

ASS. REC. BY:

REF: CSLMSG18009400 / R1rd3

Special Instruction:

Surveyor:

Munir

Rasul

ASSIGNMENT (Office)

From (Person):

Christina Wong

of

MSIG

Date/Time:

23/5/2018 @ 4:12pm

Estimated Cost:

Bill to:

OD (S) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHC7204Y

Insured:

SJT 7627Y

at Workshop m/s

Ding Automotive

Tel:

830 39588

of

31 Corporation Road

Policy No:

27194291QMY

Claim No:

559113

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22/05/2018

24/05/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

4:37pm @ 23/5/18

Person Contacted:

Alex

Vehicle:

IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHC7204Y - NSI INC 10014623/Dn

DOA: 23/07/2010

SJT 7627Y - X

Revert the miniren

SARVJUDIC

Zame

REF: MSIG

28399

ASSIGNMENT

Front:

Date:

24/5/2018

Veh No:

SHC7204Y

Yr Regn:

2016 / July

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

SHC7204Y

Make:

Hyundai i40 1.7

C.C.

1685

at Workshop m/s

Ding Automotive

Colour

Yellow

A/C:

Insured / Std / NI / NA

of

31 Corporation Rd

Sp. Reading

234467

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

KMHLP41umhu092499

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

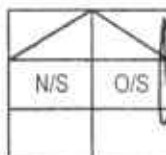
F:

205/60R16

R:

22

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



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

TOYO / YOKO or

WESTLARK

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

S

mm

R/Bal.

S

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

S

mm

L/Bal.

S

mm

Est. Repairs:

days

Res:

Yes or No

D.O.A.

22/05/18

D.O.I.

24/05/18

Lum Sum:

%

3 Val:

Yes or No

Survey held at

DING AUTO

CA / REV / REP. / 24 HRS

imp

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

Confirm LIS \$2150, 6 days
Red: \$5799.10, 73/.

RECEIVED 22 JUN 2018

Date/Time: File Pass to?



: Preli. Report

Days Of Repair:

6

1) subject



: Final Report

Resurvey No. of Trip:

1

Date/Time: File Return to?

Survey Fee:

Transportation:

2)

Add Fee:



: Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

1) \$ + RS \$

Photos

Others

Report Format:

TP

Lump Sum / L.B.I: (\$ 2150

TOTAL



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-P

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG18009

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 23-05-2018



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJT 7627Y	Veh. Inspected	7204Y
Policy No.	27194291QMY	Coverage (\$)	0.0
Claim No.	559113	Excess (\$)	0.0
Assign From	MERIMEN (CHRISTINA WONG)	Assign Date	23/05/2018

2. Vehicle Particulars & Condition

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

3. Conditions of Tyres

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

4. Description of Damages

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5. General Information

Accident Date	22/05/2018	Inspection Date	23/05/2018
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 AUTHORIZED

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 May 2018		23 May 2018 16:12 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	TOH KOK LEONG, ID: S1187047C		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHC7204Y	Date of Loss:	22/05/2018 00:00 - :59 [21 Months and 24 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 559113	Policy/Cover Note No.:	27194291QMY Coverage: 29/10/2017 - 28/10/2018
Vehicle Reg. No. (Insured):	SJT7627Y	Policy No. (Claimant):	
		Excess:	
Repairer:	Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD, 649825 Boon Lay - Tel: 96992878		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 24/05/2018]		
Adj Asg. Remarks:	Non reporting. Unable to comment on liability. TP agree to use LKK as the SJE.		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Hasrianah Binte Hassan

From: Woon Choo Kwok
Sent: Tuesday, 22 May, 2018 2:56 PM
To: Christina Wong; Hasrianah Binte Hassan
Cc: Foo Ai Ngoh; Jason Sim
Subject: FW: ACCIDENT INVOLVING SHC7204Y AND SJT7627Y ON 22/05/2018 ARRANGE SURVEY
Attachments: SAS2410465.PDF; TP INSURANCE.html

Dear officers

fya

Best Regards



Kwok Woon Choo
Senior Admin Officer, Claims Services
Tel : 6643 1330 Fax: 6225 7402 | woonchoo_kwok@sg.msig-asia.com



MSIG



Insurer Claims
Team of the Year
2016

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A Member of **MS&AD** INSURANCE GROUP

