

22/03/2020

ASS. REC. BY:

REF: CS/MSG 20004672/DVF3

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Chua Nyuk Ai

of MSG

Date/Time: 30.3.20 16:42m

Estimated Cost:

Bill to:

OD: TP/WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHA 1209U

Insured:

SGB 2525X

at Workshop m/s

Bifrost

Tel:

9159 1616

of

BK 9 Sector C #10142 sin ming

Policy No:

29121145 MW

Claim No:

622444

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 25.3.2020

CA / REV / REP. / REV 24 HRS

mup

H.O.D. Endorsement:

Date/Time: 30.3.20 4.15p.m

Person Contacted:

MS Heah

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate.
	SHA 1209U - NS/IN (12021464/ E11111) Dec 12/14 2018
	SGB 2525X - CS/MSG 20004672/ E11111 1 Dec 2018/2019
2/4/20	Send preli revised via merimen

26/04/2020 - Jmup 3/P 14, 655-87 with 6 dgs

J J L (Red 21,799.65, 60%)

CB Dec 2027

Veh No: 8AA 7209 U Yr Regn: Dec 2019

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

Truck / Trailer or

Make: Volvo Prius C.C. 1798

Colour Blue A/C: Insured / Std / NI / NA

Sp. Reading 36886 T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR2F95007

C/No: JTDB3FU*703090194

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: 195/65 R15

R: — 11 —

N/S	O/S

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

TOYO / YOKO OF

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 25/03/2020 D.O.I. 31/03/2020

Survey held at Diplost Sin Muz

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

Vehicle: IN / OUT

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

[illegible]

Preli. Report

Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

2) 27/8/20-Typist

Add Fee: ☐ : Site Insp (\$
$$S \div RS, \quad SI$$

Photos

Others

Report Format : Merimen

□: Interview (\$

☐ : Tech. Invs (S)

: Weekend (\$)

1	TOTAL	100
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~~LETTING SUM:~~ \$ 14,655.87

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Main

30 Mar 2020

30 Mar 2020
16:12

Assign

New Assignment

Cancel Case

	Reference	Claim Details	Documents	Show All																				
CLAIM SUBFOLDER DETAILS [Created by insurer]																								
Insured:	PHYLLIS CHENG SOK LENG, ID: S7439339Z, Tel: +6598451895, Email: PHYLLISCHENGSL@YAHOO.COM.SG																							
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R																							
Vehicle Reg. No.:	SHA7209U	Date of Loss:	25/03/2020 18:00 - :59 [3 Months and 12 Days From LTA Reg Date (Man Yr)]																					
Claim Type:	TP / 622444	Policy/Cover Note No.:	29121145AVW (Comprehensive) Coverage: 28/03/2019 - 27/03/2020																					
Vehicle Reg. No. (Insured):	SGB2525X	Policy No. (Claimant):																						
		Excess:	S\$500.00																					
Repairer:	Bifrost Auto Pte Ltd (sin Ming) (HQ) Blk 9 Sector C, #01-42 Sin Ming Industrial Estate, 575644 Sin Ming - Tel:																							
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]																							
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 31/03/2020]																							
Driver/Custodian (Insured):	PHYLLIS CHENG SOK LENG (45 / Female), NRIC: S7439339Z, Tel: +6598451895 Email: PHYLLISCHENGSL@YAHOO.COM.SG																							
Adj Asg. Remarks:	on WP. Liab: clear, Agree on SJE. Assign: LKK Auto Consultants Pte Ltd. Contact: Ms Heah @ 9159 1616.																							
ASSOCIATED MAIL RECEIVED View All Compose Case Mail																								
There are no mail for this case.																								
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Task ID</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Assignee</th> <th>Assigned By</th> <th>Completed On</th> <th>Created To</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table>					Task ID	Priority	Type	Task Group	Subject	Assignee	Assigned By	Completed On	Created To	Email	No results.									
Task ID	Priority	Type	Task Group	Subject	Assignee	Assigned By	Completed On	Created To	Email															
No results.																								

