

# BIFROST AUTO PTE. LTD.

Co. Reg. No. : 201929175W

WITHOUT PREJUDICE

Our Ref : **SH 6199 D**  
Your Ref : **SHB 6306 Z**

MS First Capital Insurance Limited  
36 ROBINSON ROAD, #16-01 CITY HOUSE,  
SINGAPORE 068877

Attention: Motor Claims Department

Dear Sir/Mdm.

Accident on 04.02.2020 @ 13:30 hours along Grange Road involving vehicles SH 6199 D and SHB 6306 Z

We refer to the above-mentioned accident.

We are claiming as per below:-

1. Repair Cost – Lump Sum	\$ 9,600.00
2. Loss of Use for 14 Days x \$80/- per day	\$ 1,120.00
3. Loss of Rental for 14 Days x \$117.01/- per day	\$ 1,638.14
Subtotal for invoice	\$ 12,538.14
GST (7.0%)	\$ 786.67
<b>TOTAL</b>	<b>\$ 13,144.81</b>

Enclosed herewith a copy each of relevant GIA report, LTA, Proforma Tax invoice, Rental Agreement, Mileage Record and Letter of Authorization for your attention. Kindly let us have your reply with the next 14 days upon receipt of this letter.

If you have any enquiries, please contact us @ 9648-8228 or you may email to us at [claims@bifrostauto.com](mailto:claims@bifrostauto.com)

Yours faithfully,  
**BIFROST AUTO PTE. LTD.**

**NOTE:** # Please note that the Loss of Use will be paid based on negotiation and on the NIMA Protocol (Court Guideline).

This is a computer generated letter and does not need a signature.

*The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.*

*GST at 7% is chargeable if applicable*

# BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

## Proforma Invoice

**MS First Capital Insurance Limited**  
**36 ROBINSON ROAD, #16-01 CITY HOUSE,**  
**SINGAPORE 068877**

**Inv. No. :** PF.LT.2004005  
**Inv. Date :** 09-04-2020  
**Ref :** 04.02.2020  
**Terms :** 14 Days  
**Veh. No. :** SH 6199 D  
**Make & Model :** Ioniq

#	Description	Qty	Rate	Total
1	Cost Of Repair - Lump Sum	1	\$9,600.00	\$9,600.00
Remarks: SH 6199 D				

**Subtotal for invoice :** S\$9,600.00  
**GST (7.0%) :** S\$672.00  
**Total :** S\$10,272.00

*I agree to the price as listed above and  
affirm that the goods are received in good  
condition.*

On behalf of **BIFROST AUTO PTE. LTD.**



A handwritten signature in blue ink, appearing to be a stylized cursive name.

(Customer's Signature and Company Stamp)

(Authorised Signature)

Please make cheque payable to "**BIFROST AUTO PTE LTD**" and mail to **6001 BEACH ROAD #22-01, GOLDEN MILE TOWER Singapore 199589** or direct bank transfer to **DBS Bank Current Account 070-902-886-1**.

*The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.*

*GST at 7% is charged where applicable*

# BIFROST AUTO PTE. LTD.

Co. Reg. No. : 201929175W

## LETTER OF AUTHORISATION

Accident on 04.02.2020 @ 13:30 hours along Grange Road involving vehicles SH 6199 D and SHB 6306 Z

In consideration of **Bifrost Auto Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589**, repairing my/our motor vehicle no **SH 6199 D** at my request, I/We, **Toh Kian Seng** ("the claimant") of **Blk 32 Bedok South Ave 2 # 12 - 311 Singapore 460032** (address) bearing NRIC No **S xxxx027G** the owner / hirer of motor vehicle no **SH 6199 D**, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use / income and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Bifrost Auto Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Bifrost Auto Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Bifrost Auto Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Bifrost Auto Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Bifrost Auto Pte Ltd** shall amount to a good discharge of **Bifrost Auto Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 17 day of 02 (month) 20 20 (year)



Signed by "the claimant"

Name: **Toh Kian Seng**

NRIC No: **S xxxx027G**



Signed by **Bifrost Auto Pte Ltd**

Name: Regina



BIFROST AUTO PTE. LTD.

Co. Reg. No. : 201929175W

**SATISFACTION VOUCHER**

I / We, Toh Kian Seng hereby confirm that repairs to my / our vehicle no. SH 6199 D have been completed to my / our satisfaction and that I / we have collected my / our said vehicle on the under-mentioned date.

Date in: 04.02.2020 @ 13:30 hrs

Date out: 17.02.2020 @ 13:00hrs



Owner's Signature

Name: Toh Kian Seng

NRIC No.: S xxxx027G

Date: 17.02.2020

Time: 13:00hrs

Our Ref: CT20020063

Date: 05 February 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 04/02/2020 @ 13:30 hrs  
ALONG GRANGE RD  
INVOLVING SHB 6306Z

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SH6199D** (the "Taxi"). The Taxi was hired to **TOH KIAN SENG IC NO SXXXX027G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SH 619910  
306379132

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日期 DATE	司機姓名 NAME OF DRIVER	里數 MILEAGE READING	行走里數(公里) MILEAGE TRAVELLED (KM)	時間 HOURS OPERATED (TIME)	
				由 FROM	至 TO
10/2					
11/2	Compass Lantai & SARA TP TABLE TOP & PRE				
12/2	CTO's DUTY (CONTROL)				
13/2	CTO's (1100)				
04.02.2020	TOH KIAN SENG	Accident		13:30	Fixed
17.02.2020	TOH KIAN SENG	Repair		Fixed	13:00