From: Agnes Lee
Sent: Tuesday, May 22, 2018 2:32 PM
To: Woon Choo Kwok <WoonChoo_Kwok@sg.msig-asia.com>
Subject: FW: ACCIDENT INVOLVING SHC7204Y AND SJT7627Y ON 22/05/2018 ARRANGE SURVEY

From: taxiscs@stengg.com [<mailto:taxiscs@stengg.com>]
Sent: 22 May 2018 14:25
To: Claims <claims@sg.msig-asia.com>
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG
Subject: ACCIDENT INVOLVING SHC7204Y AND SJT7627Y ON 22/05/2018 ARRANGE SURVEY

Please kindly check attach the GIA report at below.

The vehicle SHC7204Y will come in 31 Corporation Road 649825 Please arrange surveyor and update liability .
Pleas come to 23/5/2018 after 10.00 hrs .

Thanks

Best Regards
Ding Automotive Pte Ltd
31 Corporation Road Singapore 649825
Alex Khong
Hp :83039588 / 62657130

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LKK Auto Consultants Pte Ltd (Co.Reg.No:199607196R)

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

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Christina Wong

Date: 30 May 2018

Preliminary Advice

Insured Vehicle No	: SJT7627Y	Accident Date	: 22/05/2018
TP Vehicle No	: SHC7204Y	Assignment Date	: 23/05/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 6.00
Date of Inspection	: 24/05/2018		
Inspection At	: DING AUTOMOTIVE PTE LTD (HQ) 31 CORPORATION ROAD SINGAPORE 649825		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	7,949.10
Revised Amount	:S\$	2,713.84
Check Items (Estimated)	:S\$	1,586.58
Total	:S\$	4,300.42

Lump Sum Repair	:S\$
-----------------	------

Total Loss Consideration

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

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

Janice Lee (LKKAUTO)

From: Janice Lee (LKKAUTO)
Sent: Friday, June 08, 2018 4:39 PM
To: Christina Wong
Cc: Rasul (LKKAUTO); SUR
Subject: RE: Our Ref:M559113-TP SHC7204Y

Dear Christina,

The damages that incurred was consistent to the accident. The front bumper, front RH fender and RH front fender and RH front door and rear were affected.

We will negotiate the repair cost with the repairer upon finalize.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler (on behalf Rasul)

LKK Auto Consultants Pte Ltd

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

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

From: Veron Chen (LKKAUTO)
Sent: Thursday, June 07, 2018 12:56 PM
To: Christina Wong <Christina_Wong@sg.msig-asia.com>; Rasul (LKKAUTO) <Rasul@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: Our Ref:M559113-TP SHC7204Y

Dear Christina,

Thank you for the email.

Dear Rasul/Janice,

FYNA-CS/MSG18009400/R1rd3

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: Christina Wong [mailto:Christina_Wong@sg.msig-asia.com]
Sent: Thursday, 7 June 2018 12:54 PM

Janice Lee (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, June 07, 2018 12:56 PM
To: Christina Wong; Rasul (LKKAUTO); SUR
Subject: RE: Our Ref:M559113-TP SHC7204Y

Dear Christina,

Thank you for the email.

Dear Rasul/Janice,

FYNA-CS/MSG18009400/R1rd3

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: Christina Wong [mailto:Christina_Wong@sg.msig-asia.com]
Sent: Thursday, 7 June 2018 12:54 PM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Subject: FW: Our Ref:M559113-TP SHC7204Y

Hi Veron

I miss out the TP car no. SHC7204Y





Best Regards

Christina Wong

Senior Executive, Claims Services (Motor)

Direct line +65 6643 1311 | Direct fax +65 6225 7402 | christina_wong@sg.msig-asia.com



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A member of  INSURANCE GROUP

From: Christina Wong
Sent: Thursday, 7 June, 2018 12:53 PM
To: 'Veron Chen (LKKAUTO)' <veronchen@lkkauto.com>
Subject: Our Ref:M559113

Dear Veron

Our insured is disputing on TP repairs as he finds it ridiculously high, please check for consistency of TP damages and also press down the repair cost.





Thanks

Best Regards

Christina Wong
Senior Executive, Claims Services (Motor)
Direct line +65 6643 1311 | Direct fax +65 6225 7402 | christina_wong@sg.msig-asia.com

H1 The damages that incurred was consistent to the accident. The front bumper, front RH fender and RH front door & rear were not affected. The repair cost given are reasonable



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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	22/05/2018 10:47
Date Of Accident	22/05/2018 08:40
Exact Location Of Accident	ALONG MARINA BLVD TOWARDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7204Y
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	I40-1.7 D 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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	HO FOON SIAN
NRIC No	S1484346I
Date Of Birth	26/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1980
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81200618
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 414 JURONG WEST STREET 42 #10-791 SINGAPORE
Postcode	640414
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	COLLISION - CHANGE/CROSS LANE
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	SJT7627Y
Vehicle Make/Model/Colour	TOYOTA
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 7204Y
B - SJT 7627Y

Marina Blvd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/5/2018 at about 8:40 hrs. I was travelling
on my taxis (SHC 7204Y), along Marina Blvd towards MCE.
I was having 1 passenger on board with me. When I was
keep driving on my lane, suddenly the other party's vehicle
(SJT 7627Y) cut into my lane and hit onto my whole right
hand side.

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 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	23/05/2018 11:24
Date Of Accident	22/05/2018 08:50
Exact Location Of Accident	ALONG MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7627Y
Insured/Policyholder	
Name Of Registered Owner	TOH KOK LEONG
NRIC No	S1187047C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96261581
Alternative Phone No	OFFICE-96261581

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D27194291QMY
Cover Note Number	

Driver

Name of Driver	TOH KOK LEONG
NRIC No	S1187047C
Date Of Birth	04/07/1941
Occupation	INDOOR
Date Of Driving Pass	06/09/1963
Driving Experience	54 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96261581
Fax Number	
Contact Number	OFFICE-96261581
EMail Address	NOEMAIL

Address	16 AMBER GARDENS #13-04
Postcode	439961
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	1

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

ON THE SAID DATE AND TIME OF THE ACCIDENT, I WAS DRIVING MY CAR (SJT7627Y) ALONG MARINA BOULAVARD IN THIRD LANE FROM THE RIGHT. THERE IS A LONG QUEUE AHEAD OF MY CAR. SO, I SLOWED DOWN AND TURN ON MY LEFT INDICATOR LIGHT BEFORE SHIFTING TO THE LEFT LANE. AFTER I MAKE SURE THE TRAFFIC FROM THE LEFT WAS CLEARED, I PROCEED TO SHIFT TO THE 4TH LANE. WHILE I ALMOST FINISH TURNING INTO 4TH LANE, SUDDENLY I FELT AN IMPACT FROM BEHIND. I REALISED THAT A TAXI (SHC7204Y) COMING FROM BEHIND BUT WITHOUT GIVING WAY TO MY CAR EVEN I PUT ON MY LEFT SIGNAL LIGHT AND COLLIDED ONTO FRONT LEFT PORTION OF MY CAR. NO ONE INJURED IN THIS INCIDENT. PS: NO DAMAGE SEEN ON THE TAXI.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7204Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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: 22/9/18

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

PRELSE

Identification Card



Driving License



INSURANCE



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel: +65 6827 2888 Fax: +65 6827 7800
Lic. Ref. No. 2004122726 GST Ref. No. 20-01122120

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1956 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. D 27154291 QMY

Excess : SGD750

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
BJ77627Y

2. Name of Policyholder
Teh Kok Leong

3. Effective Date of the Commencement of Insurance for the purposes of the Act
29/10/2017

4. Date of Expiry of Insurance
28/10/2018

5. Persons or Classes of Persons entitled to drive*

Teh Kok Leong

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SKETCH PLAN



Ⓐ SJT 7627Y

Ⓑ SHC 7204Y

Along Marina Boulevard.

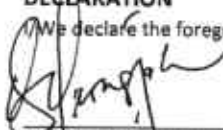
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

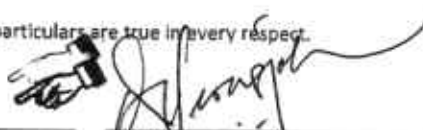
On the said date & time of the accident, I was driving my car (SJT 7627Y) along Marina Boulevard in 3rd lane from the right. There is a long queue ahead of my car so I slow down and turn on my left indicator light before shift to the left lane. After I make sure the traffic from the left was clear I proceed to shift to the 4th lane. While I almost finish turn into 4th lane, suddenly I felt an impact from behind and I realized that a taxi (SHC 7204Y) coming from behind but without give way to my car even I put on my left signal light and collided onto front left portion of my car. No one injury in this incident.

