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ASS. RECEBY: TOURM - REF. CS CT 230	anisup/T & 1
ASSIG	NMENT
From: Date:	Veh No: SLV 2274E Yr Regn: 20171 Del
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP ) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect/Vehicle No:	Make: Ope Btra STID as 991,
at Workstop m/s	Colour Sine A/C: Insured / Std / Ni / NA
of	Sp.Reading G(83 8 T/Radio: Insured / Std / NI / NA
insured:	Eng/No:
Policy No.	CINO: WOLBESEAUHOOST895
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insuled: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or /
	Tyre Size: F: 227 45M7
(Policy Condition)	R:
Remark: The veh had commenced its N/S 0/S	BS I DUN I EXNOVA I GY I-FS I LIZA I MIC I DHTSU I PIR I SUMI I
repair at the time of inspection.	TOYO/YOKO DI
Bal. or Market Value:	FTOTI Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal mm R/Bal mm
GIA / PR Seen: Consistent? : Yes or No	L/Balmm . L/Balmm
Est. Repairs:days Res.: Yes or No	D.O.A. D.O.I. 11 28
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS WY	Des. of Damages : Frf / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date /Time Action / Instruction	
J	
	<u> </u>
	1
. —	
Date/Time, File Pass 10? : Preli. Report	Paris Of Paris In
i) : Final Report	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
Date/Tine, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
2) Add Fe	
	: Interview (\$ ) Photos
Report of the comment	: Tech. Irivs (\$ ) Others
Lump Sum / LB.A: (F)	:Weelend (\$

### **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: SLV2274E Make & Model: Opel Astra

Chassis number: W0LBE8EA0H8085895

Date of survey: Name of surveyor:

Contacts:

Description of spare parts	Qty	Amount S\$
	1	\$ × 2,040.00
RH hinge	1	\$ \ 188.00
LH hinge	1	\$ × 188.00
lock	1	\$ × 178.00
imper	1	\$ der 1,941.00
imper clips	1set	\$ ner 30 80.00
imper RH side retainer	1	\$ × 144.00
imper LH side retainer	1	\$ × 144.00
ımper RH LED lamp	1	\$ \ 424.00
ımper RH LED lamp cover garnish	1	\$ × 162.00
imper lower grille	1	\$ × 453.00
imper lower spoiler	1	\$ × 558.00
imper reinforcement	1	\$ X 784.00
H fender	1	\$ 14 663.00
H fender emblem	1	\$ × 74.00
H fender splash shield	1	\$ \( 209.00
H fender splash shield clips	1set	\$ × 70.00
dlamp	1	\$ aut 3,904.00
dlamp holagen	1	\$ × 913.00
nt sport rim	1	\$ cut 1,095.00
nt shock absorber	1	\$ 1 389.00
nt lower arm	1	\$ < 732.00
nt knuckle arm	1	\$ × 616.00
nt wheel bearing	1	\$ × 375.00
nt tie rod end	1	\$ x 143.00
panel	1	\$ % 922.00
ıt	tie rod end	tie rod end 1

17,389.00

Parts less 10% \$ 3,477.80

No.	Special Nett Items	Qty	Amount S\$		
1	RH front tyre	1	\$	X	550.00
2	Brake fluid	1	\$	K	80.00
			-		

630.00 Total:

No.	Labour and painting	A	mount S\$
1	Labour charges to remove, check, replace and reinstall	\$	1,400.00
1	damages bodyparts. To panel beating, cut/weld and	Ψ	1,100.00
	realign all affected panels and areas		
2	Spray painting on affected areas and panels	\$	1,200.00
3	Check wiring and lighting system on affected areas 3.0	\$	80.00
4	Apply rust coating chemical on affected areas and panels 30	\$	80.00
5	Remove and reinstall aircon condenser, pipes and hoses to assist repair	\$	200.00
5	Remove and reinstall radiator assy, hoses and fan assy to assist repair X	\$	200.00
6	Test drive and adjust wheel alignment system	\$	180.00
7	Remove and replace front undercarriage parts to assist repair	\$	450.00
	Total:	\$	3,790.00

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

Taythin 97445749

WP, 11/238 1250pm

ils Kenny affurupair

faufinn chhants wm

«3days

- To which port priss

Spare Parts: \$ 13,911.20 Special Nett \$ 630.00 3,790.00 Labour:

# Total Amount following: 18,331.20

. To resurvey before/after spray p

- . To display damaged part(s) during re
- · Parts prices are subject to con
- Third party survey is on a "Without Prejudice" basis
- · No illegal modification(s) is allowed
- ora item(s) must be resurveyed and is again at to fine approval from Insurance Company

Act to work to Repairer

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Ourse ID Tures	Singapore NRIC	
Owner ID Type:	1.86 M	
Owner ID:	870G	
Vehicle Details	SLV2274E	
Vehicle No.:	Yes	
Vehicle to be Exported:	06 Jan 2023	
Intended Deregistration Date:		
Vehicle Make:	OPEL	
Vehicle Model:	ASTRA ST 1.0 AT	
Primary Colour:	Blue	
Manufacturing Year:	2017	
Engine No.:	B1171027HRXX0489	
Chassis No.:	W0LBE8EA0H8085895	
Maximum Power Output:	77.0 kW (103 bhp)	
Open Market Value:	\$20,179.00	
Original Registration Date:	26 Dec 2017	
First Registration Date:	26 Dec 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$5,251.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	25 Dec 2027	
PARF Rebate Amount:	\$3,675.00	
Intended COE Rebate Details		
COE Expiry Date:	25 Dec 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$38,200.00	
COE Rebate Amount:	\$18,976.00	
Total Rebate Amount:	\$22,651.00	

The information contained herein is correct as at 06 Jan 2023

\$64K.

Date of Accident	31/17/22 Accident Time: 1705Pm (24-HR-FORMAT)
Accident Place	BIK 248 hougary Ave 3 carpark
Vehicle Reg. No (Car plate No.)	SLVZZ74B CC: 100 Vehicle Make/Model: OPEL ASTRO
Insurance Company	: Allianz Policy No. SP2000629175-01
Name of Registered Owner	: Company / Individual 10W [ Wan Kiang
ID of Registered Owner OWNER EMAIL ADDRESS:	: Co Reg No: Owner's NRIC No: 5/23/8705
derrenteots egnail com	: Co Contact No: Owner's Contact No: 9138 4803
DRIVER'S Name	Teo Thiam sheng DRIVER'S NRIC No: 58711924F
DRIVER'S Date of Birth	30/04/1987 DRIVER'S License Pass Date 21/07/2016
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: 19B LIM tua tow road #01-03
DRIVER'S Contact No./ Alt No.	:1)96379129 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	:
Weather & Road Surface	: CLEAR& DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Was the accident reported to the poli Was there any video Captured by car	camera: YES \ NO being used at the time of accident: Private use \ Work purpose
Other Other	Party Driver's Particulars (if any)
Vehicle Reg No: SBR 80680	Vehicle Reg No:
Vehicle Make\Model:	
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN : ENGLISH	/ CHINESE / MALAY / TAMIL OTHERS:

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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

(Name as in NRIC/ID card)

Wilnessed by Reporting Centre Personnel

Sketch Plan

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	HAZSUVZZ74BEHHHHHHH
	11
	Thomas Hadaana Aue 3
A	

Describe Circumstance of the Accident
my vehicle was stationary at BIK 248 hougary
Aug 3 caspack I lall mit ear floor I le aun
Ave 3 carpark, I left my sar, there to do my own
this 1-12 is a 1-2 is a 2 is a
things, when i came back i saw a note and i
realised vehicle (b) collided onto my vehicle
realised verticle (b) collided onto thy verticle

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

Witnessed by Reporting Centre Personnel