

Date : 29/05/2019
 TP Vehicle No. : SKM-9342-E
 To : AXA INSURANCE SINGAPORE PTE LTD
 Attn : Motor Claim Department

YVONNE
 ABWIN SERVICE PTE LTD
 DID:
 Fax:
 HP:

Owner : MARIA LIU MEI YOKE
 HL ASSURANCE PTE LTD

Certificate No. : MP309474
 Vehicle No. : SKG-1819-G
 Make & Model : TOYOTA VOXY HYBRID 1.8X CVT ABS D/AIRBAG 2WD 5D

Accident Date: 04/05/2019

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
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List Item

1	FRONT BUMPER	15 \$1,500.00	—
10	FRONT BUMPER CLIP	100 \$50.00	—
1	FRONT BUMPER REATINER RH	100 \$85.70	—
1	FRONT BUMPER REINFORCEMENT	11 \$450.00	X
1	FRONT BUMPER SIDE <i>german 10</i>	\$250.00	?
1	HEADLAMP RHS	\$1,750.00	?
1	HEADLAMP PANEL RH	2 \$290.00	X
10	HEADLAMP CLIP RH	11 \$50.00	X
1	FRONT FENDER RHS	100/300 \$950.00	—
1	FRONT FENDER INNER SHIELD RH	100 \$250.00	—
10	FRONT FENDER INNER SHIELD CLIPS	100 \$50.00	—
1	FRONT SHOCK ABSORBER (R/H)	11 \$500.00	X
1	FRONT SHOCK ABSORBER MOUNTING RHS	11 \$150.00	X
1	FRONT LOWER ARM RH	11 \$950.00	X
1	FRONT SHOCK ABSORBER TOP MOUNTING	11 \$250.00	X
1	FRONT FENDER EMBLEM HYBRID	100 \$55.00	—
Sub Total		\$7,580.70	
Discount 25% on Parts <i>\$102</i>		(\$1,895.18)	
		\$5,685.53	

Special Nett

1	TYRE	11 \$350.00	X
1	RIM RHS	100 \$550.00	X
Sub Total		\$900.00	

Labour & Misc

TO CHECK & REFOCUS FRONT HEADLAMP & WIRING CHECK	\$150.00	30
TO CARRY OUT UNDERCARRIAGE REPAIR	11 \$450.00	X
TO CONDECT 4 WHEEL ALIGNMENT	\$180.00	60

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ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
	TO APPLY TUFF KOTE ON AFFECTED AREA.	\$150.00	40
	TO STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	\$1,500.00	500
	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREA.	\$1,200.00	500
	Sub Total	\$3,630.00	
	Sub Total	\$10,215.53	
	GST 7%	\$715.09	
	Total	\$10,930.61	

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: