



**BIFROST AUTO PTE LTD**

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

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Company Reg No: 201929175W

**Repair Estimate**

Vehicle number: SMC6291S

Make &amp; Model: Volvo XC40

Chassis number: YV1XZ16ACK2045416

No.	Description of spare parts	Qty	Amount S\$
1	Bonnet	1	\$ X 2,531.70
2	Bonnet insulator clips	1set	\$ X 80.00
3	Front bumper	1	\$ del 2,078.73
4	Front bumper clips	1set	\$ new 40 80.00
5	Front bumper rivets	1set	\$ new 30 70.00
6	Front bumper number plate holder	1	\$ X 66.80
7	Front bumper lower spoiler	1	\$ cut 615.68
8	Front bumper lower centre garnish	1	\$ X 780.19
9	Front bumper RH side garnish	1	\$ X 76.05
10	Front bumper LH side garnish	1	\$ X 76.05
11	Front bumper LH PDC sensor	1	\$ X 215.50
12	Front bumper centre bracket	1	\$ X 85.68
13	Front bumper reinforcement	1	\$ X 1,399.77
14	Front bumper RH side beam	1	\$ X 159.03
15	Front bumper LH side beam	1	\$ X 159.03
16	Front bumper centre beam	1	\$ X 96.57
17	Front bumper inner sponge	1	\$ X 310.48
18	RH headlamp assy	1	\$ X 3,055.80
19	LH headlamp assy	1	\$ cut 3,055.80
20	Front grille	1	\$ cut 911.34
21	Front grille clips	1set	\$ new 30 80.00
22	Front grille emblem	1	\$ new 103.00
23	Aircon condenser frame support	1	\$ X 169.87
24	Aircon condenser	1	\$ X 973.90
25	Radiator assy	1	\$ X 690.18
			\$ 17,921.15
		Parts less 10%	\$ 1,792.12
		Total	\$ 16,129.04

No.	Special Nett Items	Qty	Amount S\$
1	Front number plate	1	\$ X 80.00
2	Radiator coolant	1	\$ X 80.00
		Total:	\$ 160.00



No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,400.00
2	Spray painting on affected areas and panels	\$ 1,200.00
3	Check wiring and lighting system on affected areas	\$ 80.00
4	Apply rust coating chemical on affected areas and panels	\$ 80.00
5	Refocus and adjust headlamps assy	\$ 80.00
6	Remove and replace aircon condenser and pipes to assist repair	\$ 280.00
7	Remove and replace radiator assy and hoses to assist repair	\$ 280.00

Total: \$ 3,400.00

Tanfah 9749 5749/62563581

WP 11/4/25e 2pm

4/5 Resurvey after repair

Tanfah c (khant.com)

- To check consistency of accident
- To check part prices

2 days

Spare Parts: \$ 16,129.04  
Special Nett: \$ 160.00  
Labour: \$ 3,400.00

Total Amount: \$ 19,689.04

- LKK Auto Consultants** to certify the Repairer of the follow:
- 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:

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## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 058C

### Vehicle Details

Vehicle No.: SMC6291S  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 24 Mar 2023  
Vehicle Make: VOLVO  
Vehicle Model: XC40 T5 MOMENTUM  
Primary Colour: White  
Manufacturing Year: 2018  
Engine No.: B4204T182597165  
Chassis No.: YV1XZ16ACK2045416  
Maximum Power Output: 185.0 kW (248 bhp)  
Open Market Value: \$28,936.00  
Original Registration Date: 13 Jul 2018  
First Registration Date: 13 Jul 2018  
Transfer Count: 0  
Actual ARF Paid: \$32,511.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 12 Jul 2028  
PARF Rebate Amount: \$24,383.00

### Intended COE Rebate Details

COE Expiry Date: 12 Jul 2028  
COE Category: B - Car above 1600cc or 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$37,605.00  
COE Rebate Amount: \$19,926.00  
**Total Rebate Amount: \$44,309.00**

The information contained herein is correct as at 24 Mar 2023

OK



VEHICLE NO: SMC 6291 S

MAKE &amp; MODEL: Volvo XC40

AUTO/MANUAL

DATE OF ACCIDENT	23 / 03 / 2023	C.C. 2000
TIME OF ACCIDENT	2100 hrs	AM / PM
LOCATION OF ACCIDENT	5 West Coast Walk Carpark	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LYE Yin San Elaine	
EMAIL	ELAINE.LYE@gmail.com	OFFICE: — MOBILE: 9093 0013
NRIC	S7144 058 C	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00133 882201	
NAME OF DRIVER	AS ABOVE / IE ME	
NRIC	- As Above -	
DATE OF BIRTH	9 / 12 / 1971	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	N/I	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	6 / 11 / 1990	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 9093 0013 Office: — Home: —	
EMAIL	ELAINE.LYE@gmail.com	
ADDRESS	5 West Coast Walk #07-09 S127146	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: Owner	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	NO / If yes, Who?	
CONTACT NO.	N/I	
POLICE REPORT	NO / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?	
VEHICLE B NO.	SLL 3979 B	Any Passenger: —
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS	N/I	
WITNESS CONTACT NO.	N/I	
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / 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 Actual 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 Traffic Police Department for investigation.
6. 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.

### 6. 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

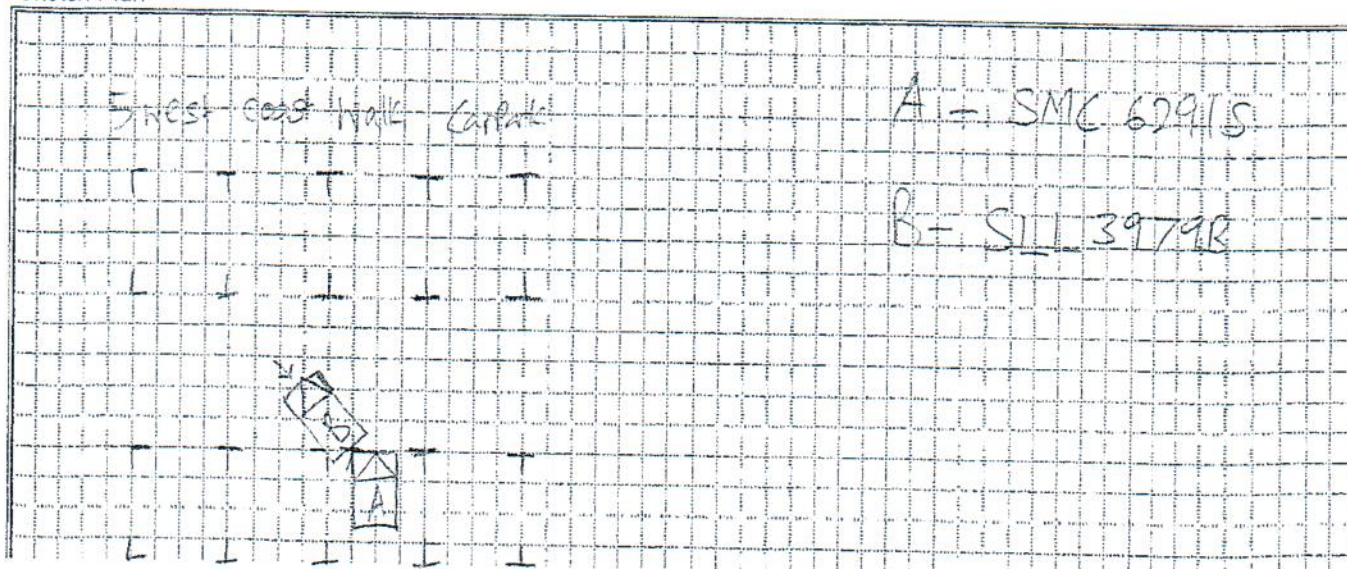
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, My Vehicle SMC 6291S  
was parked at the carport when security came up to my house and  
informed me another vehicle had reversed onto the front left portion  
of my vehicle. When I went down, I saw VRN SLL39798  
had collided onto my vehicle.

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