PS: No Damage seen on the taxi.

DECLARATION

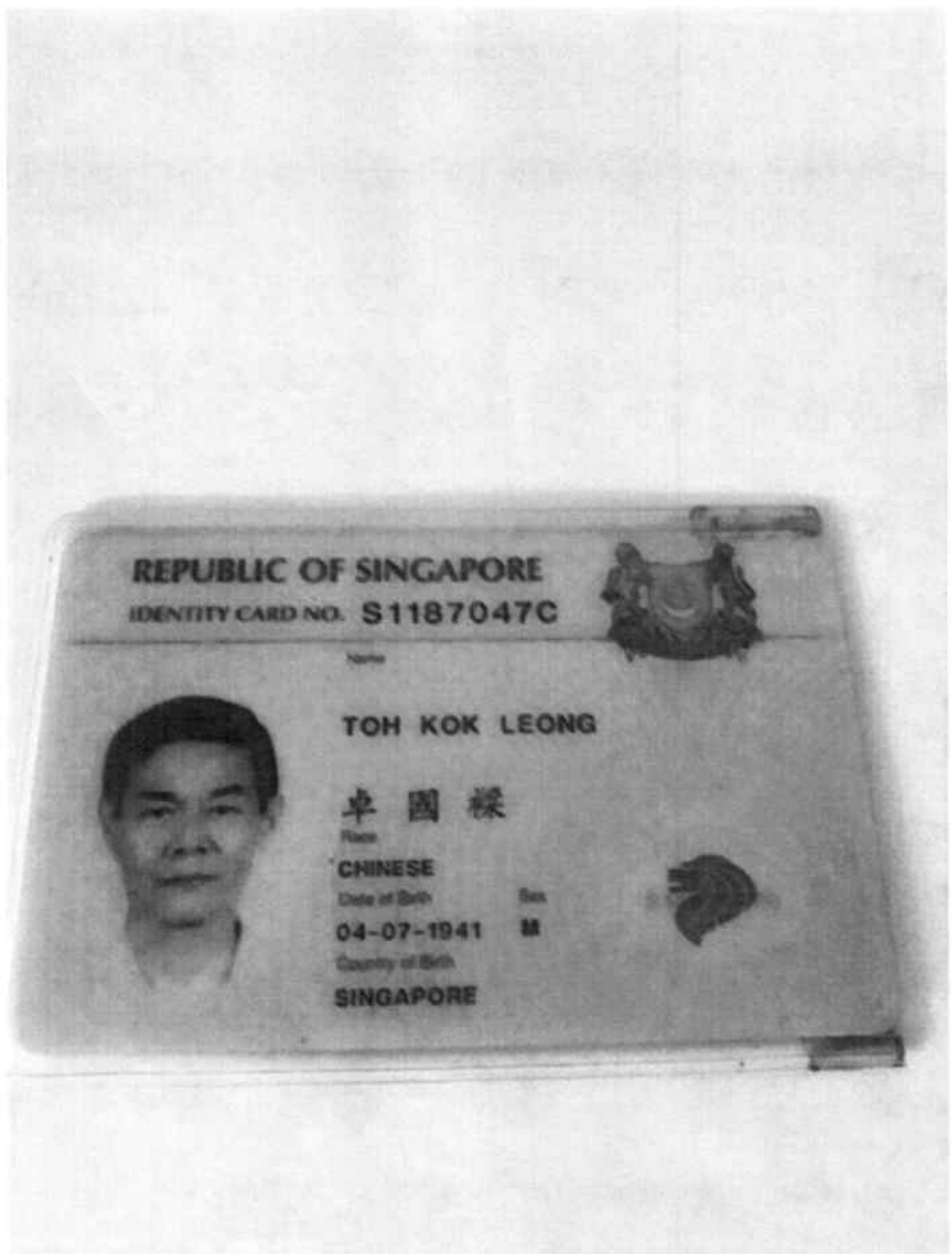
We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/5/18

