

ASS. REC. BY:

REF: CS/FCI 18004176/ R1vd322 Special Instruction:

Surveyor:

Reisul

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

5/3/18 @ 8:46am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 629B

Insured:

SHB 6280 M

at Workshop m/s

Ding Automotive

Tel:

64521208

of

Blk 10 # 01-20 Sin Min

Policy No:

Claim No:

D18 001766 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

01/03/2018

CA / REV / REP. / REV 24 HRS

1wp

31 Corporation Road @ 6/3/18

H.O.D. Endorsement:

Date/Time:

10/11am @ 5/3/18

Person Contacted:

Mrs. Ding

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓) Estimate

SHC 629B - CS/FCI 11022112 / Ry 1

D.O.A. 24/04/2011

SHB 6280 M - CS/FCI 17012516 / P/11112

D.O.A. 21/06/2017

12/3/18

Email preli revised to FCI

12/3/18

LS \$950 confirmed by email (Ref 1984.89, 679)



## Survey Department Check List (Case Handler)

Reference No. : CS / FCI / 8004176 / R1vd3

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all information created by the assignment team are **ACCURATE**.

**(1) Office Assign Form**

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

**Surveyor (** ): Case handler to make sure the surveyor completed all required information.

**(1) Assignment Form**

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

**(2) System - (Views/Merimen)**

C	Damaged Vehicle Photographs Uploaded	✓			
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**(3) Workshop Estimate/Assignment Form**

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

**(4) System - (Views/Merimen)**

C	Resurvey photo Uploaded	✓			
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Check By: VERON 12/3/18  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/201



# 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/FCI18004176/R1vd3

36 ROBINSON ROAD  
#16-01 CITY HOUSES SINGAPORE 068877

Date : 05-03-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 6280M	Veh. Inspected	SHC 629B
Policy No.		Coverage (\$)	0.00
Claim No.	D18001766MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	05/03/2018

## 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

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## 5. General Information

Accident Date	01/03/2018	Inspection Date	
Survey held at	31 CORPORATION ROAD		
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.
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Job Sheet (/ClaimWS/Surveyor/JobSheet/235523)



PRI Documents



Close



## PRI Header Details

Claim No	D18001766MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & DING AUT
Workshop Name	DING AUTOMOTIVE PTE LTD (Contact Person : ALEX KHONG )	Survey Location & Contact Details	BLK 10, #01-20 SIN MING INDUSTRIAL ESTATESECTOR Mobile: 83039588 , Phone: 64521208 , Fax: 6452061 EmailId: TAXISCS@STENGG.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHB6280M	TP Vehicle No	SHC629B
PRI Recieved Date	02-03-2018 04:16:05 PM	Surveyor Appointed Date	05-03-2018 08:45:48 AM	Surveyor Accept Date	

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	05-03-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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## Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year ▼
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

File Name

Action

## Surveyor Job Remarks

Remarks

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	02-03-2018	<b>Our Ref No.</b> D18001766MFSH
<b>Accident Date</b>	01-03-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHB6280M	<b>Third Party Vehicle.</b> SHC629B
<b>Survey Location</b>	BLK 10, #01-20 SIN MING INDUSTRIAL ESTATESECTOR C	
<b>Contact Person.</b>	ALEX KHONG	
<b>Contact No.</b>	64521208/ 83039588	<b>Fax No.</b> 64520614
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	DING AUTOMOTIVE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	MAY CHUA	

**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.

## Veron Chen (LKKAUTO)

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**From:** Veron Chen (LKKAUTO)  
**Sent:** Monday, 12 March 2018 10:34 AM  
**To:** 'Claim Workflow System'  
**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18001766MFSH/1, SHC 629B  
**Attachments:** SHC 629B PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHC 629B

Date of survey: 7/3/2018

Number of days:2 days

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Admin-D (LKKAUTO)  
**Sent:** Monday, 5 March 2018 10:15 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18001766MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Monday, 5 March 2018 8:46 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [MAYCHUA@MSFIRSTCAPITAL.COM.SG](mailto:MAYCHUA@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18001766MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**





Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18001766MFSH  
Our Ref: CS/FCI18004176/R1vd3

Date : 12/3/2018

The Motor Claims Department  
M/s FIRST CAPITAL INSURANCE LTD

Without Prejudice

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 629B**

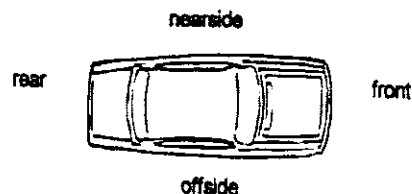
We thank you for your instruction on 5/3/2018

Please be informed that we had conducted the inspection of the above mentioned  
7/3/2018 at the premises of M/s DING AUTO PTE LTD  
and have the following to report:-

Workshop Estimate Amount	: S\$2,934.89
Revised Estimate Amount	: S\$1,209.46
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the  
rear o/s portion



Comments/Present Status:  
Damages Consistent

Yours faithfully,

**MOHAMMED RASUL**  
Automotive Assessor

## 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 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	01/03/2018 13:19
Date Of Accident	01/03/2018 09:05
Exact Location Of Accident	ALONG JALAN ANAK BUKIT TOWARD DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC629B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

### Driver

Name of Driver	NG HON SENG
NRIC No	S2565499D
Date Of Birth	19/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93684628
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address APT BLK 91 LORONG 3 TOA PAYOH # 16-16 SINGAPORE 310091

Postcode

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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: : UNKNOWN

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 TO ATTACH STATEMENT .

#### 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 SHB6280M

Vehicle Make/Model/Colour SONATA ( BULE )

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC629B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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 reputate 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:

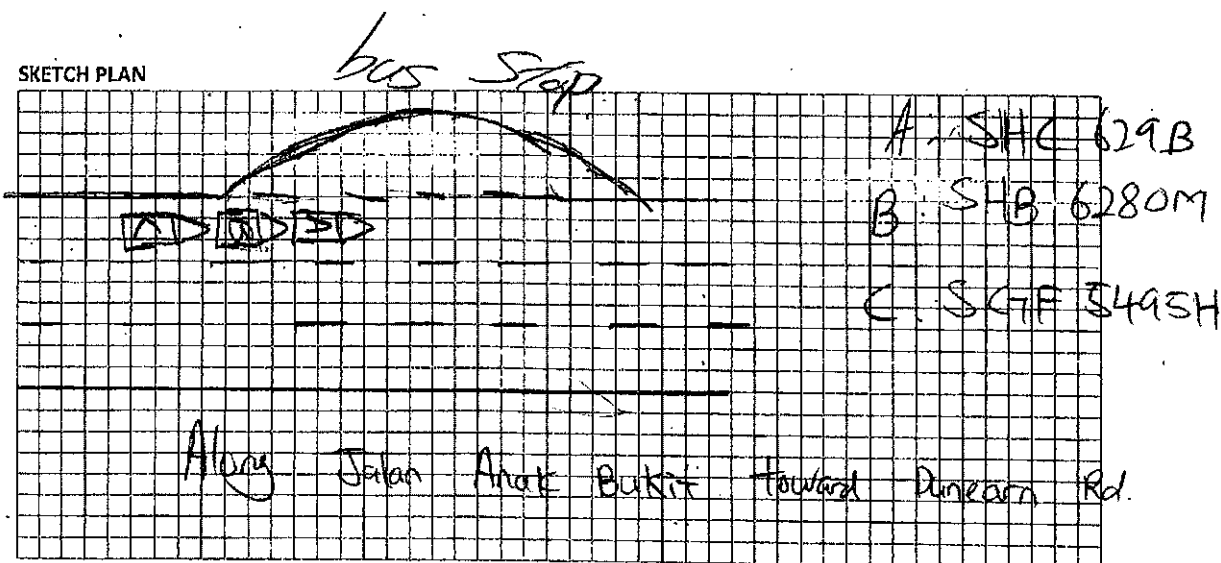
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01-08-2018 at about 09:05, I was travelling on my vehicle (SHC 629B), with 1 passenger on board. along jalan anak bukit toward Dunearn road, Suddenly in front my vehicle emergency brake, I was stop in time and after a few second the thir party vehicle - (SHB 6280M) hit on to my rear portion of 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 & Time:

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



# DING AUTOMOTIVE PTE LTD

BLK 10, #01-20 SIN MING INDUSTRIAL EST, SEC C SINGAPORE 575645

TEL : 6452 1208 FAX : 6452 0814

TO :

**APPROVAL REPORT**

1ST Quotation

FAX NO:

01/03/2018 18:29

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

JOB-NO: 50110511

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

PAGE: 1 of 1

**VEHICLE DETAILS**

LICENSE NO: SHC0629B

TRANS: AUTO

CHASSIS: KMHET41VMB806204

MAKE / MODEL: HYUNDAI / Sonata 2.0 CRDi

ENGINE: D4EAB938507

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 2

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	REV PRICE	APPROVAL
<b>LABOUR</b>				
1 RESPRAY REAR FENDER RH	1.00	250.00	250.00 X	Yes
2 RESPRAY PROTECTOR RH	1.00	80.00	80.00 50	Yes
3 RESPRAY REAR BUMPER	1.00	250.00	250.00 200	Yes
4 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	500.00	500.00 200	Yes
TOTAL:		1,080.00	1,080.00	
<b>MATERIALS</b>				
1 REAR BUMPER RUBBER PROTECTOR PAD	1.00	120.00	120.00 X m	Yes
2 REAR BUMPER ADS STICKER	1.00	150.00	150.00 80 (GAL)	Yes
3 REAR BUMPER RETAINER RH	1.00	42.68	42.68 20	Yes
4 REAR BUMPER REINFORCEMENT	1.00	462.30	462.30 3 m	Yes
5 REAR BUMPER BRACKET LH	1.00	79.75	79.75 X m	Yes
6 REAR BUMPER PROTECTOR RH	1.00	102.96	102.96 30	Yes
7 REAR BUMPER	1.00	523.93	523.93 20	Yes
8 REAR FENDER RH ADS STICKER	1.00	180.00	180.00 20	Yes
9 REAR BUMPER SPONGE	1.00	113.52	113.52 2 m	Yes
10 REAR BUMPER BRACKET RH	1.00	79.75	79.75 20	Yes
TOTAL:		1,854.89	1,854.89	
<b>TOTAL PARTS &amp; LABOUR :</b>		<b>2,934.89</b>	<b>2,934.89</b>	

**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:

Rasul

49 90010068

2 days

45

07/03/18 @ 1130

Reay after repair

12/3/18

## Veron Chen (LKKAUTO)

---

**From:** taxiscs@stengg.com  
**Sent:** Monday, 12 March 2018 11:09 AM  
**To:** Veron Chen (LKKAUTO)  
**Cc:** ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Asher Sng (LKKAUTO); Rasul (LKKAUTO); SUR  
**Subject:** RE: SHC0629B - Finalize Amount & After Repair Photo.

Dear Veron ,

We accept this amount .

Thanks

Best Regards  
Ding Automotive Pte Ltd  
Alex Khong  
Hp :83039588

From: "Veron Chen (LKKAUTO)" <veronchen@lkkauto.com>  
To: Taxis Customer Service/KAS/CBG/ST Kinetics@ST Engineering, "Rasul (LKKAUTO)" <Rasul@lkkauto.com>, SUR <sur@lkkauto.com>, "Asher Sng (LKKAUTO)" <AsherSng@lkkauto.com>  
Cc: ACCOUNTS@DINGAUTO.SG, ADMIN@DINGAUTOMOTIVE.COM.SG  
Date: Mon 12 Mar 2018 10:28 AM  
Subject: RE: SHC0629B - Finalize Amount & After Repair Photo.

---

**\*\*\*WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.\*\*\***

Dear Alex,

Kindly confirmed Lump Sum \$950/-

No of days: 2 days

Best Regards,  
**Veron Chen** | Case Handler  
**LKK Auto Consultants Pte Ltd**  
Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** taxiscs@stengg.com [<mailto:taxiscs@stengg.com>]  
**Sent:** Friday, 9 March 2018 3:07 PM  
**To:** Rasul (LKKAUTO) <Rasul@lkkauto.com>; SUR <sur@lkkauto.com>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>  
**Cc:** "ACCOUNTS@DINGAUTO.SG"@stms.st.com.sg; "ADMIN@DINGAUTOMOTIVE.COM.SG"@stms.st.com.sg  
**Subject:** SHC0629B - Finalize Amount & After Repair Photo.

Dear Rasul ,

Please see below for the finalize according to our conversion to finalize for SHC0629B



Finalize Amount

Total Repair - 2 Days

Labour - \$450

Special Netts - \$160

Parts - \$749.32

Parts after 20% discount =\$599.45

Total L+S+P =1209.45 -20% LUMP SUM

Final Amount = \$967.56 .

Please help to close this case ASAP

Thanks

Best Regards

Ding Automotive Pte Ltd

Alex Khong

Hp :83039588

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]



# 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/FCI18004176/R1vd3e2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 13-03-2018



Code : FCI2

## 1. Policy Particulars - THIRD PARTY CLAIM

Insured Veh.	SHB 6280M	Veh. Inspected	SHC 629B
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18001766MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	05/03/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA 2.0	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA806204	Colour	YELLOW
Odometer	154756	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	5 mm
L/H Front Tyre	215/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	5 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	01/03/2018	Inspection Date	07/03/2018
Survey held at	31 CORPORATION ROAD		
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:	2 Working Days
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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 629B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER RUBBER PROTECTOR PAD	NOT NECESSARY	120.00	-
1	REAR BUMPER RETAINER RH	NECESSARY	42.68	42.68
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	462.30	-
1	REAR BUMPER BRACKET LH	NOT NECESSARY	79.75	-
1	REAR BUMPER PROTECTOR RH	SCRATCHED	102.96	102.96
1	REAR BUMPER	DEFORMED	523.93	523.93
1	REAR BUMPER SPONGE	NOT NECESSARY	113.52	-
1	REAR BUMPER BRACKET RH	NECESSARY	79.75	79.75
	LESS 20% DISCOUNT		-	-149.86
			1,524.89	599.46
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER ADS STICKER (SN)	NECESSARY	150.00	80.00
1	REAR FENDER RH ADS STICKER (SN)	NECESSARY	180.00	80.00
			330.00	160.00
<b>LABOUR</b>				
	RESPRAY REAR FENDER RH.	NOT NECESSARY	250.00	-
	RESPRAY PROTECTOR RH.		80.00	50.00
	RESPRAY REAR BUMPER.		250.00	200.00
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS.		500.00	200.00
			1,080.00	450.00
<b>GRAND TOTAL</b>			<b>2,934.89</b>	<b>1,209.46</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>950.00</b>

Report Ref No. CS/FC118004176/R1vd3e2

**MOHAMMED RASUL BIN MOHD YUNUS**

Automotive Assessor

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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