S. RECBY: TOUM	<u>(7</u>		
ASS	IGNMENT	COE 2030	
om: Date:	Veh No: SL437084.		eb
simated lost:	Type: M.Car / M.Cycle / Bus / Van / Lorr	y /. Taxi / Prime Mover /	
DIFFI VS ITP RES I OD RES I EVA I INV I MV	Truck / Trailer or		
Inspecivehicle No:	Make: Andy A6		84
Workship m/s	Colour white_	A/C: Insured / Std / N	IJNA
f	Sp.Reading 130655	T/Radio: Insured   Std   N	II I NA
nsured:	Eng/No:		
Policy No.	C/No: WAUZZZ	4G5CW104	495
	Gen. Cond: Good / Fair / Poor / Burnt		140
Claims Nu	Steering: Inorder / Jammed / Leaked /	Burnt or	
Julii 11 10 10 10 10 10 10 10 10 10 10 10 10	Brake: inorder/Jammed/Leaked/	_	
(Client'sRecord) Make of Veh:	Modi: NII / \$/Rim / STD A/Rim or	80-00	
VIANO OI TOTA			
	R: 9	7.	
(Policy Condition)  Remark: The veh had commenced its N/S 0/8		/ MIC / OHTSU PIR SUN	Al /
repair at the time of inspection.	TOYO / YOKO or		
Bal, or Market Value: 982 W.	Front	Rear	0
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, 6 mm	R/Bal.	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm	UBal. 6	mm
Est. Repairs: days Res.: Yes or No	D.O.A.	D.O.I. 24/6/	122
Lum Sum: % 3 Val.: Yes or No	The state of the s	frost.	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/	S   NIS   UIC   Rooftop	· 0Γ
Vehicle: IN/	OUT	le Street and offeried due	e to collision.
Date:Person Contacted:	The U/C / Chassis frame / Bo	ody Structure allected dut	S to bottleter.
Date / Time   Action / Instruction			
			11
1	1		
	•		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:		
; Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?		Transportation:	
2) Ad	d Fee: : Site Insp (\$	)s+Rssi	
	: Interview (\$	) Photos	
	(S	) Others	
Reput Formal :	:Tech. Invs (\$	) June -	
Reput Format : Lump Sum / L.B.k (%)	: Tech. Invs (\$		The second second

## **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: SLU3708U Make & Model: Audi A6

Chassis number: WAUZZZ4G5CN104495

Date of survey: Name of surveyor:

Contacts:

No.	Description of spare parts		Qty	Α	mount S\$
	, , , , , , , , , , , , , , , , , , , ,			•	2 700 00
1	Bootlid alumphan	2300	1	\$	3,789.00
2	Bootlid centre emblem	(00)	1	\$	138.00
3	Bootlid "A6" emblem	48	1	\$	103.00
4	Bootlid "2.0T" emblem		11	\$	98.00
5	Bootlid lock		1	\$	278.00
6	Bootlid lock catch		1	\$	152.00 ×
7	Rear bumper	2058.54	1	\$	2,519.000
8	Rear bumper clips		1set	\$	60.00
9	Rear bumper lower spoiler	282.84	1	\$	453.00
10	Rear bumper reinfocement	774.40	1	\$	872.00
11	Rear bumper RH side reverse sensor		1	\$	228.00
12	Rear bumper RH centre reverse sensor	185	1	\$	228.00
13	Rear bumper LH centre reverse sensor	185	1	\$	228.00
14	Rear bumper LH side reverse sensor		1	\$	228.00
15	Rear bumper reverse sensor rubber seal		4	\$	102.00
16	Rear bumper reverse sensor holders		4	\$	128.00
17	Rear bumper towing cover		1	\$	78.00
18	Rear bumper RH side retainer		1	\$	45.00
19	Rear bumper RH lower bracket		1	\$	22.00
20	Rear bumper LH side retainer		1	\$	45.00
21	Rear bumper LH lower bracket		1	\$	22.00 4
22	Rear bumper centre bracket		1	\$	292.00
23	End panel		1	\$	556.00
24	End panel inner garnish		1	\$	189.00
25	End panel inner garnish clips		1set	\$	40.00
26	RH taillamp assy		1	\$	1,181.00
27	LH taillamp assy		1	\$	1,181.00
		(1.6h. 78		\$	13,255.00
		6666.78	arts less 5%		662.75
		6333,44	Total		12,592.25

No.	Special Nett Items	Amount		ount S\$
1	End panel joint sealant	1	\$	70.00

Total:

\$

70.00

No.	Labour and painting	A	mount S\$	
1	Labour charges to remove, check, replace and reinstall	\$	1,000.00 6	me
	damages bodyparts. To panel beating, cut/weld and	Ψ	1,000.00	
	realign all affected panels and areas			
2	Spray painting on affected areas and panels	\$	(400.005	00
3	Check wiring and lighting system on affected areas	\$	50.00 3	O
4	Apply rust coating chemical on affected areas and panels	\$	60.00 \$	,0
5	Remove and replace bootlid inner mechansim to new bootlid	\$	180.00	ZX n
6	Remove and replace rear bumper reverse sensors to assist repair	\$	120.00 3	0
7	Remove and replace rear inner garnish and trims to assist repair	\$	350.00	O
				1350
			/	1350

Agreed Amount: \_\_\_\_(Part by Part / Lump sum) Working days:

Taufill 97495749

"Mp" 24/b/22 e Spm

To check consistency of accident.
To check part prices

L/s Rosuny after negati

taufill @ Ibhauts. wm.

@ 4days

Spare Parts: \$ 12,592.25 Special Nett: \$ 70.00 Labour: 1,860.00

Total:

1,860.00

**Total Amount:** 14,522.25

## LEK 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:

Dare:

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	946A	
Webschalderation of the Commercial Section 19	No. of the second secon	
Vehicle No.:	SLU3708U	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	24 Jun 2022	
Vehicle Make:	AUDI	
Vehicle Model:	A6 2.0 TFSI MU	
Primary Colour:	White	
Manufacturing Year:	2011	
Engine No.:	CDN249361	
Chassis No.:	WAUZZZ4G5CN104495	
Maximum Power Output:	132.0 kW (177 bhp)	
Open Market Value:	\$43,385.00	
Original Registration Date:	23 Feb 2012	
First Registration Date:	23 Feb 2012	
Transfer Count:	2	
Actual ARF Paid:	\$43,385.00	
luterded BARI: Repate Decate	¥45,365.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
interpried Courtebate Cotanics 2000	\$0.00	
COE Expiry Date:	30 Sep 2030	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
PQP Paid:	\$34,935.00	
COE Rebate Amount:	\$28,879,00	
Total Rebate Amount:	\$28,879.00	

The information contained herein is correct as at 23 Jun 2022

VEHICLE NO: SLU	1270FU
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MAKE & MODEL: AUDI/AG



The state of the s	MAKE & MODEL: HOUI/16	AUTO MANUAL
DATE OF ACCIDENT	22 106 12022	CC; 2000
TIME OF ACCIDENT	07(C) AM / (CM)	
LOCATION OF ACCIDENT	ALONG KIM KEAT LINK	
EXACT PURPOSE USED AT TIME OF ACCI		
NAME OF OWNER	PANG ZHI HE SHAWN	E
EMALL SHAWNPANGZHIHE@ Gr		
NEIC 2111MIN HAR CHINE ON IN		TOBLE 8299 5
	59048946A	
CLAIM TYPE	OD / THIED PARTY / REPORTING ONLY	
FLEET POLICY.	YES / MO ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Farty Fire &	- The of
FOLICY NO.	5118945935 - 01	c inell
NAME OF DRIVER	AS ABOVE / IF NO.	
MRIC	TO FINO:	
DATE OF BIRTH	18 / 12 / 1990	
ANY PASSENGER	YE8/NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	(F)
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS		
GENIDER		
CONTACT NO.		
EMAIL:	Mobile 829 5144 Office. Horne	),
ADDRESS	SHAWNPANGZHIHE @ GMAIL. COM	
	BIX 106B BIOADARI PARK DRIVE # 04-68 54	ORE (342106)
DOES DRIVER OWN OTHER VEHICLES?	THO I IT YES . RES NO. INSUR	
RELATIONSHIP	Employee / I'No. OWNER	
WEATHER CONDITION	Clear / Raining / Cifier:	
ROAD SURFACE	Pry / Wei / Other.	
ANY INJURIES CONTACT NO.	No/If yes: Who?	
POLICE REPORT	No / If yes: Where?	***************************************
NOTICE OF INTENDED PROSECUTION GIVE VEHICLE B NO.	110/11 110: 4710:	
MME	SIN 4764K Any Passenger.	
CONTACT NO.		
FHICLE C NO.		
EHICLE D NO.	Any Passenger :	
EHICLE E NO.	Any Passenger .	
EHICLE FNO.	Any Passenger	
NY WITNESS	Any Passenger	
TENESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO.	
**WORKSHOP:	V	
ive you been approach by unknown person		
The result in Cold of the United Fig. 11 in Francisco	colloiling (e) !	The state of the s

### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' 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
- (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 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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	The second secon	An a full contract of the last and the second of
	LOR 6 TOA PAYOU	
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		- B° 55N 4764K
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Describe Circumstances of the Accident ON THE STATED OATA AND TIME VEHILLE (SLU 3708U) WAS TRAVELLING ALONG 14104 KEAT LINK, WHILE WAITING TURN LEFT EN 70 TOA PATOH LOR SUDDENLY I FELT FROM IMPACT My REAR ALIGHTED AND FOUND OVT THAT VEHICLE (SJN 4764K) HAS HIT ONTO VEHICLE MY REAR.

#### Declaration

I/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