

ASS. REC. BY:

REF: CS/FCI18006186/R/rbz Special Instruction:

Survivor

R/SW

## ASSIGNMENT (Office)

From (Person): CWS Joanne Yung of FC Date/Time: 04042018 907am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA 9444T Insured: SHD 4137Y

at Workshop m/s Ding Auto Tel: 8303 4588

of 31 Corporation Rd

Policy No: Claim No: D8002637MFST

Sum Insured: Excess:

Make of Veh: D.O.A. 01042018  
(Client's Record)

CA / REV / REP. / REV 24 HRS 1671

H.O.D. Endorsement:

Date/Time: 04042018 9.40am Person Contacted: Alex Vehicle: IN OUT

Date/Time	Action/Instruction ( ✓ ) Estimate
	SHA 9444T - CS/24110202974/R/rbz FAX: 211110
	SHD 4137Y - CS/FCI18018198/R/rbz FAX: 211110
	Confirm L/S \$2650, 5 days.
	Red: \$8144.08, 75%.





# 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/FCI18006186/R1rb

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 04-04-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 4137Y	Veh. Inspected	SHA 9444T
Policy No.		Coverage (\$)	0.00
Claim No.	D18002637MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	04/04/2018

## 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	01/04/2018	Inspection Date	04/04/2018
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.
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### MOTOR SURVEY ASSIGNMENT

<b>Date</b>	03-04-2018	<b>Our Ref No.</b> D18002637MFSH
<b>Accident Date</b>	01-04-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD4137Y	<b>Third Party Vehicle.</b> SHA9444T
<b>Survey Location</b>	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C#01-20	
<b>Contact Person.</b>	MR. GUANG	
<b>Contact No.</b>	62654170/ 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	

64062018 @ 940am  
 Alex. veh in  
 El Corporation Ltd  
 Daniel

### 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>	JOANNEY	

### 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/236596)



PRI Documents



Close



## PRI Header Details

Claim No	D18002637MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & DII
Workshop Name	DING AUTOMOTIVE PTE LTD (Contact Person : MR. GUANG)	Survey Location & Contact Details	BLK 10 SIN MING INDUSTRIAL ESTATE SECTO Mobile: 83039588 , Phone: 62654170 , Fax: 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	SHD4137Y	TP Vehicle No	SHA94
PRI Recieved Date	03-04-2018 06:01:38 PM	Surveyor Appointed Date	04-04-2018 09:07:43 AM	Surveyor Accept Date	04-04-

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	04-04-2018	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

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

## Surveyor Job Remarks

## 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	02/04/2018 14:33
Date Of Accident	01/04/2018 16:35
Exact Location Of Accident	ALONG HOOT KIAM ROAD TOWARDS GRANGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9444T
<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

### 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

### Driver

Name of Driver	HOE WEE HIANG
NRIC No	S1362440B
Date Of Birth	01/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90600741
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 22 BOON KENG ROAD #04-23 SINGAPORE
Postcode	330022
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ( T/20180402/2077 ).

#### 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	SHD4137Y
Vehicle Make/Model/Colour	
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 HOE WEE HIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHA9444T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode





# SINGAPORE POLICE FORCE



T/20180402/2077

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180402/2077

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 14:15	Vide Report No.:	Station Diary No.: 91
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### Informant's Particulars

Name of Informant: HOE WEE HIANG			Address: APT BLK 22 BOON KENG ROAD #04-23 SINGAPORE 330022		
ID Type / ID No.: NRIC NO / S1362440B			Contact No.: Home/Office: Mobile: 90600741		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 01/10/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/04/2018 16:35	Type of Location: Straight Road
Location: Along Road 1 HOOT KIAM ROAD				
one way				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9444T	TAXI				Slightly Damaged	2
SHD4137Y	TAXI				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180402/2077

2 of 3

Report No. T/20180402/2077

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**CONTINUATION OF REPORT**

**Brief Details.**

On 01/04/2018 at 1635hrs, I was driving along Hoot Kiam road on the left lane. At that time, one vehicle V1) SHD4137Y, comfort blue taxi, without signalling cut into my lane. As such, my vehicle right front has hit onto the other's taxi's left side body. After the collision has happened, the said taxi, just drove off and I had chased him for 1km and managed to get his attention somewhere near the Grange Road and Chartsworth Rod junction. I tried to inform him that his vehicle has involved in an accident, the taxi driver replied that he does not know.

I have reported the matter to my company and I have recordings on the incident. No one was injured at that moment. My taxi right front has sustained dents and scratches.



**SINGAPORE  
POLICE FORCE**



T/20180402/2077

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180402/2077

**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: J/ Staff Sgt NIRHMALA K GOVINDASAMY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2018 14:15
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168	SN 126

## 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:

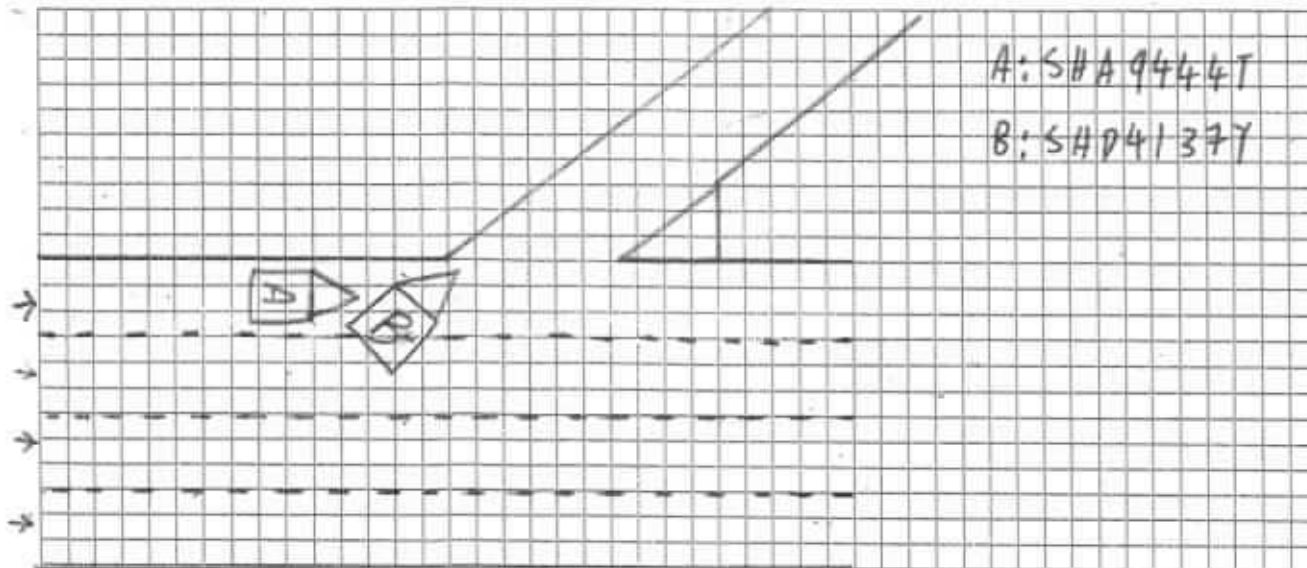
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report (T/20180402/2077)

## 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 0634

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

02/04/2018 18:08

JOB-NO: 50110556

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64738522

VEHICLE DETAILS

LICENSE NO: SHA9444T

TRANS: AUTO

CHASSIS: KMHET41VMBA807571

MAKE / MODEL: HYUNDAI / Sonata 2.0 CRDI

ENGINE: D4EAB945501

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

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	1,000.00	0.00	1,000.00	Y		<del>500</del> 600
2 R&R AC CONDENSER & CHARGE UP GAS	1.00	120.00	0.00	120.00	Y		X m
3 ADJUST HEADLAMP AIM & CHECKING WIRING	1.00	80.00	0.00	80.00	Y		30
4 RUST PROOFING	1.00	80.00	0.00	80.00	Y		40
5 RESPRAY BONNET	1.00	250.00	0.00	250.00	Y		180
6 RESPRAY FRT FENDER RH	1.00	250.00	0.00	250.00	Y		180
7 RESPRAY FRT BUMPER	1.00	250.00	0.00	250.00	Y		180
8 RESPRAY FRT FENDER LH	1.00	250.00	0.00	250.00	Y		X m
TOTAL:		2,280.00	0.00	2,280.00			

MATERIALS

1 BONNET	1.00	1,101.76	0.00	1,101.76	L	Y	R
2 BONNET HINGE LH	1.00	79.20	0.00	79.20	L	Y	X
3 BONNET HINGE RH	1.00	79.20	0.00	79.20	L	Y	X
4 BONNET DAMPER	1.00	67.76	0.00	67.76	L	Y	X
5 BONNET INSULATOR	1.00	222.75	0.00	222.75	L	Y	X
6 BONNET CHROME	1.00	101.75	0.00	101.75	L	Y	X
7 BONNET LOCK	1.00	108.90	0.00	108.90	L	Y	X
8 BONNET CABLE	1.00	27.61	0.00	27.61	L	Y	X
9 BONNET LOCK COVER	1.00	30.25	0.00	30.25	L	Y	X
10 BONNET SEAL X3	1.00	44.55	0.00	44.55	L	Y	X
11 FRT BUMPER	1.00	515.68	0.00	515.68	L	Y	DE
12 FRT BUMPER PROTECTOR LH	1.00	27.72	0.00	27.72	L	Y	X su
13 FRT BUMPER PROTECTOR RH	1.00	27.72	0.00	27.72	L	Y	at
14 FRT BUMPER REINFORCEMENT	1.00	472.78	0.00	472.78	L	Y	7.74
15 FRT BUMPER BRACKET LH	1.00	79.75	0.00	79.75	L	Y	X m
16 FRT BUMPER BRACKET RH	1.00	79.75	0.00	79.75	L	Y	na
17 FRT BUMPER RETAINER LH	1.00	15.40	0.00	15.40	L	Y	X su
18 FRT BUMPER RETAINER RH	1.00	15.40	0.00	15.40	L	Y	na
19 FRT BUMPER FOGLAMP COVER LH	1.00	18.50	0.00	18.50	L	Y	X
20 FRT BUMPER FOGLAMP COVER RH	1.00	18.50	0.00	18.50	L	Y	X su
21 FRT BUMPER CENTRE GRILL	1.00	49.50	0.00	49.50	L	Y	X
22 FRT BUMPER CHROME MLDG	1.00	91.52	0.00	91.52	L	Y	X m
23 FRT BUMPER LWR EXT	1.00	40.04	0.00	40.04	L	Y	X su
24 FRT BUMPER SPONGE	1.00	130.35	0.00	130.35	L	Y	X
25 FRT SUPPORT PANEL	1.00	922.02	0.00	922.02	L	Y	R

## CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
26 FRT SUPPORT PANEL LWR COVER	1.00	71.50	0.00	71.50	L	Y	X <i>2 su</i>
27 HEADLAMP LH	1.00	763.18	0.00	763.18	L	Y	X <i>2 su</i>
28 HEADLAMP RH	1.00	763.18	0.00	763.18	L	Y	X <i>CR4</i>
29 HORN LH	1.00	74.25	0.00	74.25	L	Y	X
30 HORN RH	1.00	74.25	0.00	74.25	L	Y	X
31 FRT AIR DUCT	1.00	166.98	0.00	166.98	L	Y	X
32 FRT GRILLE	1.00	265.87	0.00	265.87	L	Y	X <i>nn</i>
33 FRT GRILLE LOGO	1.00	22.00	0.00	22.00	L	Y	X
34 FRT FENDER RH	1.00	567.38	0.00	567.38	L	Y	X <i>nn</i>
35 FRT FENDER SIDE LAMP RH	1.00	40.59	0.00	40.59	L	Y	X
36 FRT FENDER WHEELHOUSE PANEL RH	1.00	946.55	0.00	946.55	L	Y	X
37 FRT FENDER INNERSHIELD RH	1.00	72.49	0.00	72.49	L	Y	X
38 FRT FENDER INNER RUBBER RH	1.00	71.50	0.00	71.50	L	Y	X <i>nn</i>
39 BONNET INSULATOR CLIPS(1SET)	1.00	35.00	0.00	35.00	S	Y	X
40 FRT NUMBER PLATE	1.00	35.00	0.00	35.00	S	Y	X
41 FRT FENDER ADS STICKER RH	1.00	180.00	0.00	180.00	S	Y	X <i>100</i>
TOTAL:		8,514.08	0.00	8,514.08			
TOTAL PARTS & LABOUR:		10,794.08	0.00	10,794.08			

EXCESS/LOADING: S\$ 0.00

No. Of Day:

*5 days*RE-SURVEY: BEFORE AFTER PAINTINGPART-BY-PART OR LUMP SUM S\$DATE OF SURVEY: *04/04/18 @ 1650*

SURVEYED BY:

*RASUL (LKK)*

CONTACT NO:

*90010068*

FAX NO:

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before and 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 modifications is allowed
- Supplementary items 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/FC18006186/R1rbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 27-06-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 4137Y	Veh. Inspected	SHA 9444T	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18002637MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	04/04/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA 2.0	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA807571	Colour	YELLOW	
Odometer	633537	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	01/04/2018	Inspection Date	04/04/2018	
Survey held at	31 CORPORATION RD			
Repairer	DING AUTO PTE LTD			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>5 Working Days</b>		





# LKK Auto Consultants Pte Ltd

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

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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9444T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BONNET	TO REPAIR SEE LABOUR	1,101.76	-
1	BONNET HINGE LH	NOT NECESSARY	79.20	-
1	BONNET HINGE RH	NOT NECESSARY	79.20	-
1	BONNET DAMPER	NOT NECESSARY	67.76	-
1	BONNET INSULATOR	NOT NECESSARY	222.75	-
1	BONNET CHROME	NOT NECESSARY	101.75	-
1	BONNET LOCK	NOT NECESSARY	108.90	-
1	BONNET CABLE	NOT NECESSARY	27.61	-
1	BONNET LOCK COVER	NOT NECESSARY	30.25	-
1	BONNET SEAL X3	NOT NECESSARY	44.55	-
1	FRT BUMPER	DEFORMED	515.68	515.68
1	FRT BUMPER PROTECTOR LH	SERVICEABLE	27.72	-
1	FRT BUMPER PROTECTOR RH	CUT	27.72	27.72
1	FRT BUMPER REINFORCEMENT	BENT	472.78	472.78
1	FRT BUMPER BRACKET LH	SERVICEABLE	79.75	-
1	FRT BUMPER BRACKET RH	NECESSARY	79.75	79.75
1	FRT BUMPER RETAINER LH	SERVICEABLE	15.40	-
1	FRT BUMPER RETAINER RH	NECESSARY	15.40	15.40
1	FRT BUMPER FOGLAMP COVER LH	SERVICEABLE	16.50	-
1	FRT BUMPER FOGLAMP COVER RH	SERVICEABLE	16.50	-
1	FRT BUMPER CENTRE GRILL	SERVICEABLE	49.50	-
1	FRT BUMPER CHROME MLDG	NOT NECESSARY	91.52	-
1	FRT BUMPER LWR EXT	SERVICEABLE	40.04	-
1	FRT BUMPER SPONGE	CRACKED	130.35	130.35
1	FRT SUPPORT PANEL	TO REPAIR SEE LABOUR	922.02	-
1	FRT SUPPORT PANEL LWR COVER	SERVICEABLE	71.50	-
1	HEADLAMP LH	SERVICEABLE	763.18	-
1	HEADLAMP RH	CRACKED	763.18	763.18
1	HORN LH	NOT NECESSARY	74.25	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	HORN RH	NOT NECESSARY	74.25	-
1	FRT AIR DUCT	NOT NECESSARY	166.98	-
1	FRT GRILLE	NOT NECESSARY	265.87	-
1	FRT GRILLE LOGO	NOT NECESSARY	22.00	-
1	FRT FENDER RH	BUCKLED	567.38	567.38
1	FRT FENDER SIDE LAMP RH	NOT NECESSARY	40.59	-
1	FRT FENDER WHEELHOUSE PANEL RH	NOT NECESSARY	946.55	-
1	FRT FENDER INNERSHIELD RH	NOT NECESSARY	72.49	-
1	FRT FENDER INNER RUBBER RH	NOT NECESSARY	71.50	-
	LESS 20% DISCOUNT		-	-514.45
			8,264.08	2,057.79
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET BONNET INSULATOR CLIPS (SN)	NOT NECESSARY	35.00	-
1	FRT NUMBER PLATE (SN)	NOT NECESSARY	35.00	-
1	FRT FENDER ADS STICKER RH (SN)	NECESSARY	180.00	100.00
			250.00	100.00
	<b><u>LABOUR</u></b>			
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF BONNET AND FRT SUPPORT PANEL.		1,000.00	600.00
	R&R AC CONDENSER & CHARGE UP GAS.	NOT NECESSARY	120.00	-
	ADJUST HEADLAMP AIM & CHECKING WIRING.		80.00	30.00
	RUST PROOFING.		80.00	40.00
	RESPRAY BONNET.		250.00	180.00
	RESPRAY FRT FENDER RH.		250.00	180.00
	RESPRAY FRT BUMPER.		250.00	180.00
	RESPRAY FRT FENDER LH.	NOT NECESSARY	250.00	-
			-	-
			-	-
			2,280.00	1,210.00
	<b>GRAND TOTAL</b>		<b>10,794.08</b>	<b>3,367.79</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>2,650.00</b>

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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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