

ASS. RECD BY: Tajm

REF:

CS/CT/122011957/tnps

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP / MS/TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop/s _____

of _____

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.

N/S	O/S

Bal. or Market Value: 192K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: SFV911J

Yr Regn: 2018 Sep

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan X-trail

c.c

1997

Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 147877

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JW1JANT327*0011414

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R19

R: 2

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Survey held at Bjfirst

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt O/S

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

Date / Time

Action / Instruction

We accept the finalized amount of LS \$4,300 and 3 days

(red, \$7289.09 , 63%)

Date/Time, File Pass to?

1) 03/01/23

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI _____

Photos _____

Others _____

TOTAL

Report Format: tp

Lump Sum / I.B.L. (\$) 4300

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: SFV911J

Make & Model: Nissan X-Trail

Chassis number: JN1JANT32Z0011414

Date of survey:

Name of surveyor:

Contacts:

No.	Description of spare parts	Qty	Amount S\$
1	Front bumper	1	\$ de 594.10 ✓
2	Front bumper RH fog lamp	1	\$ x NN 258.90
3	Front bumper RH fog lamp cover	1	\$ x NN 87.80
4	Front bumper RH side retainer	1	\$ ole 23.40 ✓
5	Front bumper LH side retainer	1	\$ x NN 23.40
6	RH headlamp assy	1	\$ cut 2,782.60 2642 ✓
7	Front grille emblem	1	\$ x NN 74.00
8	Front grille	1	\$ x NN 411.40
9	Front RH fender	1	\$ bt 641.70 ✓
10	Front RH fender splash shield	1	\$ x NN 132.60
11	Front RH fender arch moulding	1	\$ cut 189.20 ✓
12	Front RH sport rim	1	\$ cut 1,434.50 600 nett ✓
13	Front RH knuckle arm	1	\$ x NN 512.30
14	Front RH wheel bearing	1	\$ x NN 232.50
15	Front RH shock absorber	1	\$ x NN 378.40
16	Front RH shock absorber top mounting	1	\$ x NN 83.70
17	Front RH tie rod end	1	\$ x NN 127.60
18	Front RH door	1	\$ x NN 1,090.00
19	Front RH door frame black tape sticker	1	\$ x NN 32.00

4090.40

-10%

3681.36

600

	\$	9,110.10
Parts less 10%	\$	911.01
Total	\$	8,199.09

No.	Special Nett Items	Qty	Amount S\$
1	Front bumper clips	1set	\$ 30 one 80.00
2	Front RH fender splash shield clips	1set	\$ NN x 60.00
3	Front RH fender arch moulding clips	1set	\$ 20 one 70.00

50

Total: \$ 210.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall	\$ 1,200.00

	damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas		
2	Spray painting on affected areas and panels	\$ 500	1,000.00
3	Check wiring and lighting system on affected areas	\$ 30	60.00
4	Apply rust coating chemical on affected areas and panels	\$ 30	60.00
5	Refocus and adjust headlamps assy	\$ 30	80.00
6	Test drive and adjust wheel alignment system	\$ 80	180.00
7	Remove and replace front undercarriage parts to assist repair	\$ X	450.00
8	Remove and replace front RH door inner mechansim to new door	\$ X	150.00

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

1070 Total: \$ 3,180.00

Spare Parts: \$ 8,199.09
Special Nett: \$ 210.00
Labour: \$ 3,180.00

Total Amount: \$ 11,589.09

Taufik 974458495

WP' 30/11/22 @ 430

L/S Resurvey after repair

fauzlin@lkhauto.com

- To check consistency of accident.
- To check part prices

03 days

5401.36

L/S - 4321.08
= 4300

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 Repa

Signature:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 865I

Vehicle Details

Vehicle No.: SFV911J
Vehicle to be Exported: Yes
Intended Deregistration Date: 29 Nov 2022
Vehicle Make: NISSAN
Vehicle Model: X-TRAIL 2.0 CVT
Primary Colour: White
Manufacturing Year: 2018
Engine No.: MR20345575C
Chassis No.: JN1JANT32Z0011414
Maximum Power Output: 106.0 kW (142 bhp)
Open Market Value: \$24,057.00
Original Registration Date: 13 Sep 2018
First Registration Date: 13 Sep 2018
Transfer Count: 0
Actual ARF Paid: \$25,680.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 12 Sep 2028
PARF Rebate Amount: \$19,260.00

Intended COE Rebate Details

COE Expiry Date: 12 Sep 2028
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$31,001.00
COE Rebate Amount: \$17,945.00
Total Rebate Amount: \$37,205.00

The information contained herein is correct as at 28 Nov 2022

OK

cc: 1997
\$92K.

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 26 / 11 / 2022 (dd/mm/yy) Time of Accident: 15 : 45 (24-HR-FORMAT)
Vehicle No.: SFV911J Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y/N)
Exact location of Accident: Bishan St 11 Slip road into Braddell Road
Policyholder's Name / IC No.: Bernard Norbet (S0175865I) ROC/UEN (Company): -
Driver's Name / IC No.: As above (As Above) ☐
Driver's Contact No.: 90221174 Company Contact No / Owner Contact No: -
Driver's Address: 141 Bishan St 12, #11-51B, S (570141)
Owner Email address: BERNARD_NORBET@HOTMAIL.COM Insurance Company: NTUC (5130109675)
Driver Email address: As above

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☒ Outdoor Retiree

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: -/-

Gender: Male / Female x ()

*Passenger Name: -/-

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: -/- Injured Person in Which Vehicle: -

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: YP6493R

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact 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 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 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.

X

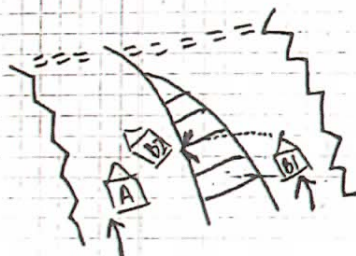
Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SFV911J

B: YP6493R


Describe Circumstances of the Accident

I was travelling on the left lane of the 2 lane road from Dishan St II to Braddel Road when a vehicle from the right lane suddenly cut left across the zebra crossing & caused a collision between the front right portion of my vehicle & the left rear portion of his vehicle. I have retrieved my in-car footage for insurance claims purposes.


Declaration

We declare the foregoing particulars are true in every respect.

X


Policyholder's Signature / Date & Time

X


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

Witnessed by Reporting Centre Personnel