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

To: MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
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Attn: Chhia Nyuk Pui Date: 02 Apr 2020

Preliminary Advice

Insured Vehicle No	: SGB2525X	Accident Date	: 25/03/2020
TP Vehicle No	: SHA7209U	Assignment Date	: 30/03/2020
Make	: TOYOTA PRIUS	Est. Duration of Repair	: 6.00
Date of Inspection	: 31/03/2020		
Inspection At	BIFROST AUTO PTE LTD (SIN MING) (HQ) BLK 9 SECTOR C, #01-42 SIN MING INDUSTRIAL ESTATE SINGAPORE 575644		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	36,465.52
Revised Amount	:S\$	16,234.88
Check Items (Estimated)	:S\$	0.00
Total	:S\$	16,234.88

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

<input type="checkbox"/>	The vehicle is economical/not economical for repair.
<input checked="" type="checkbox"/>	The above survey was conducted on a 'without prejudice' basis.

SINGAPORE ACCIDENT STATEMENT

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 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 Police for investigation.
6. This 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.

ACCIDENT STATEMENT

Date Of Report 30/03/2020 09:58
Date Of Accident 25/03/2020 18:25
Exact Location Of Accident LOWER DELTA T JUNCTION JALAN BUKIT HO SWEE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7209U
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-18088936MFSH
Cover Note Number

Driver

Name of Driver CHUA MIANG CHYE SUNNY
NRIC No SXXXX430F
Date Of Birth 19/03/1958
Occupation OUTDOOR
Date Of Driving Pass 09/04/1979
Driving Experience 40 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82680680
Fax Number
Contact Number
Email Address YEEPEE999@GMAIL.COM

Address	BLK 171 GANGSA ROAD #12-34
Postcode	670171
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED *TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGB2525X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHYLLIS CHENG
NRIC/Passport Number	
Contact Number	98451895
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

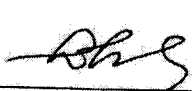
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 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 lodgment 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:

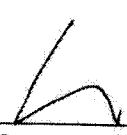
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.03.2020
@ 10:40 hrs



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[illegible][illegible]

I/We declare the foregoing particulars are true in every respect.

Rh. g.

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.03.2020
@ 10:40 hrs



Phone Number:

Fax Number:

Customer:	Date: 31/3/2020 12:17 PM - 31/3/2020
Company:	VIN
License NO: SHA7209U	Technician:
Odometer:	Order NO:

VEHICLE ALIGNMENT REPORT

TOYOTA, PRIUS CDGE ZVW50R-AHXEBW, 18-18 (Customized)

Primary Angles			Initial	Specifications Min. Max.		Final
Front	Caster	Left	6°39'	6°35'	8°05'	6°58'
		Right	6°54'	6°35'	8°05'	6°58'
	Camber	Left	0°07'	-0°55'	0°35'	1°20'
		Right	-0°13'	-0°55'	0°35'	-0°20'
	Toe	Left	-1°01'	-0°03'	0°08'	-2°15'
		Right	-1°21'	-0°03'	0°08'	0°08'
Total		-2°22'	-0°06'	0°17'	-2°07'	
Rear	Camber	Left	-1°34'	-2°00'	-0°30'	-1°31'
		Right	-1°39'	-2°00'	-0°30'	-1°38'
	Toe	Left	0°04'	0°02'	0°14'	0°03'
		Right	0°00'	0°02'	0°14'	-0°03'
		Total	0°04'	0°05'	0°27'	0°00'
	Thrust Angle		-0°02'	0°15'		-0°03'
Secondary Angles			Initial	Specifications Min. Max.		Final
SAI	Left	7°02'	----	----	7°02'	
	Right	6°29'	----	----	6°29'	
Included Angle	Left	7°08'	99°59'	99°59'	8°21'	
	Right	6°16'	99°59'	99°59'	6°09'	
Toe Out On Turns	Left	----	99°59'	99°59'	----	
	Right	----	99°59'	99°59'	----	
Max Turn Inside	Left	----	99°59'	99°59'	----	
	Right	----	99°59'	99°59'	----	
Toe Curve Change	Left	----	0°00'	199°59'	----	
	Right	----	0°00'	199°59'	----	
Setback	Front	-0.71"	99.99"	99.99"	-0.71"	
	Rear	-0.25"	99.99"	99.99"	-0.25"	
Track Width Diff.		0.00"			0.00"	
Wheel Base Diff.		-0.46"			-0.46"	
Front Ride Height	Left	----	99.99"	99.99"	----	
	Right	----	99.99"	99.99"	----	
Rear Ride Height	Left	----	99.99"	99.99"	----	
	Right	----	99.99"	99.99"	----	
Frame Angle					----	

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 27-Mar-20


MODEL: TOYOTA PRIUS

INSURANCE: MSIG

VEHICLE NO.: SHA7209U

DESCRIPTION	QTY	LIST PRICE	AMOUNT	
BONNET NN	1	\$ 1,341.63	\$ 1,341.63	X
BONNET HINGE (LH) NN	1	\$ 123.79	\$ 123.79	X
RADIATOR GRILLE NN	1	\$ 618.24	\$ 618.24	X
RADIATOR GRILLE EMBLEM NN	1	\$ 124.21	\$ 124.21	X
FRONT BUMPER COVER torn	1	\$ 705.61	\$ 705.61	✓
FRONT BUMPER REINFORCEMENT NN Vst	1	\$ 982.97	\$ 982.97	X ✓
FRONT BUMPER REINFORCEMENT ABSORBER NN torn	NN 1	\$ 163.31	\$ 163.31	X ✓
FRONT BUMPER LOWER REINFORCEMENT NN	1	\$ 514.07	\$ 514.07	X
FRONT BUMPER LOWER REINFORCEMENT BRACKET NN	1	\$ 465.80	\$ 465.80	X
FRONT BUMPER SPONGE NN torn	1	\$ 111.23	\$ 111.23	X ✓
FRONT BUMPER LOWER GRILLE cut	1	\$ 209.75	\$ 209.75	✓
LAMP ASSY, FOG, LH NN	1	\$ 1,298.58	\$ 1,298.58	X
FRONT BUMPER CLIPS Ncc	1	\$ 31.05	\$ 31.05	✓
FRONT BUMPER SIDE RETAINER NN Vst N/S	1	\$ 108.69	\$ 108.69	X ✓
FRONT UNDER COVER NN	1	\$ 255.20	\$ 255.20	X
ENGINE UNDER COVER (RR) NN	1	\$ 645.62	\$ 645.62	X
FRONT BUMPER TOP GARNISH NN	1	\$ 318.15	\$ 318.15	X
COVER, FRONT BUMPER HOLE, LH destroyed	1	\$ 40.06	\$ 40.06	✓
ABSORBER, FRONT BUMPER, LOWER NN	1	\$ 180.25	\$ 180.25	X
UNIT ASSY, HEADLAMP, LH (LED) cut / mounting broken	1	\$ 4,876.73	\$ 4,876.73	✓
HEADLAMP ECU NN	1	\$ 2,963.49	\$ 2,963.49	X
HEAD LAMP PANEL (LH) NN Vst	1	\$ 338.90	\$ 338.90	X ✓
TOP PANEL CENTRE NN	1	\$ 515.17	\$ 515.17	X
TOP PANEL SIDE NN Vst	1	\$ 205.94	\$ 205.94	X ✓
FENDER SUB-ASSY, FRONT LH Damaged 945.30	1	\$ 1,334.29	\$ 1,334.29	✓
FRONT HOUSING ASSY NN	1	\$ 1,334.23	\$ 1,334.23	X
FRONT FENDER SHIELD damaged 196.60	1	\$ 280.18	\$ 280.18	✓
FRONT FENDER SHIELD CLIP Ncc	1	\$ 21.03	\$ 21.03	✓
FRONT FENDER HYBRID EMBLEM, LH Ncc 53.50	1	\$ 122.09	\$ 122.09	✓
BRACKET, FRONT SIDE PANEL, LH NN	1	\$ 121.81	\$ 121.81	X
FRONT WHEEL RIM cut 1555.10	1	\$ 2,216.83	\$ 2,216.83	✓
FRONT WHEEL HUB CAP HF	1	\$ 248.14	\$ 248.14	X
FRONT WHEEL HUB BEARING 2 Dam 560.10	1	\$ 790.36	\$ 790.36	X ✓
FRONT SUSPENSION LOWER ARM (LH) 2 distance 637.50	1	\$ 891.93	\$ 891.93	X ✓
FRONT SHOCK ABSORBER (LH) 2 distance 401.80	1	\$ 562.06	\$ 562.06	X ✓
ABSORBER TOP MOUNTING NN	1	\$ 276.94	\$ 276.94	X
FRONT DRIVE SHAFT (LH) NN	1	\$ 2,489.89	\$ 2,489.89	X
RACK & PINION ASSY NN	1	\$ 2,288.46	\$ 2,288.46	X
BAR, STABILIZER NN	1	\$ 497.41	\$ 497.41	X
LINK ASSY, FRONT STABILIZER, LH NN B	1	\$ 277.78	\$ 277.78	X
KNUCKLE, STEERING, LH 2 distance 562.30	1	\$ 819.80	\$ 819.80	X ✓
JOINT ASSY, LOWER BALL, FRONT (RH) NN	1	\$ 282.27	\$ 282.27	X

END SUB-ASSY, TIE ROD, LH <i>HN</i>	1	\$ 224.85	\$ 224.85	X
SENSOR, SPEED, FRONT LH <i>HN</i>	1	\$ 630.23	\$ 630.23	X
ENGINE UNDER COVER <i>HN</i>	1	\$ 645.34	\$ 645.34	X
ENGINE UNDER COVER FRONT <i>HN</i>	1	\$ 406.94	\$ 406.94	X
SUB TOTAL <i>12544.16</i>			\$ 33,901.30	
LESS 20% 25%			\$ 6,780.26	
DISCOUNTED TOTAL <i>9408.12</i>			\$ 27,121.04	
FRONT TYRE (LH/RH) <i>HN</i>	SN 1	\$ 304.88	\$ 304.88	X
SUB TOTAL			\$ 304.88	
Labour Charge				
Panel Beating	1	\$1,400.00	\$ 1,400.00	600/-
Spray Painting Charge	1	\$1,200.00	\$ 1,200.00	600/-
Wiring Charge	1	\$160.00	\$ 160.00	30/-
Tuff Kote	1	\$120.00	\$ 120.00	30/-
Towing Charge	1	\$80.00	\$ 80.00	HN
Four Wheel Alignment	1	\$120.00	\$ 120.00	60/-
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$ 400.00	150/-
Re-set Frt ABS System <i>1620.00</i>	1	\$200.00	\$ 200.00	150/-
Remove/Refix Radiator	1	\$90.00	\$ 90.00	HN
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$ 130.00	HN
Remove/Refix Fuse Box	1	\$120.00	\$ 120.00	HN
Remove/Refix Engine	1	\$600.00	\$ 600.00	HN
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$ 550.00	HN
TOTAL LABOUR			\$ 5,170.00	
ESTIMATE TOTAL			\$ 32,595.92	
<i>36,465.52</i>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				


 24/2/2020 31/03/2020 @ 0945hr
 H.A. Arthur
 2/Supp. 5 dgs.
 Part by Part.
 LKK Auto Photo after
 repair with
 damaged parts.
 Check Part Price.

11028.12
 Supp *3627.75*
 P/P *14655.87*

36,465.52

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:

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 31-Mar-20

INSURANCE: MSIG.

MODEL: TOYOTA PRIUS

VEHICLE NO.: SHA 7209 U (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
UNIT ASSY, HEADLAMP, RH (LED) <i>money waste</i>	1	\$4,837.00	<input checked="" type="checkbox"/>
		\$4,837.00	
SUB TOTAL		\$967.40	
LESS 20% <i>25%</i>		\$3,869.60	
DISCOUNTED TOTAL			

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance

02/04/2020.

3627.75

[Signature]

2 KK And

[Signature]