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

Identification Card



DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575645

Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

ESTIMATE REPORT

1ST Quotation

23/05/2018 10:41

JOB-NO: 50110657

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHC7204Y

TRANS: AUTO

CHASSIS: KMHLB41UMGU092499

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDGU661865

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
LABOUR							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,000.00	0.00	1,000.00		Y	600
2 REMOVE & RENEW FRONT TYRE & BALANCING	1.00	80.00	0.00	80.00		Y	X
3 R&R FRONT RHS DOOR COMPONENTS	1.00	120.00	0.00	120.00		Y	X
4 RUST PROOFING	1.00	60.00	0.00	60.00		Y	40
5 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
6 RESPRAY FRONT BUMPER & FENDER RHS & FRONT DOOR RHS & REAR DOOR RHS.	1.00	1,100.00	0.00	1,100.00		Y	720
TOTAL:		2,410.00	0.00	2,410.00			

MATERIALS

1 FRONT BUMPER	1.00	544.00	108.80	435.20	DE	L	Y	
2 FRONT FENDER RHS	1.00	429.81	85.96	343.85	81	L	Y	
3 FRONT BUMPER RETAINER RHS	1.00	26.60	5.32	21.28	21.28	L	Y	
4 FRONT FENDER INNER SHIELD RHS	1.00	175.12	35.02	140.10	140.10	L	Y	
5 HEAD LAMP RHS	1.00	1,808.10	361.62	1,446.48	1,446.48	L	Y	
6 FRONT DOOR RHS	1.00	2,256.65	451.33	1,805.32	R	L repair	Y	
7 REPAIR REAR DOOR RHS	1.00	0.00	0.00	0.00	VV	L	Y	
8 SIDE SKIRT RHS	1.00	341.40	68.28	273.12	R	L repair	Y	
9 FRONT WHEEL RIM CAP	1.00	185.64	37.13	148.51	148.51	L	Y	
10 FRONT WHEEL RIM	1.00	325.30	65.06	260.24	X	L	Y	
11 WHOLE RIGHT SIDE ADS STICKER	1.00	450.00	0.00	450.00	350	S	Y	
12 FRONT TYRE RHS	1.00	180.00	0.00	180.00	X	S	Y	
13 FRONT BUMPER & FENDER INNER SHIELD CLIP SET	1.00	35.00	0.00	35.00	35	S	Y	
TOTAL:		6,757.62	218.52	5,539.10				

TOTAL PARTS & LABOUR :

9,167.62 1,218.52 7,949.10

EXCESS/LOADING: S\$ 0.00

No. Of Day:

6 days

RE-SURVEY: BEFORE AFTER PAINTING

PART-BY-PART OF LUMP SUM S\$

DATE OF SURVEY: 24 105 18 @ 1535

SURVEYED BY:

RASUL CLKK7

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
CONTACT NO: <u>900 10068</u>		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:

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 May 2018		23 May 2018 16:12 Edit Adj Rpt	S\$2,150.00 Edit Estimates	S\$2,150.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by Insurer]									
Insured:	TOH KOK LEONG, ID: S1187047C								
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G								
Vehicle Reg. No.:	SHC7204Y	Date of Loss:	22/05/2018 00:00 - :59 [21 Months and 24 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 559113	Policy/Cover Note No.:	27194291QMY Coverage: 29/10/2017 - 28/10/2018						
Vehicle Reg. No. (Insured):	SJT7627Y	Policy No. (Claimant):							
		Excess:							
Repairer:	Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD, 649825 Boon Lay - Tel: 96992878								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 22/06/2018]								
Adj Asg. Remarks:	Non reporting. Unable to comment on liability. TP agree to use LKK as the SJE.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SHC7204Y (559113)
[SJT7627Y]**

TP






















CITYCAB PTE LTD

May 22 2018 12:00AM

[TOH KOK LEONG]

Ding Automotive Pte Ltd

Upload Documents			Upload Photos		Compose New Letter		View		View in Browser	
Video							1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)						Thumbnail	Print	
1	23/05/18 16:42	Video - Accident					1	Load MP4		
Assessment Reports							1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print	
1	30/05/18 11:34	Adjuster Immediate Advice					1	Load HTM		
Photos/Images							3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print	
1	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	
2	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	
3	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	
4	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	
5	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	
6	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	
7	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	
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23	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	
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30	22/06/18 09:25	General View					1	Load JPG	<input checked="" type="checkbox"/>	

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
31	22/06/18 09:25	General View	 Load JPG	<input checked="" type="checkbox"/>
32	22/06/18 09:25	General View	 Load JPG	<input checked="" type="checkbox"/>
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44	22/06/18 09:25	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
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46	22/06/18 09:25	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
47	22/06/18 09:25	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
48	22/06/18 09:25	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
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1	23/05/18 10:43	Email frm TP - PRI	 Load PDF	
2	23/05/18 10:44	SHC7204Y GIA Rpt	 Load PDF	
3	08/06/18 16:10	SJT7627Y GIA Rpt	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

LKK Auto Consultants Pte Ltd (Co. Reg. No: 199607198R)

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG18009400/RD3Q2

Date: 25/06/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 27194291QMY

Claimant Vehicle No: SHC7204Y

Insured Vehicle No: SJT7627Y

Date of Loss: 22/05/2018

Nature of Claim: TP

Claim No: 559113

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC7204Y

Make & Model: HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)

Engine No: D4FDGU661865

Reg. Date: 28/07/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMGU092499

Colour: Yellow

Odometer: 234467 km

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: West Lake 5 mm

Rear Left Side: West Lake 5 mm

Front Right Side: West Lake 5 mm

Rear Right Side: West Lake 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	5,589.10	1,353.84	4,235.26	75.78
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,360.00	1,360.00	1,000.00	42.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,949.10	2,713.84	5,235.26	65.86
Approved Total (Overridden) (S\$)		2,150.00		
(S\$)	7,949.10	2,150.00	5,799.10	72.95
+ GST 7.00/7.00% (S\$)	556.44	150.50	405.94	72.95
Nett Amount (S\$)	8,505.54	2,300.50	6,205.04	72.95

INSPECTION

Date of Assignment: 23/05/2018

Date Inspected: 24/05/2018 Inspected At:

Ding Automotive Pte Ltd (HQ)
31 CORPORATION ROAD
Singapore 649825

Estimated Period of Repair: 6.0 days

Adjuster: MOHD TAUFIKH BIN HAMID**Manager:** Janice Lee Si Hua

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 25 Jun 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC7204Y)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Deformed	544.00 FL	*544.00 FL
2	1		*FRONT FENDER RHS	Bent	429.81 FL	*429.81 FL
3	1		*FRONT BUMPER RETAINER RHS	Necessary	26.60 FL	*26.60 FL
4	1		*FRONT FENDER INNER SHIELD RHS	Serviceable	175.12 FL	*- FL
5	1		*HEAD LAMP RHS	Serviceable	1,808.10 FL	*- FL
6	1		*FRONT DOOR RHS	Repair	2,256.65 FL	*- FL
7	1		*REPAIR REAR DOOR RHS (NPA)	Not Necessary	0.00 FL	*- FL
8	1		*SIDE SKIRT RHS	Repair	341.40 FL	*- FL
9	1		*FRONT WHEEL RIM CAP	Scratched	185.64 FL	*185.64 FL
10	1		*FRONT WHEEL RIM	Serviceable	325.30 FL	*- FL
11	1		*SUNDRIES	Necessary	50.00 FS	*20.00 FS
12	1		*WHOLE RIGHT SIDE ADS STICKER	Necessary	450.00 FS	*350.00 FS
13	1		*FRONT TYRE RHS	Serviceable	180.00 FS	*- FS
14	1		*SET FRONT BUMPER & FENDER INNER SHIELD CLIP	Necessary	35.00 FS	*35.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	6,807.62	1,591.05
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,218.52	237.21
Total Parts (\$\$)	5,589.10	1,353.84

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	New	1,000.00	600.00
2	REMOVE & RENEW FRONT TYRE & BALANCING	New	80.00	0.00
3	R&R FRONT RHS DORO COMPONENTS	New	120.00	0.00
4	RUST PROOFING	New	60.00	40.00
5	RESPRAY FRONT BUMPER & FENDER RHS & FRONT DOOR RHS & REAR DOOR RHS	New	1,100.00	720.00
Gross Labour Cost (S\$)			2,360.00	1,360.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >