

22/03/2012

ASS REC. BY:

REF: CS/FCI17023293/Tirbgs21 Special Instruction:

Surveyor: Caution ASSIGNMENT (Office)From (Person): Chs Aung Yin Min of FCL Date/Time: 07.12.2017 248pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 404H Insured: SHC 7235Hat Workshop m/s Ding Auto Tel: 8131 6518of 31 Corporation RdPolicy No: _____ Claim No: D17011230MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS' 08.12.2017 @ morning H.O.D. Endorsement: _____Date/Time: 07.12.2017 3.02pm Person Contacted: Lucas Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate	
	SHC 404H - CS/FCI14013258 / Tvm3u2	DCA: 080714
	SHC 7235H - CS/FCI17014837 / Tigbe2	DCA: 2110717
	Sent prob thru email	

Typhie

REF: FCL

ASSIGNMENT

SHC 404H

Yr Recn. 2610 Dec.

From: Date: 08-12-2017

Estimated Cost:

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

To Inspect Vehicle No: SHC 404H
at Workshop m/s Ding Auto
of 31 Corporation Road

Insured:

Policy No:

Claims No:

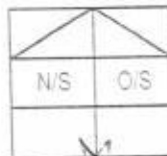
Sum Insured: Excess:

(Client's Record)

Make of Veh: Lucas.

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bel. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR. Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'DS'

Date: Person Contacted:

Vehicle: IN / OUT
Lucas

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng. No:

C. No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NIK / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / S / N / S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

2/5/17 3750, 6 days e-mail to Michelle
red: \$ 6595.51, 64%

RECEIVED 27 FEB 2018

Date/Time: File Pass to?

1) Typist

Date/Time: File Return to?

2)

Report Format:

Lump Sum / LB: (\$) 3750

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee:



Site Insp



Interview



Tech Insp



Weekend

Survey Fee

Transportation

S - RS

Photos

Other

TOTAL

170
50
50
43
313



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI17023293/T1rb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 7235H	Veh. Inspected	SHC 404H
Policy No.		Coverage (\$)	0.00
Claim No.	D17011230MFSH	Excess (\$)	0.00
Assign From	CWS (AUNG YIN MIN)	Assign Date	07/12/2017

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--	--

5. General Information

Accident Date	03/12/2017	Inspection Date	08/12/2017
Survey held at	31 CORPORATION RD		
Repairer	DING AUTO PTE LTD		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

MOTOR SURVEY ASSIGNMENT

Date	05-12-2017	Our Ref No. D17011230MFSH
Accident Date	03-12-2017	Claim Type. Third Party
Insured Vehicle	SHC7235H	Third Party Vehicle. SHC404H
Survey Location	31 CORPORATION ROAD	
Contact Person.	LUCAS CHOW	
Contact No.	64521208/ 81316518	Fax No. 64520614
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	DING AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/231483)



PRI Documents



Close X

PRI Header Details

Claim No	D17011230MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & DII
Workshop Name	DING AUTOMOTIVE PTE LTD (Contact Person : LUCAS CHOW)	Survey Location & Contact Details	31 CORPORATION ROAD Mobile: 81316518 , Phone: 64521208 , Fax: EmailId: TAXISCS@STENGG.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY Q		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7235H	TP Vehicle No	SHC40
PRI Recieved Date	06-12-2017 08:48:03 PM	Surveyor Appointed Date	07-12-2017 02:48:25 PM	Surveyor Accept Date	07-12-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	07-12-2017	Upload Survey Report *:	<input type="text"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

Upload Multiple Documents

File Name

Action

Surveyor Job Remarks



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17011230MFSH

Our Ref: CS/FCI17023293/T1rb

The Motor Claims Department
First Capital Insurance Ltd

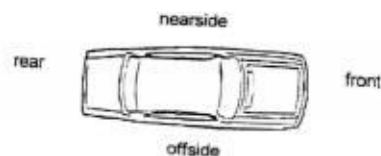
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 404H .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 08/12/2017 at the premises of M/s DING AUTO PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 10,345.51 .
Revised Estimate Amount	: S\$ 4,709.78 .
"Check" Items Amount	: S\$.
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at front rear portion.



