

ASS. REC. BY:

REF:

CS/CTI180184081 Tq d3et

Special Instruction:

Surveyor:

Mennen

ASSIGNMENT (Office)

From (Person):

Irene Tay

of

CTI

Date/Time:

10/10/18 @ 3.54

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 8142X

Insured:

GBG 7726H

at Workshop m/s

Ding Auto

Tel:

8303 9588

of

3i Corporation Road

Policy No:

DMCVSN1826091

Claim No:

8NM18DC04847C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

08/10/2018

CA / REV / REP. / REV 24 HRS

lup

11/10/2018

H.O.D. Endorsement:

Date/Time:

4:47pm @ 10/10/18

Person Contacted:

Alex

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 8142X-CC3/AIG17016871/Kika3q2

DOA: 28/8/17

GBG 7726H-X

17/10/18 @

5.15pm Confirmed with Alex LS \$1200, 2 days.

CRed \$408.05, 770/)

1001/13

Surveys

Tanji

REF: CTI

ASSIGNMENT

From: Date: 11/10/2018

Estimated Cost:

OD TP WS TP RES OD RES EVA INV MV

To Inspect Vehicle No: SHA 8142X

at Workshop m/s

of Ding Auto
31 Corporation Road

Insured:

Policy No.

Claims No.

Sum Insured:

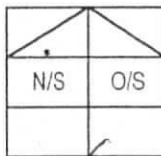
Excess:

(Client's Record)

Make of Veh:

(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: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHA 8142X

Yr Regn: 2016, Nov

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

Truck / Trailer or

Make: Hyundai 140

C.C 1685

Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 25864

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB414MH4097124

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: 205 / 60 R16

R: 205 / 60 R16

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

TOYO / YOKO or

Triangle

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I.

Survey held at

Ding Auto Corporation Rd. 4/10/18 E.S.P.

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 26 OCT 2018

Date/Time, File Pass to?

1) 11/10/2018

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

☐ S + RS ☐ SI

Photos

Others

TOTAL

Report Format:

MEB-TP

Lump Sum / I.B.I. (\$) 1200

220

220

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	10 Oct 2018		10 Oct 2018 15:54 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:			
Main Claimant:	CITYCAB PTE LTD		
Vehicle Reg. No.:	SHA8142X	Date of Loss:	08/10/2018 00:00 - :59
Claim Type:	TP / SNM18D04847C02	Policy/Cover Note No.:	DMCVSN1826091800
Vehicle Reg. No. (Insured):	GBG7726H	Policy No. (Claimant):	
		Excess:	\$0.00
Repairer:	Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD, 649825 Boon Lay - Tel: 96992878		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 19/10/2018]		
Adj Asg. Remarks:	NO EST, ASSIGN KENNETH KONG AS 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.									

Lucas Lee

From: taxiscs@stengg.com
Sent: Tuesday, 9 October, 2018 5:37 PM
To: Claims Dept of CTI
Cc: admin@dingautomotive.sg; accounts@dingauto.sg; Carlor.chan@dingauto.sg
Subject: ACCIDENT INVOLVING SHA8142X AND GBC7726H ON 08/10/2018-ARRANGE SURVEY
Attachments: SAS2485068.PDF; SHA8142X-GBG7726H.html

Dear Officer ,

Please arrange survey SHA8142XL and update this case liability .

The vehicle already at 31 Corporation Road 649825

Thanks

Best Regards

Ding Automotive Pte Ltd
AlexKhong
Hp :62657130/83039588

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

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

Shiau Chan (LKKAUTO)

From: taxiscs@stengg.com
Sent: Wednesday, 17 October 2018 5:15 PM
To: Shiau Chan (LKKAUTO)
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Carlor.chan@dingauto.sg; SUR; Taufikh (LKKAUTO)
Subject: RE: SHA8142X-50111025 - Finalize Amount & After Repair Photo & Question Mark Item Photo .

Dear Shiau ,

We accept this finalize amount .

Thanks

Best Regards
Ding Automotive Pte Ltd
Alex Khong
Hp : 62657130 / 83039588

From: "Shiau Chan (LKKAUTO)" <siewsc@lkkauto.com>
To: Taxis Customer Service/KAS/CBG/ST Kinetics@ST Engineering, "Taufikh (LKKAUTO)" <Taufikh@lkkauto.com>, "SUR" <sur@lkkauto.com>
Cc: "ACCOUNTS@DINGAUTO.SG" <ACCOUNTS@DINGAUTO.SG>, "ADMIN@DINGAUTOMOTIVE.COM.SG" <ADMIN@DINGAUTOMOTIVE.COM.SG>, "Carlor.chan@dingauto.sg" <Carlor.chan@dingauto.sg>
Date: Wed 17 Oct 2018 05:11 PM
Subject: RE: SHA8142X-50111025 - Finalize Amount & After Repair Photo & Question Mark Item Photo .

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

Dear Alex,

WITHOUT PREJUDICE

Offer Lump Sum \$1,200.00 and 2 repair days.

Kindly confirm.

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

From: taxiscs@stengg.com <taxiscs@stengg.com>
Sent: Wednesday, 17 October 2018 4:21 PM
To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Carlor.chan@dingauto.sg; Thin Thin (LKKAUTO) <thinthin@lkkauto.com>; Vivian Lau (LKKAUTO) <vivianlau@lkkauto.com>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: SHA8142X-50111025 - Finalize Amount & After Repair Photo & Question Mark Item Photo .

Dear Taufikh ,

Shiau Chan (LKKAUTO)

From: taxiscs@stengg.com
Sent: Wednesday, 17 October 2018 4:21 PM
To: Taufikh (LKKAUTO); SUR
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Carlor.chan@dingauto.sg; Thin Thin (LKKAUTO); Vivian Lau (LKKAUTO); Asher Sng (LKKAUTO); CS A Team; Admin A
Subject: SHA8142X-50111025 - Finalize Amount & After Repair Photo & Question Mark Item Photo .
Attachments: DSC00510.JPG; DSC00509.JPG; DSC00508.JPG

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for SHA8142X
AFTER PAINT PHOTO

Finalize Amount
Total Repair - 02 Days

Lump Sum

Labour - \$520
Special Netts - \$545
Parts after 20% discount =\$497.74
Total L+P+S=\$1544.74- 20% Lump sum
Final Amount = \$1235.79

Please help to close this case ASAP

Thanks

Best Regards
Ding Automotive Pte Ltd
Alex Khong
Hp : 62657130 / 83039588

NOTE !!!
All mailed letter & cheque payment is to be mailed to our main office
address :
BLOCK 10 #01-20
SIN MING INDUSTRIAL EST. SEC C
SINGAPORE 575645

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

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 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. 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	09/10/2018 09:42
Date Of Accident	08/10/2018 20:45
Exact Location Of Accident	ALONG JURONG WEST ST 42 TOWARDS JURONG WEST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8142X
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	CHUA HOCK SENG
NRIC No	S0956211G
Date Of Birth	13/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1970
Driving Experience	48 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96943319
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 414 JURONG WEST STREET 42 #07-787 SINGAPORE
Postcode	640414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH STATEMENT .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7726H
Vehicle Make/Model/Colour	NISSAN NV
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 CHUA HOCK SENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHA8142X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHA8142X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan Pg. 1

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.

9 OCT '18 8:59

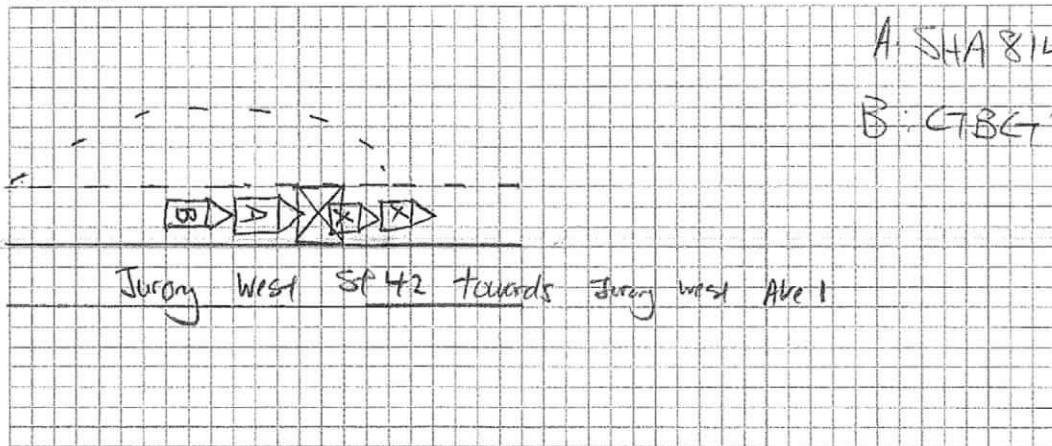
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8-10-2018 at about 20:45 hrs. I was stationary my taxis (SHA8142X) at the traffic lights. Suddenly the rear vehicle (B) hit onto my rear portion. With that my taxis was damaged in rear portion.

- my taxis having 1 passenger on board.

9 OCT '18 8:59

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 Sin Ming Industrial Estate Sector C
#01-20
Singapore 575645
Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

10/10/2018 11:08

JOB-NO: 50111025

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE

64739522

SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHA8142X

TRANS: AUTO

CHASSIS: KMHLB41UMHU097121

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDGU693943

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
LABOUR							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,000.00	0.00	1,000.00		Y	200 ✓
2 SUNDRIES	1.00	80.00	0.00	80.00		Y	20 ✓
3 RUST PROOFING	1.00	120.00	0.00	120.00		Y	X
4 R&R SPARE TYRE BOARD/ CARPET/ TRIM	1.00	130.00	0.00	130.00		Y	X } m
5 R&R REVERSE SENSOR	1.00	60.00	0.00	60.00		Y	X
6 ALIGNMENT BOOTLID	1.00	80.00	0.00	80.00		Y	X
7 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200 ✓
8 RESPRAY REAR BUMPER DIFFUSER	1.00	200.00	0.00	200.00		Y	100 ✓
9 RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	X } m
10 RESPRAY REVERSE SENSOR	1.00	60.00	0.00	60.00		Y	X } m
TOTAL:		2,230.00	0.00	2,230.00			
MATERIALS							
1 REAR BUMPER	1.00	599.68	119.94	479.74	L	Y	de ✓
2 REAR BUMPER DIFFUSER	1.00	218.40	43.68	174.72	L	Y	RP ✓
3 REAR BUMPER REFLECTOR LH	1.00	42.50	8.50	34.00	L	Y	X
4 REAR BUMPER REFLECTOR RH	1.00	42.50	8.50	34.00	L	Y	X } m
5 REAR BUMPER RETAINER LH	1.00	42.63	8.53	34.10	L	Y	X
6 REAR BUMPER RETAINER RH	1.00	42.63	8.53	34.10	L	Y	X } m
7 REAR BUMPER REINFORCEMENT	1.00	484.40	96.88	387.52	L	Y	? x m
8 REAR BUMPER REINFORCEMENT BRACKET LH	1.00	98.63	19.73	78.90	L	Y	? x m
9 REAR BUMPER REINFORCEMENT BRACKET RH	1.00	98.63	19.73	78.90	L	Y	? x m
10 REAR BUMPER REINFORCEMENT SPONGE	1.00	89.62	17.92	71.70	L	Y	? x m
11 REAR END PANEL	1.00	626.95	125.39	501.56	L	Y	X } m
12 REAR END PANEL TOP GANISH	1.00	215.45	43.09	172.36	L	Y	X } m
13 BOOTLID RUBBER BEADING	1.00	89.56	17.91	71.65	L	Y	X } m
14 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	Y	ner ✓
15 REAR BUMPER ADS STICKER	1.00	150.00	0.00	150.00	S	Y	ner ✓
16 REAR BUMPER REVERSE SENSOR SET	1.00	230.00	0.00	230.00	S	Y	X } m
17 REAR END PANEL SEALANT	1.00	50.00	0.00	50.00	S	Y	X } m
18 REAR FENDER ADS STICKER LH	1.00	180.00	0.00	180.00	S	Y	ner ✓
19 REAR FENDER ADS STICKER RH	1.00	180.00	0.00	180.00	S	Y	ner ✓
TOTAL:		3,516.58	538.33	2,978.25			
TOTAL PARTS & LABOUR :		5,746.58	538.33	5,208.25			

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
-------------	-----	--------------	----------	------------	-----	----------	-----------

EXCESS/LOADING:\$ 0.00

No. Of Day: 2RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: \$DATE OF SURVEY: 11/10/18SURVEYED BY: TanphCONTACT NO: 97445719

FAX NO: _____

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

guo@lkkauto.com

12/10/18

**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'ed	Status
Main	10 Oct 2018		10 Oct 2018 15:54 Edit Adj Rpt	S\$1,200.00 Edit Estimates	S\$1,200.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	-, Co. Reg. No.: -								
Main Claimant:	CITYCAB PTE LTD								
Vehicle Reg. No.:	SHA8142X	Date of Loss:	08/10/2018 00:00 - :59 [22 Months and 14 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM18D04847C02	Policy/Cover Note No.:	DMCVSN1826091800						
Vehicle Reg. No. (Insured):	GBG7726H	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD, 649825 Boon Lay - Tel: 96992878								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 19/10/2018]								
Adj Asg. Remarks:	NO EST, ASSIGN KENNETH KONG AS 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

*SHA8142X (SNM18D04847C02)
[GBG7726H]
TP
CITYCAB PTE LTD
Oct 8 2018 12:00AM
[-]
Ding Automotive Pte Ltd

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Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	10/10/18 15:53	PRS		Load PDF	
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Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) </div>			

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/CTI18018408/T1QD3E2

Date: 25/10/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN1826091800

Claimant Vehicle
No : SHA8142XInsured Vehicle
No : GBG7726H

Date of Loss: 08/10/2018

Nature of Claim: TP

Claim
No: SNM18D04847C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHA8142X**

Make & Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4FDGU693943

Reg. Date: 24/11/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMHU097121

Colour: Yellow

Odometer: 258614 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: Triangle 6 mm

Rear Left Side:

Triangle 6 mm

Front Right Side: Triangle 6 mm

Rear Right Side:

Triangle 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,058.26	1,044.74	2,013.52	65.84
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,150.00	500.00	1,650.00	76.74
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,208.26	1,544.74	3,663.52	70.34
Approved Total (Overridden) (S\$)		1,200.00		
(S\$)	5,208.26	1,200.00	4,008.26	76.96
+ GST 7.00/7.00% (S\$)	364.58	84.00	280.58	76.96
Nett Amount (S\$)	5,572.84	1,284.00	4,288.84	76.96

INSPECTION

Date of Assignment: 10/10/2018

Date Inspected: 11/10/2018 Inspected At:

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

Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID**Manager:** SHIAU CHAN

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 Oct 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA8142X)	
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		*SUNDRIES	Necessary	80.00 FS	*20.00 FS
2	1		*REAR BUMPER	Deformed	599.68 FL	*599.68 FL
3	1		*REAR BUMPER REFLECTOR LH	Not Necessary	42.50 FL	*- FL
4	1		*REAR BUMPER REFLECTOR RH	Not Necessary	42.50 FL	*- FL
5	1		*REAR BUMPER RETAINER LH	Not Necessary	42.63 FL	*- FL
6	1		*REAR BUMPER RETAINER RH	Not Necessary	42.63 FL	*- FL
7	1		*REAR BUMPER REINFORCEMENT	Not Necessary	484.40 FL	*- FL
8	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Not Necessary	98.63 FL	*- FL
9	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Not Necessary	98.63 FL	*- FL
10	1		*REAR BUMPER REINFORCEMENT SPONGE	Not Necessary	89.62 FL	*- FL
11	1		*REAR END PANEL	Not Necessary	626.95 FL	*- FL
12	1		*REAR END PANEL TOP GARNISH	Not Necessary	215.45 FL	*- FL
13	1		*BOOTLID RUBBER BEADING	Not Necessary	89.56 FL	*- FL
14	1		*SET REAR BUMPER CLIP	Necessary	35.00 FS	*35.00 FS
15	1		*REAR BUMPER ADS STICKER	Necessary	150.00 FS	*150.00 FS
16	1		*SET REAR BUMPER REVERSE SENSOR	Not Necessary	230.00 FS	*- FS
17	1		*REAR END PANEL SEALANT	Not Necessary	50.00 FS	*- FS
18	1		*REAR FENDER ADS STICKER LH	Necessary	180.00 FS	*180.00 FS
19	1		*REAR FENDER ADS STICKER RH	Necessary	180.00 FS	*180.00 FS
20	1		*REAR BUMPER DIFFUSER	Repair	218.40 FL	*- FL

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

Sub Total (S\$)	3,596.58	1,164.68
- List Item Discount on L Items 20.00/20.00% (S\$)	538.32	119.94
Total Parts (S\$)	3,058.26	1,044.74

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
Labour Items				
1	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	New	1,000.00	200.00
2	RUST PROOFING	New	120.00	0.00
3	R&R SPARE TYRE BOARD / CARPET / TRIM	New	130.00	0.00
4	R&R REVERSE SENSOR	New	60.00	0.00
5	ALIGNMENT BOOTLID	New	80.00	0.00
6	RESPRAY REAR BUMPER	New	250.00	200.00
7	RESPRAY REAR BUMPER DIFFUSER	New	200.00	100.00
8	RESPRAY REAR END PANEL	New	250.00	0.00
9	RESPRAY REVERSE SENSOR	New	60.00	0.00
Gross Labour Cost (\$\$)			2,150.00	500.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >