

ASS. REC. BY:

REF: CS/FCI18005497/Tird302 Special Instruction:

Surveyor:

CWS

Taufik
Aung Yin Ming

ASSIGNMENT (Office)

From (Person):

of

PCI

Date/Time:

23/3/18 @ 1:57pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 427S

Insured:

SHB 4684U

at Workshop m/s

Ding Automotive

Tel:

6265 7130

of

31 Corporation Rd

Policy No:

Claim No:

D18002361MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21/03/2018

CA / REV / REP. / REV 24 HRS

'wp'

26/03/2018

H.O.D. Endorsement:

Date/Time:

5:30pm @ 23/3/18

Person Contacted:

Alex

Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHC 427S - NS/INC1102 0089/Hlgan	D.O.A: 29/9/11
	SHB 4684U - CS3/FCI17001451/Sth 3s2	D.O.A: 18/1/17
	Confirm \$6577.33 @ 6 days	
	Red: \$16228.36, 711.	

Surveyor

Taylor

REF: FCI

ASSIGNMENT

From: Date: 26/3/18

Estimated Cost:

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

To Inspect Vehicle No: SHC 427S
at Workshop m/s Ding Automotive
of 31 Corporation Rd

Insured:

Policy No.

Claims No.

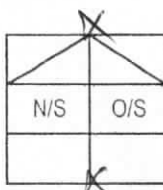
Sum Insured: Excess:

(Client's Record)

Make of Veh: Alex

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: 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 'wp'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC427S Yr Regn: 2017 Sep.

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

Truck / Trailer or

Make: Toyota Prius. Hybrid c.c. 1798

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

Sp.Reading: 93953 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: STPKR3FU 503563607

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15 R:

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

TOYO / YOKO or west lake

Front

Rear

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

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

D.O.A. D.O.I. 26/3/17 @ Spm

Survey held at Ding Auto

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

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

Date / Time Action / Instruction

RECEIVED 06 JUN 2018

Date/Time File Pass to?

☐ : Preli. Report

1) Egnat

☒ : Final Report

Date/Time File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format : TP

Lump Sum / I.B.I. (\$ 6577.33

Survey Fee:

Transportation

) S + RS. SI

) Photos

) Others

TOTAL

12X15

170+180

50

50

125

575

MOTOR SURVEY ASSIGNMENT

Date	22-03-2018	Our Ref No. D18002361MFSH
Accident Date	21-03-2018	Claim Type. Third Party
Insured Vehicle	SHB4684U	Third Party Vehicle. SHC427S
Survey Location	31 CORPORATION ROAD	
Contact Person.	ALEX KHONG	
Contact No.	62657130/ 83039588	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/236259)



PRI Documents



Close



PRI Header Details

Claim No	D18002361MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & DING AUT
Workshop Name	DING AUTOMOTIVE PTE LTD (Contact Person : ALEX KHONG)	Survey Location & Contact Details	31 CORPORATION ROAD Mobile: 83039588 , Phone: 62657130 , Fax: 64520614 EmailId: TAXISCS@STENGG.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB4684U	TP Vehicle No	SHC427S
PRI Recieved Date	22-03-2018 09:17:26 PM	Surveyor Appointed Date	23-03-2018 01:56:18 PM	Surveyor Accept Date	23-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	23-03-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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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 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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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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/FCI18005497/T1rd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 23-03-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 4684U		Veh. Inspected	SHC 427S
Policy No.			Coverage (\$)	0.00
Claim No.	D18002361MFSH		Excess (\$)	0.00
Assign From	CWS (AUNG YIN MIN)		Assign Date	23/03/2018
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				
5. General Information				
Accident Date	21/03/2018		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.				

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	22/03/2018 11:11
Date Of Accident	21/03/2018 22:15
Exact Location Of Accident	ALONG CTE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC427S
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	TOYOTA
Model	PRIUS HYBRID-1.8 CVT (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	ABDUL RAHMAN BIN AHMAD MUSTAFFA
NRIC No	S0065409D
Date Of Birth	11/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98518545
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 511 WOODLANDS DIRVE 14 #14-65 SINGAPORE
Postcode	730511
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?	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: : 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	SHB4684U
Vehicle Make/Model/Colour	CITY CAB
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX8256U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKR7206C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
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:

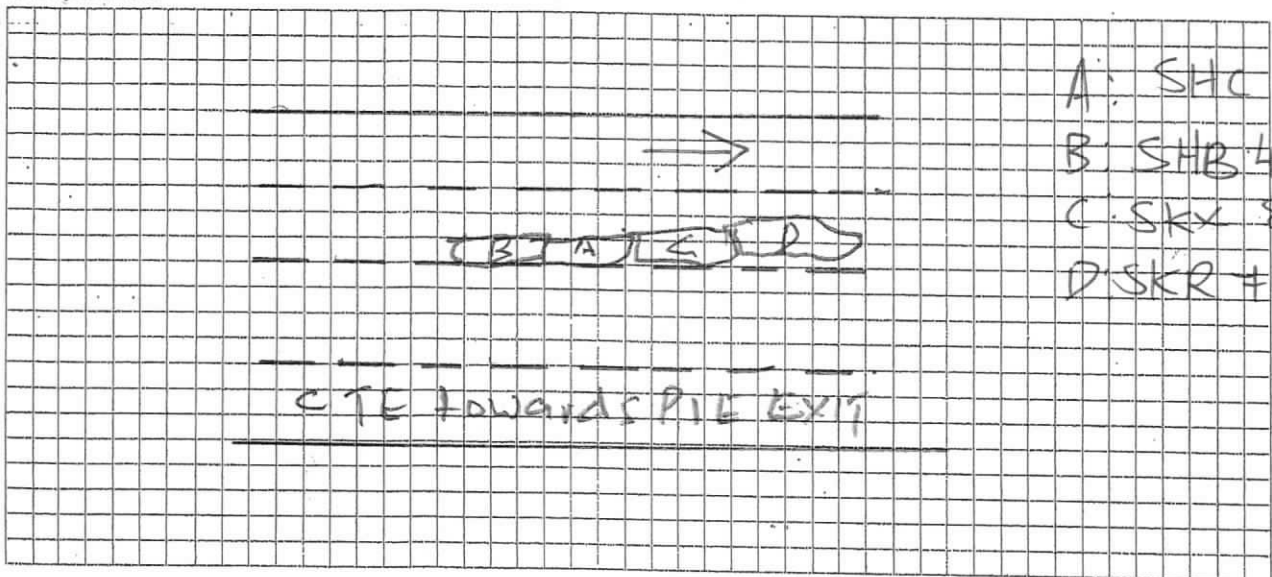
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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



A: SHC 427S
B: SHB 4684W
C: SKX 8256U
D: SKR #206C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st March 2018 at about 2215 hrs I was travelling on a third lane exiting at PIE Changi. At that time I was travelling about 50 KM/H. Suddenly the front driver SKX 8256U stopped abruptly and I have to react fast. Suddenly another car slammed my car hard enough to add another impact on the front car in front of me.

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.:

Taxi Accident Claims Assessment

Taxi Reg No x: <u>SAC 04275</u>	Accident Date : <u>21/3/2018</u> <u>22:15</u>
Model x: <u>Prius</u>	TP Insurer :
Hirer's Name x: <u>ABDUL RAHMAN</u>	Relief's Name :
HP/Tel No x: <u>98518545</u>	HP/Tel No :
Accident involving vehicles Nos. <u>x SAC 04275</u> and <u>SKX 82564</u> along <u>CTE towards PIE</u>	

Driver Hospitalised	TP Compounded	Towing	Date In W/shop: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time In W/shop: _____

We have assessed the above mentioned accident case and made the following arrangement (indicated with a tick)

Loss of Income? : Yes / Hold

- * ☐ **THIRD PARTY CLAIM - LIABILITY IN DRIVER'S FAVOUR**
- DING AUTOMOTIVE PTE LTD will pay loss of income upfront to the hirer based on circumstances of accident
 - If case liability falls due to incriminating evidence during claims recovery, hirer shall return Loss of Income to DING AUTOMOTIVE PTE LTD
- ☒ **THIRD PARTY CLAIM - LIABILITY UNCERTAIN**
- DING AUTOMOTIVE PTE LTD will pay hirer's loss of income upon successful recovery or percentage of it upon partial recovery of claim.
 - DING AUTOMOTIVE PTE LTD assists driver in Third Party Claim.
- ☐ **OWN DAMAGE - DRIVER FULLY AT FAULT**
- ☐ **REPAIR BY IN-HOUSE CONTRACTOR**
- The liability is uncertain and STK will not proceed with Third Party claim. Hence it is referred to in-house contractor as High Liability claim.
- ☐ **CASH REPAIRS** - The taxi sustained minor damage and has checked in for cash repairs.
- ☐ **REPORTING ONLY** - No damage to taxi or minor damage and driver self-repair

Signature x: [Signature]
Name x: ABDUL RAHMAN

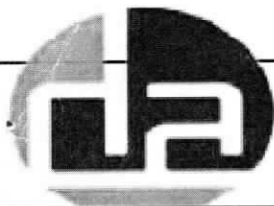
Date x: 22-03-2018

Acceptance by Hirer / Relief Driver:-

- * ☒ I agree to the above-mentioned arrangement. I am further informed that the taxi rental GIRO shall not be deducted during the repair period effective 1 working day after the reporting of this accident (weekdays) or the following working day after Monday for (weekends).
- ☒ I also note that should there be a counter-claim against the CityCab's insurance by a Third Party, I am liable to pay another Third Party Excess of \$1,000.00 to CityCab.
- ☒ I shall submit witness statement within 7 days from the date of this document.

Hirer's Signature : x <u>[Signature]</u>	Relief's Signature :
Name : x <u>ABDUL RAHMAN</u>	Name :
NRIC No : x <u>50065409-D</u>	NRIC No :

* VIDEO CLIP -	<input checked="" type="checkbox"/> Yes			
* VIDEO CLIP -	<input type="checkbox"/> NO	Did Not Trigger	Camera Malfunction	Overwritten
Scene Photo	<input type="checkbox"/> Yes			
Scene Photo	<input type="checkbox"/> NO			



DING AUTOMOTIVE PTE LTD

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

TEL : 6452 1208 FAX : 6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

22/03/2018 16:00

JOB-NO: 50110538

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 3

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHC0427S

TRANS: AUTO

CHASSIS: JTDKB3FU503563607

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZRS062188

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 2

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,300.00	0.00	1,300.00		Y	800
2 R&R BOOTLID COMPONENTS	1.00	120.00	0.00	120.00		Y	X nn
3 R&R REAR WINDSCREEN UPPER & BOTTOM GLASS	1.00	200.00	0.00	200.00		Y	X nn
4 TO CHECK WIRING AND LIGHTING SYSTEM	1.00	80.00	0.00	80.00		Y	30
5 RUST PROOFING	1.00	80.00	0.00	80.00		Y	X nn
6 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
7 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
8 RESPRAY FRONT BONNET	1.00	250.00	0.00	250.00		Y	200
9 RESPRAY REAR BOOTLID	1.00	250.00	0.00	250.00		Y	200
10 RESPRAY REAR BOOTLID GARNISH	1.00	250.00	0.00	250.00		Y	200
11 RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	X nn
12 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
13 RESPRAY DIFFUSER EXTENSION LH	1.00	80.00	0.00	80.00		Y	50
14 RESPRAY DIFFUSER EXTENSION RH	1.00	80.00	0.00	80.00		Y	50
TOTAL:		3,490.00	0.00	3,490.00			

MATERIALS

1 FRONT BUMPER	1.00	490.50	0.00	490.50	L	Y	
2 FRONT BUMPER TOP SEAL	1.00	38.84	0.00	38.84	L	Y	
3 FRONT BUMPER RETAINER LH	1.00	92.30	0.00	92.30	L	Y	
4 FRONT BUMPER RETAINER RH	1.00	92.30	0.00	92.30	L	Y	
5 FRONT BUMPER REGISTERED GARNISH	1.00	129.30	0.00	129.30	L	Y	
6 FRONT BUMPER UPPER RADIATOR GRILLE	1.00	389.20	0.00	389.20	L	Y	
7 FRONT BUMPER UNDER COVER	1.00	182.54	0.00	182.54	L	Y	
8 FRONT BUMPER REINFORCEMENT CENTRAL	1.00	715.90	0.00	715.90	L	Y	
9 FRONT BUMPER REINFORCEMENT CENTRAL SPONG	1.00	89.80	0.00	89.80	L	Y	
10 FRONT BUMPER REINFORCEMENT BOTTOM	1.00	245.30	0.00	245.30	L	Y	
11 FRONT BUMPER REINFORCEMENT EXTENSION LH	1.00	145.20	0.00	145.20	L	Y	
12 FRONT BUMPER REINFORCEMENT EXTENSION RH	1.00	145.20	0.00	145.20	L	Y	
13 FRONT BUMPER REINFORCEMENT BOTTOM COVER	1.00	135.70	0.00	135.70	L	Y	
14 HEAD LAMP LH	1.00	2,751.60	0.00	2,751.60	L	Y	
15 HEAD LAMP RH	1.00	2,751.60	0.00	2,751.60	L	Y	
16 FOG LAMP LH	1.00	950.70	0.00	950.70	L	Y	

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
17 FOG LAMP RH <i>Xnn</i>	1.00	950.70	0.00	950.70	L	Y	
18 RADIATOR TOP GARNISH <i>Xnn</i>	1.00	225.50	0.00	225.50	L	Y	
19 BRACE PANEL (LOCK SUPPORT) <i>Rp</i>	1.00	95.23	0.00	95.23	L	Y	
20 BONNET <i>Xnn</i>	1.00	901.20	0.00	901.20	L	Y	
21 REAR BUMPER <i>Rp</i>	1.00	445.20	0.00	445.20	L	Y	
22 REAR BUMPER REINFORCEMENT <i>Xnn</i>	1.00	328.90	0.00	328.90	L	Y	
23 REAR BUMPER RETAINER LH <i>Xnn</i>	1.00	92.30	0.00	92.30	L	Y	
24 REAR BUMPER RETAINER RH <i>Xnn</i>	1.00	92.30	0.00	92.30	L	Y	
25 REAR BUMPER MUD-FLAPS LH <i>de</i>	1.00	95.03	0.00	95.03	L	Y	
26 REAR BUMPER MUD-FLAPS RH <i>de</i>	1.00	95.03	0.00	95.03	L	Y	
27 REAR BUMPER DIFFUSER <i>de</i>	1.00	582.30	0.00	582.30	L	Y	
28 REAR BUMPER DIFFUSER EXTENSION LH <i>Xnn</i>	1.00	141.76	0.00	141.76	L	Y	
29 REAR BUMPER DIFFUSER EXTENSION RH <i>Xnn</i>	1.00	141.76	0.00	141.76	L	Y	
30 REAR BUMPER TOWING CAP <i>de</i>	1.00	21.70	0.00	21.70	L	Y	
31 REAR BUMPER LOWER COVER LH <i>Xnn</i>	1.00	154.60	0.00	154.60	L	Y	
32 REAR BUMPER LOWER COVER RH <i>Xnn</i>	1.00	154.60	0.00	154.60	L	Y	
33 REAR BUMPER LOWER CENTER <i>de</i>	1.00	522.60	0.00	522.60	L	Y	
34 REAR BUMPER ANTENNA KEY <i>Xnn</i>	1.00	116.40	0.00	116.40	L	Y	
35 REAR BUMPER REVERSE SNESOR <i>Rnn</i>	1.00	381.60	0.00	381.60	L	Y	
36 BOOTLID <i>Rp</i>	1.00	1,113.40	0.00	1,113.40	L	Y	
37 BOOTLID EMBLEM-LOGO <i>ne</i>	1.00	56.70	0.00	56.70	L	Y	
38 BOOTLID EMBLEM-PRIUS <i>ne</i>	1.00	59.95	0.00	59.95	L	Y	
39 BOOTLID EMBLEM-HYBRID <i>ne</i>	1.00	49.97	0.00	49.97	L	Y	
40 BOOTLID STICKER-COMFORTDELGRO BOOKING 65521111 <i>ne</i>	1.00	80.00	0.00	80.00	L	Y	
41 BOOTLID STICKER-APPS BOOK NOW <i>ne</i>	1.00	60.00	0.00	60.00	L	Y	
42 BOOTLID REGISTERED GARNISH <i>Xnn</i>	1.00	891.20	0.00	891.20	L	Y	
43 BOOTLID HINGE LH <i>Xnn</i>	1.00	89.41	0.00	89.41	L	Y	
44 BOOTLID HINGE RH <i>Xnn</i>	1.00	89.41	0.00	89.41	L	Y	
45 BOOTLID LOCK <i>Xnn</i>	1.00	452.10	0.00	452.10	L	Y	
46 REAR END PANEL <i>Xnn</i>	1.00	756.57	0.00	756.57	L	Y	
47 REAR END PANEL TOP GARNISH <i>Xnn</i>	1.00	161.30	0.00	161.30	L	Y	
48 FRONT BUMPER UPPER RADIATOR GRILLE LOGO <i>ne</i>	1.00	76.39	0.00	76.39	L	Y	
49 FRONT BUMPER LOWER RADIATOR GRILLE <i>de</i>	1.00	189.60	0.00	189.60	L	Y	
50 FRONT BUMPER RETAINER SCREW&GROMMET LH <i>Xnn</i>	1.00	10.00	0.00	10.00	S	Y	
51 FRONT BUMPER RETAINER SCREW&GROMMET RH <i>Xnn</i>	1.00	10.00	0.00	10.00	S	Y	
52 FRONT BUMPER NUMBER PLATE <i>bt</i>	1.00	40.00	0.00	40.00	S	Y	
53 FRONT BUMPER GRILL CLIP SET <i>ne</i>	1.00	15.00	0.00	15.00	S	Y	
54 FRONT BUMPER CLIP SET <i>ne</i>	1.00	25.00	0.00	25.00	S	Y	
55 RADIATOR TOP GARNISH CLIP SET <i>ne</i>	1.00	15.00	0.00	15.00	S	Y	
56 REAR BUMPER DIFFUSER EXTENSION RETAINER <i>Xnn</i>	1.00	15.00	0.00	15.00	S	Y	
57 REAR BUMPER CLIP SET <i>ne</i>	1.00	25.00	0.00	25.00	S	Y	
58 REAR END PANEL SEALANT <i>Xnn</i>	1.00	50.00	0.00	50.00	S	Y	
59 WINDSCREEN UPPER SEALANT <i>Xnn</i>	1.00	50.00	0.00	50.00	S	Y	
60 WINDSCREEN BOTTOM SEALANT <i>Xnn</i>	1.00	50.00	0.00	50.00	S	Y	
TOTAL:		19,315.69	0.00	19,315.69			
TOTAL PARTS & LABOUR :		22,805.69	0.00	22,805.69			

EXCESS/LOADING:\$S\$ 0.00

No. Of Day: 6

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$S\$

DATE OF SURVEY: 26/3/18 @ 5pm

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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SURVEYED BY: TangCONTACT NO: 9249 5244FAX NO: sur e 11kants.com
WP

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:




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/FCI18005497/T1rd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 07-06-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 4684U	Veh. Inspected	SHC 427S	
Policy No.	D-18088937MFSH	Coverage (\$)	0.00	
Claim No.	D18002361MFSH	Excess (\$)	0.00	
Assign From	AUNG YIN MIN	Assign Date	23/03/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU503563607	Colour	YELLOW	
Odometer	93953	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/03/2018	Inspection Date	26/03/2018	
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 427S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DEFORMED	490.50	490.50
1	FRONT BUMPER TOP SEAL	TORN	38.84	38.84
1	FRONT BUMPER RETAINER LH	NECESSARY	92.30	92.30
1	FRONT BUMPER RETAINER RH	DEFORMED	92.30	92.30
1	FRONT BUMPER REGISTERED GARNISH	CRACKED	129.30	129.30
1	FRONT BUMPER UPPER RADIATOR GRILLE	CRACKED	389.20	389.20
1	FRONT BUMPER UNDER COVER	NOT NECESSARY	182.54	-
1	FRONT BUMPER REINFORCEMENT CENTRAL	NOT NECESSARY	715.90	-
1	FRONT BUMPER REINFORCEMENT CENTRAL SPONG	CRACKED	89.80	89.80
1	FRONT BUMPER REINFORCEMENT BOTTOM	NOT NECESSARY	245.30	-
1	FRONT BUMPER REINFORCEMENT EXTENSION LH	NOT NECESSARY	145.20	-
1	FRONT BUMPER REINFORCEMENT EXTENSION RH	NOT NECESSARY	145.20	-
1	FRONT BUMPER REINFORCEMENT BOTTOM COVER	NOT NECESSARY	135.70	-
1	HEAD LAMP LH	CRACKED	2,751.60	2,751.60
1	HEAD LAMP RH	NOT NECESSARY	2,751.60	-
1	FOG LAMP LH	NOT NECESSARY	950.70	-
1	FOG LAMP RH	NOT NECESSARY	950.70	-
1	RADIATOR TOP GARNISH	NOT NECESSARY	225.50	-
1	BRACE PANEL (LOCK SUPPORT)	TO REPAIR SEE LABOUR	95.23	-
1	BONNET	NOT NECESSARY	901.20	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	445.20	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	328.90	-
1	REAR BUMPER RETAINER LH	NOT NECESSARY	92.30	-
1	REAR BUMPER RETAINER RH	NOT NECESSARY	92.30	-
1	REAR BUMPER MUD-FLAPS LH	DEFORMED	95.03	95.03
1	REAR BUMPER MUD FLAPS RH	DEFORMED	95.03	95.03
1	REAR BUMPER DIFFUSER	DEFORMED	582.30	582.30
1	REAR BUMPER DIFFUSER EXTENSION LH	NOT NECESSARY	141.76	-
1	REAR BUMPER DIFFUSER EXTENSION RH	NOT NECESSARY	141.76	-

Report Ref No. CS/FCI18005497/T1rd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER TOWING CAP	DEFORMED	21.70	21.70
1	REAR BUMPER LOWER COVER LH	NOT NECESSARY	154.60	-
1	REAR BUMPER LOWER COVER RH	NOT NECESSARY	154.60	-
1	REAR BUMPER LOWER CENTER	DEFORMED	522.60	522.60
1	REAR BUMPER ANTENNA KEY	NOT NECESSARY	116.40	-
1	REAR BUMPER REVERSE SENSOR	NOT NECESSARY	381.60	-
1	BOOTLID	TO REPAIR SEE LABOUR	1,113.40	-
1	BOOTLID EMBLEM - LOGO	NECESSARY	56.70	56.70
1	BOOTLID EMBLEM - PRIUS	NECESSARY	59.95	59.95
1	BOOTLID EMBLEM - HYBRID	NECESSARY	49.97	49.97
1	BOOTLID REGISTERED GARNISH	NOT NECESSARY	891.20	-
1	BOOTLID HINGE LH	NOT NECESSARY	89.41	-
1	BOOTLID HINGE RH	NOT NECESSARY	89.41	-
1	BOOTLID LOCK	NOT NECESSARY	452.10	-
1	REAR END PANEL	NOT NECESSARY	756.57	-
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	161.30	-
1	FRONT BUMPER UPPER RADIATOR GRILLE LOGO	NECESSARY	76.39	76.39
1	FRONT BUMPER LOWER RADIATOR GRILLE	DEFORMED	189.60	189.60
	LESS 25% DISCOUNT		-	-1,455.78
			18,870.69	4,367.33
	SPECIAL NETT ITEMS			
1	WINDSCREEN BOTTOM SEALANT (SN)	NOT NECESSARY	50.00	-
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	BOOTLID STICKER - COMFORTDELGRO BOOKING 65521111 (SN)	NECESSARY	80.00	80.00
1	BOOTLID STICKER - APPS BOOK NOW (SN)	NECESSARY	60.00	60.00
1	FRONT BUMPER RETAINER SCREW & GROMMET LH (SN)	NOT NECESSARY	10.00	-
1	FRONT BUMPER RETAINER SCREW & GROMMET RH (SN)	NOT NECESSARY	10.00	-
1	FRONT BUMPER NUMBER PLATE (SN)	BENT	40.00	40.00
1	SET FRONT BUMPER GRILL CLIP (SN)	NECESSARY	15.00	15.00
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	25.00	25.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET RADIATOR TOP GARNISH CLIP (SN)	NECESSARY	15.00	15.00
1	REAR BUMPER DIFFUSER EXTENSION RETAINER (SN)	NOT NECESSARY	15.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	25.00	25.00
1	REAR END PANEL SEALANT (SN)	NOT NECESSARY	50.00	-
1	WINDSCREEN UPPER SEALANT (SN)	NOT NECESSARY	50.00	-
			495.00	280.00
	LABOUR			
	RESPRAY DIFFUSER EXTENSION RH.		80.00	50.00
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF BRACE PANEL (LOCK SUPPORT), REAR BUMPER AND BOOTLID.		1,300.00	800.00
	R&R BOOTLID COMPONENTS.	NOT NECESSARY	120.00	-
	R&R REAR WINDSCREEN UPPER & BOTTOM GLASS.	NOT NECESSARY	200.00	-
	TO CHECK WIRING AND LIGHTING SYSTEM.		80.00	30.00
	RUST PROOFING.	NOT NECESSARY	80.00	-
	RESPRAY FRONT BUMPER.		250.00	200.00
	RESPRAY FRONT BONNET.		250.00	200.00
	RESPRAY REAR BOOTLID.		250.00	200.00
	RESPRAY REAR BOOTLID GARNISH.		250.00	200.00
	RESPRAY REAR END PANEL.	NOT NECESSARY	250.00	-
	RESPRAY REAR BUMPER.		250.00	200.00
	RESPRAY DIFFUSER EXTENSION LH.		80.00	50.00
			3,440.00	1,930.00
GRAND TOTAL			22,805.69	6,577.33

RECOMMENDED COST OF REPAIRS			6,577.33
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Report Ref No. CS/FCI18005497/T1rd3e2

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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