Yours faithfully
TAUFIKH
Automotive Assessor

TP Veh	SHC404H
Date of Reg	30/12/2010
DOA	3/12/2017

rental rate
98-25
91.82 (before 71)

\$

(I) Estimated Depreciation Value

Unit Cost		22,000.00
Import Duty	15154	2,273.10
Registration Fee		140.00
PQP Paid		26,886.00
ARF Paid		15,154.00
Estimated Per Taxi Purchase Price		<u>66,453.10</u>
Estimated Per Taxi Purchase Price		66,453.10
Less	60% of ARF Paid	<u>9,092.40</u>
Estimated Full Lifespan Depreciation		<u>57,360.70</u>
Estimated Full Lifespan Depreciation		57,360.70
Times	Balance Life over (96 months)	12
		<u>0.1250</u>
		<u>7,170.09</u>
Add	60% of ARF Paid	<u>9,092.40</u>
Estimated Depreciation Value		<u><u>16,262.49</u></u>

(Summary) Estimated Nett Value

Estimated Depreciation Value	16,262.49
Less	Adjusted LTA Rebate
	<u>13,373.00</u>
Estimated Net Value	<u><u>2,889.49</u></u>

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 ability.
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 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	06/12/2017 11:27
Date Of Accident	03/12/2017 05:05
Exact Location Of Accident	ENTRANCE OF TRANSCOM HQ AT PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC404H
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 CRDI (A)

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

Driver

Name of Driver	NG CHENG KIM
NRIC No	S0143966I
Date Of Birth	27/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1977
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81128806
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF

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

Was any body injured in the Accident? YES

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) 5

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT T20171203/2036

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE NOT SUITABLE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7235H

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name NG CHENG KIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC404H

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN

Entrance of Transcom HQ at
Paya Lebar

Vehicle A = SNC 404 N

Vehicle B = SNC 7235 N

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to the police Report T/20171203/2036

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 & Time:

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



SINGAPORE POLICE FORCE



T/20171203/2036

1 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20171203/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 10:59		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: NG CHENG KIM			Address: APT BLK 76A REDHILL ROAD #13-02 SINGAPORE 151076		
ID Type / ID No.: NRIC NO / S0143966I			Contact No.: Home/Office: Mobile: 81128806		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 27/06/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2017 05:05	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD Beside Transcom HQ towards Geylang Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC404H	Car				Slightly Damaged	4
SHC7235H	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171203/2036

2 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20171203/2036

CONTINUATION OF REPORT

Driver			
Name	NG CHENG KIM	ID No.	S0143966I
Related Vehicle	SHC404H (Car)	Contact No.	81128806
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	03/12/2017	Date Discharge	03/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

I'm a taxi driver driving Comfort Delgro City Cab (SHC404H). On the 3/12/2017 at about 0505hrs, I switched on the hazard light and stopped my vehicle at the entrance of Transcom HQ at Paya Lebar Road. Before I alighted 4 passengers, my vehicle was hit from the rear by another taxi SHC7235H. I got down from my vehicle and exchanged particulars with the other driver. My vehicle sustained a dent at the rear. I then felt pain on my chest, and was conveyed to Changi General Hospital. I was then issued with 3 days MC by Changi General Hospital from 3/12/2017 to 05/12/2017. My passengers informed that they were not injured.



**SINGAPORE
POLICE FORCE**



T/20171203/2036

3 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20171203/2036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 ROGER GOH XIN YAN



SINGAPORE
POLICE FORCE

Signature Of Informant:

SN 46

Signature Of Interpreter:

Not applicable

SIGNATURE

Date/Time:

03/12/2017 10:59

Officer In Charge Of Case:

TP / GIT /

Sgt 3 LIM ENG KUAN, CLARENCE

Contact No.: 65476195

Classification Of Case:

Authentication Stamp

NP168

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	2839G

Vehicle Details

Vehicle No.	SHC404H
Vehicle to be Exported	No
Intended De-registration Date	11 Dec 2017
Vehicle Make	HYUNDAI
Vehicle Model	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Primary Colour	Yellow
Manufacturing Year	2010
Engine No.	D4EAA915733
Chassis No.	KMHET41VMAA801783
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$15,154.00
Original Registration Date	30 Dec 2010
First Registration Date	30 Dec 2010
Transfer Count	0
Actual ARF Paid	\$15,154.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	29 Dec 2018
PARF Rebate Amount	\$9,850.00

Intended COE Rebate Details

COE Expiry Date	29 Dec 2018
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	\$26,886.00
COE Rebate Amount	\$3,523.00
Total Rebate Amount	\$13,373.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 11 Dec 2017

OK

22 000
3030.80
140

26886
15154

67 210.80

67 210.80 - 9092.40 = 58,118.40

58,118.40 x $\frac{12}{76}$ = 7264.80 + 9092.40

Ding Automotive Pte Ltd

Blk 10 Sin Ming Industrial Est. Sector C, #01-20, Singapore 575645

Tel:6452 1208, Fax:6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

06/12/2017 17:35

JOB-NO: 50110380

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

CONTACT: 65533880
64739522

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: SHC0404H TRANS: AUTO
MAKE / MODEL: HYUNDAI / Sonata 2.0 CRDi
OWNER'S INSURER: FIRST CAPITAL INSURANCE LIMITED
JOB-CODE: TP SA: Ding Auto User 2

CHASSIS: KMHET41VMAA801783
ENGINE: D4EAA915733

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 TO REMOVE AND REFIT REAR BUMPER REVERSE SENSOR	1.00	60.00	0.00	60.00		Y	30
2 TO CHECK WIRING AND LIGHTING SYSTEM	1.00	60.00	0.00	60.00		Y	30
3 TO APPLY UNDERCOATING ON AFFECTED AREAS	1.00	60.00	0.00	60.00		Y	30
4 TO STRAIGHTEN CHASSIS MEMBER RH	1.00	300.00	0.00	300.00		Y	X m
5 TO REPAIR, REPLACE AND REALIGN DAMAGE AREAS	1.00	1,200.00	0.00	1,200.00		Y	700
6 TO SPRAY PAINTING ON REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
7 TO SPRAY PAINTING ON BOOTLID	1.00	250.00	0.00	250.00		Y	200
8 TO SPRAY PAINTING ON END PANEL	1.00	250.00	0.00	250.00		Y	200
9 TO SPRAY PAINTING ON TAIL LAMP INNER PANEL RH	1.00	150.00	0.00	150.00		Y	X m
10 TO SPRAY PAINTING ON TAIL LAMP INNER PANEL LH	1.00	150.00	0.00	150.00		Y	X m
11 TO SPRAY PAINTING ON SPARE TYRE PANEL	1.00	250.00	0.00	250.00		Y	X m
12 TO SPRAY PAINTING ON REVERSE SENSOR	1.00	60.00	0.00	60.00		Y	30 1470
TOTAL:		3,040.00	0.00	3,040.00			

MATERIALS

1 REAR BUMPER	1.00	523.93	0.00	523.93	L	Y	de
2 REAR BUMPER REINFORCEMENT	1.00	462.30	0.00	462.30	L	Y	ca
3 REAR BUMPER RETAINER RH	1.00	42.68	0.00	42.68	L	Y	ne
4 REAR BUMPER RETAINER LH	1.00	42.68	0.00	42.68	L	Y	X m
5 REAR BUMPER BRACKET RH	1.00	79.75	0.00	79.75	L	Y	na
6 REAR BUMPER BRACKET LH	1.00	79.75	0.00	79.75	L	Y	X m
7 REAR BUMPER SPONGE	1.00	113.50	0.00	113.50	L	Y	ca
8 REAR BUMPER PROTECTOR RH	1.00	102.96	0.00	102.96	L	Y	de
9 REAR BUMPER PROTECTOR LH	1.00	102.96	0.00	102.96	L	Y	Ky
10 REAR BUMPER LOWER EXT	1.00	40.70	0.00	40.70	L	Y	ca
11 BOOTLID	1.00	1,139.00	0.00	1,139.00	L	Y	bt
12 BOOTLID EMBLEM-LOGO	1.00	21.45	0.00	21.45	L	Y	ne
13 BOOTLID EMBLEM-HYUNDAI	1.00	20.13	0.00	20.13	L	Y	ne
14 BOOTLID EMBLEM-SONATA	1.00	40.92	0.00	40.92	L	Y	ne
15 BOOTLID EMBLEM-CRDI	1.00	18.70	0.00	18.70	L	Y	ne
16 BOOTLID LAMP RH	1.00	203.50	0.00	203.50	L	Y	X
17 BOOTLID LAMP LH	1.00	203.50	0.00	203.50	L	Y	X
18 BOOTLID PLATE LAMP RH	1.00	49.50	0.00	49.50	L	Y	X

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
19 BOOTLID PLATE LAMP LH	1.00	49.50	0.00	49.50	L	Y	X nn
20 BOOTLID HINGE RH	1.00	140.80	0.00	140.80	L	Y	Rp
21 BOOTLID HINGE LH	1.00	140.80	0.00	140.80	L	Y	Rp
22 BOOTLID LOCK	1.00	109.45	0.00	109.45	L	Y	bt
23 BOOTLID LOCK CATCH	1.00	108.90	0.00	108.90	L	Y	bt
24 BOOTLID INSULATOR	1.00	155.10	0.00	155.10	L	Y	X nn
25 BOOTLID RUBBER BEADING	1.00	91.30	0.00	91.30	L	Y	tn
26 END PANEL	1.00	323.29	0.00	323.29	L	Y	bt
27 END PANEL TOP GARNISH	1.00	42.02	0.00	42.02	L	Y	dl
28 TAIL LAMP RH	1.00	323.40	0.00	323.40	L	Y	X nn
29 TAIL LAMP LH	1.00	323.40	0.00	323.40	L	Y	X nn
30 TAIL LAMP INNER PANEL RH	1.00	267.30	0.00	267.30	L	Y	X nn
31 TAIL LAMP INNER PANEL LH	1.00	267.30	0.00	267.30	L	Y	X nn
32 SPARE TYRE PANEL	1.00	812.90	0.00	812.90	L	Y	X nn
33 REVERSE SENSOR	1.00	200.00	0.00	200.00	S	Y	ne
34 REAR BUMPER ADS STICKER	1.00	180.00	0.00	180.00	S	Y	ne
35 REAR BUMPER RUBBER PROTECTOR PAD	1.00	120.00	0.00	120.00	S	Y	ne
36 BOOTLID STICKER-CITY CAB	1.00	40.00	0.00	40.00	S	Y	ne
37 BOOTLID STICKER-65521111	1.00	40.00	0.00	40.00	S	Y	ne
38 BOOTLID INSULATOR CLIP SET	1.00	35.00	0.00	35.00	S	Y	ne
39 REAR NUMBER PLATE	1.00	35.00	0.00	35.00	S	Y	X nn
40 END PANEL SEALANT	1.00	50.00	0.00	50.00	S	Y	ne
41 SPARE TYRE PANEL TOP BOARD	1.00	162.14	0.00	162.14	S	Y	X nn
TOTAL:		7,305.51	0.00	7,305.51			

TOTAL PARTS & LABOUR:

10,345.51 0.00 10,345.51

EXCESS/LOADING:\$ 0.00

No. Of Day:

6

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY:

6 / 12 / 19

SURVEYED BY:

Tanjun

CONTACT NO:

97445749

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED
DAuto002

Ding Auto User 2

ESTIMATOR
STA AUTOCENTRE
TEL:

FAX:

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:

3280.98
70% = 2624.78
SN - 665
1.420
4709.78
4K\$ 3750

Janice Lee (LKKAUTO)

From: Accounts Ding Auto <accounts@dingauto.sg>
Sent: Tuesday, January 02, 2018 2:37 PM
To: Taufikh (LKKAUTO)
Cc: SUR; Kenneth Ding; DAMtaxi; Lucas
Subject: SHC404H - FINALIZE AND AFTER PAINT PHOTO
Attachments: DSC00799.JPG; DSC00800.JPG; DSC00801.JPG; DSC00802.JPG; DSC00803.JPG; DSC00804.JPG; DSC00805.JPG

HI ALL,

Please see below for the finalize according to our conversion to finalize for SHC7699C
Finalize Amount

Total Repair - 6 Days

Labour - \$1420
Special Netts - \$665
Parts - \$3280.98
Parts after 20% discount = \$2614.78

Total \$4709.78
20% Lump sum

Final Amount = \$3767.83

Please help to close this case ASAP
Thank you so much.

Yours Sincerely,
Fang XinYi Michelle
HP Contact : 87483145
Office Contact : 92394128
Ding Automotive Pte Ltd



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI17023293/T1rbs2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 01-03-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 7235H	Veh. Inspected	SHC 404H
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17011230MFSH	Excess (\$)	0.00
Assign From	AUNG YIN MIN	Assign Date	07/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMHET41VMAA801783	Colour	YELLOW
Odometer	524430	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60R16	WEST LAKE	6 mm
L/H Front Tyre	215/60R16	WEST LAKE	6 mm
R/H Rear Tyre	215/60R16	WEST LAKE	6 mm
L/H Rear Tyre	215/60R16	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	03/12/2017	Inspection Date	08/12/2017
Survey held at	31 CORPORATION RD		
Repairer	DING AUTO PTE LTD		

5a. Remarks

A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
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Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 404H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	523.93	523.93
1	REAR BUMPER REINFORCEMENT	CRACKED	462.30	462.30
1	REAR BUMPER RETAINER RH	NECESSARY	42.68	42.68
1	REAR BUMPER RETAINER LH	NOT NECESSARY	42.68	-
1	REAR BUMPER BRACKET RH	NECESSARY	79.75	79.75
1	REAR BUMPER BRACKET LH	NOT NECESSARY	79.75	-
1	REAR BUMPER SPONGE	CRACKED	113.50	113.50
1	REAR BUMPER PROTECTOR RH	DEFORMED	102.96	102.96
1	REAR BUMPER PROTECTOR LH	TO REPAIR SEE LABOUR	102.96	-
1	REAR BUMPER LOWER EXT	CRACKED	40.70	40.70
1	BOOTLID	BENT	1,139.00	1,139.00
1	BOOTLID EMBLEM - LOGO	NECESSARY	21.45	21.45
1	BOOTLID EMBLEM - HYUNDAI	NECESSARY	20.13	20.13
1	BOOTLID EMBLEM - SONATA	NECESSARY	40.92	40.92
1	BOOTLID EMBLEM - CRDI	NECESSARY	18.70	18.70
1	BOOTLID LAMP RH	NOT NECESSARY	203.50	-
1	BOOTLID LAMP LH	NOT NECESSARY	203.50	-
1	BOOTLID PLATE LAMP RH	NOT NECESSARY	49.50	-
1	BOOTLID PLATE LAMP LH	NOT NECESSARY	49.50	-
1	BOOTLID HINGE RH	TO REPAIR SEE LABOUR	140.80	-
1	BOOTLID HINGE LH	TO REPAIR SEE LABOUR	140.80	-
1	BOOTLID LOCK	BENT	109.45	109.45
1	BOOTLID LOCK CATCH	BENT	108.90	108.90
1	BOOTLID INSULATOR	NOT NECESSARY	155.10	-
1	BOOTLID RUBBER BEADING	TORN	91.30	91.30
1	END PANEL	BENT	323.29	323.29
1	END PANEL TOP GARNISH	DEFORMED	42.02	42.02
1	TAIL LAMP RH	NOT NECESSARY	323.40	-
1	TAIL LAMP LH	NOT NECESSARY	323.40	-

Report Ref No. CS/FCI17023293/T1rbs2



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Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	TAIL LAMP INNER PANEL RH	NOT NECESSARY	267.30	-
1	TAIL LAMP INNER PANEL LH	NOT NECESSARY	267.30	-
1	SPARE TYRE PANEL	NOT NECESSARY	812.90	-
	LESS 20% DISCOUNT		-	-656.20
			6,443.37	2,624.78
	<u>SPECIAL NETT ITEMS</u>			
1	REVERSE SENSOR (SN)	NOT WORKING	200.00	200.00
1	REAR BUMPER ADS STCIKER (SN)	NECESSARY	180.00	180.00
1	REAR BUMPER RUBBER PROTECTOR PAD (SN)	NECESSARY	120.00	120.00
1	BOOTLID STICKER - CITY CAB (SN)	NECESSARY	40.00	40.00
1	BOOTLID STICKER - 65521111 (SN)	NECESSARY	40.00	40.00
1	BOOTLID INSULATOR CLIP SET (SN)	NECESSARY	35.00	35.00
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	35.00	-
1	END PANEL SEALANT (SN)	NECESSARY	50.00	50.00
1	SPARE TYRE PANEL TOP BOARD (SN)	NOT NECESSARY	162.14	-
			862.14	665.00
	<u>LABOUR</u>			
	TO REMOVE AND REFIT REAR BUMPER REVERSE SENSOR.		60.00	30.00
	TO CHECK WIRING AND LIGHTING SYSTEM.		60.00	30.00
	TO APPLY UNDERCOATING ON AFFECTED AREAS.		60.00	30.00
	TO STRAIGHTEN CHASSIS MEMBER RH.	NOT NECESSARY	300.00	-
	TO REPAIR, REPLACE AND REALIGN DAMAGE PARTS. INCLSUIVE OF THE REPAIR OF REAR BUMPER PROTECTOR LH, BOOTLID HINGE RH AND BOOTLID HINGE LH.		1,200.00	700.00
	TO SPRAY PAINTING ON REAR BUMPER.		250.00	200.00
	TO SPRAY PAINTING ON BOOTLID.		250.00	200.00
	TO SPRAY PAINTING ON END PANEL.		250.00	200.00
	TO SPRAY PAINTING ON TAIL LAMP INNER PANEL RH.	NOT NECESSARY	150.00	-
	TO SPRAY PAINTING ON TAIL LAMP INNER PANEL LH.	NOT NECESSARY	150.00	-
	TO SPRAY PAINTING ON SPARE TYRE PANEL.	NOT NECESSARY	250.00	-

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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO SPRAY PAINTING ON REVERSE SENSOR.		60.00	30.00
			3,040.00	1,420.00
GRAND TOTAL			10,345.51	4,709.78
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,750.00

Report Ref No. CS/FCI17023293/T1rbs2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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