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