

22/03/2002

ASS. REC. BY:

REF: CS/FCI18019141/R11b2

Special Instruction:

Surveyor

ASSIGNMENT (Office)From (Person): Cue May Chua of FCL Date/Time: 22.10.2018 227pm

Estimated Cost: _____ Bill to: _____

OD / TR / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHC7917Z Insured: SH 8500Dat Workshop m/s Ding Automotiv Tel: 9466 9828of Blk 40 Sin Ming Ind Est #01-20Policy No: _____ Claim No: D18007607MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18102018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

31 Corporation Rd

H.O.D. Endorsement: _____

Date/Time: 22.10.2018 236pm Person Contacted: Guang Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 7917Z - CIL (ASM) 8018815 / R1wb5 DA: 13.10.18
	SH 8500D - NG/INC 17073097 / R1b2 DA: 03.10.17
24/10/18	Revert from email.
26/10/18	Confirm with Guang \$970 @ 3 days (Red: \$5716.82, 85%.)

MOTOR SURVEY ASSIGNMENT

Date	19-10-2018	Our Ref No. D18007607MFSH
Accident Date	18-10-2018	Claim Type. Third Party
Insured Vehicle	SH8500D	Third Party Vehicle. SHC7917Z
Survey Location	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C#01-20	
Contact Person.	GUANG	
Contact No.	62657130/ 94669828	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

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

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18007607MFSH

Date: 24 October 2018

Our Ref: CS/FCI18019141/R1rb

The Motor Claims Department
First Capital Insurance Ltd

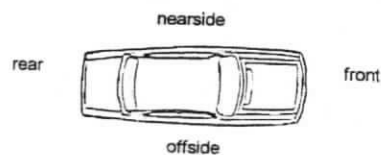
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 7917Z .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 23/10/2018 at the premises of M/s DING AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>7,598.53</u> .
Revised Estimate Amount	: S\$ <u>970.00</u> .
"Check" Items Amount	: S\$ <u> </u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:
The vehicle sustained damages
at the n/s body.



Yours faithfully

RASUL
Automotive Assessor

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2839G
Vehicle Details	
Vehicle No.:	SHC7917Z
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7L CRDI AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2014
Engine No.:	D4FDEU461323
Chassis No.:	KMHLB41UMEU061563
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,595.00
Original Registration Date:	04 Sep 2014
First Registration Date:	04 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$11,095.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Sep 2022
PARF Rebate Amount:	\$8,321.00
Intended COE Rebate Details	
COE Expiry Date:	03 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$24,433.00
Total Rebate Amount:	\$32,754.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 26 Oct 2018

OK

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	19/10/2018 09:18
Date Of Accident	18/10/2018 20:35
Exact Location Of Accident	AT MARINA BAY SANDS TOWER 1 HOTEL LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7917Z
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	CHUM KONG KAY
NRIC No	S1700105A
Date Of Birth	19/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013087
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

APT BLK 168 PETIR ROAD #10-128 SINGAPORE 670168

Postcode

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 - OPENING DOOR OF VEHICLE

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

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 SH8500D

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)

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

MARINA Bay Sands Tower 1 Hotel	A: SHC79178
	B: SH8500D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 October 2018 at about 2034 hours, I was travelling on my taxi (SHC79178) at Marina Bay Sands Tower 1 Hotel Lobby, I was drop off my passenger at in front Lobby, After that I was keep driving to exit the lobby, Suddenly the third party vehicle (SH8500D) open the door and hit on to my taxi left portion. Cause my taxi damage at left portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575645

TO :

Tel: 6452 1208 Fax: 6452 0614

FAX NO:

ESTIMATE REPORT 1ST Quotation

20/10/2018 10:53

JOB-NO: 50111051

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: SHC7917Z

TRANS: AUTO

CHASSIS: KMHLB41UMEU061563

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU461323

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	1,600.00	0.00	1,600.00		250	Y
2 SUNDRIES	1.00	100.00	0.00	100.00	X		Y
3 RUST PROOFING	1.00	150.00	0.00	150.00	X	40	Y
4 CHECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC (CLEAR FAULT CODE)	1.00	150.00	0.00	150.00	X		Y
5 R&R FRONT DOOR COMPONENTS LH	1.00	150.00	0.00	150.00		60	Y
6 R&R REAR DOOR COMPONENTS LH	1.00	150.00	0.00	150.00		60	Y
7 RESPRAY FRONT DOOR LH	1.00	250.00	0.00	250.00		200	Y
8 RESPRAY REAR DOOR LH	1.00	250.00	0.00	250.00		200	Y
TOTAL:		2,800.00	0.00	2,800.00			
MATERIALS							
1 FRONT DOOR LH - repair	1.00	2,256.00	451.20	1,804.80	L	Y	
2 FRONT DOOR OUTER HANDLE LH repair	1.00	68.90	13.78	55.12	L	Y	
3 FRONT DOOR OUTER HANDLE COVER LH repair	1.00	32.63	6.53	26.10	L	Y	
4 REAR DOOR LH repair	1.00	2,201.00	440.20	1,760.80	L	Y	
5 FRONT DOOR STICKER-COMFORT DELGRO LH	1.00	120.00	0.00	120.00	S	Y	
6 REAR DOOR STICKER-65521111 LH	1.00	120.00	0.00	120.00	S	Y	
TOTAL:		4,798.53	911.71	3,886.82			
TOTAL PARTS & LABOUR :		7,598.53	911.71	6,686.82			

EXCESS/LOADING:\$ 0.00

No. Of Day:

3 days

RE-SURVEY: BEFORE/ AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 23 / 10 / 18 @ 1345

SURVEYED BY:

Rafael

CONTACT NO:

900 60668

FAX NO:

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

DAuto001

Ding Auto User 1

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before 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 DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
ESTIMATOR							
STA AUTOCENTRE							
TEL:		FAX:					

DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575645

TO :

Tel: 6452 1208 Fax: 6452 0614

FAX NO:

ESTIMATE REPORT 1ST Quotation

20/10/2018 10:53

JOB-NO: 50111051

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: SHC7917Z

TRANS: AUTO

CHASSIS: KMHLB41UMEU061563

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU461323

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	1,600.00	0.00	1,600.00	250	Y	
2 SUNDRIES	1.00	100.00	0.00	100.00	X	Y	
3 RUST PROOFING	1.00	150.00	0.00	150.00	40	Y	
4 CHECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC (CLEAR FAULT CODE)	1.00	150.00	0.00	150.00	X	Y	
5 R&R FRONT DOOR COMPONENTS LH	1.00	150.00	0.00	150.00	60	Y	
6 R&R REAR DOOR COMPONENTS LH	1.00	150.00	0.00	150.00	60	Y	
7 RESPRAY FRONT DOOR LH	1.00	250.00	0.00	250.00	200	Y	
8 RESPRAY REAR DOOR LH	1.00	250.00	0.00	250.00	200	Y	
TOTAL:		2,800.00	0.00	2,800.00			
MATERIALS							
1 FRONT DOOR LH - repair	1.00	2,256.00	451.20	1,804.80	L	Y	
2 FRONT DOOR OUTER HANDLE LH repair	1.00	68.90	13.78	55.12	L	Y	
3 FRONT DOOR OUTER HANDLE COVER LH repair	1.00	32.83	6.53	26.10	L	Y	
4 REAR DOOR LH repair	1.00	2,201.00	440.20	1,760.80	L	Y	
5 FRONT DOOR STICKER-COMFORT DELGRO LH	1.00	120.00	0.00	120.00	S	Y	
6 REAR DOOR STICKER-65521111 LH	1.00	120.00	0.00	120.00	S	Y	
TOTAL:		4,798.53	911.71	3,886.82			
TOTAL PARTS & LABOUR:		7,598.53	911.71	6,686.82			

EXCESS/LOADING:\$ 0.00

No. Of Day:

3 days

RE-SURVEY: BEFORE/ AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 29 / 10 / 18 @ 1345

SURVEYED BY:

Rafael

CONTACT NO:

900 6068

FAX NO:

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

DAuto001

Ding Auto User 1

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 DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
ESTIMATOR							
STA AUTOCENTRE							
TEL:		FAX:					

Part By part

Labour = \$ 810

Parts = \$ 0

S/N = \$ 160

L + S = \$ 970

Final Amount = \$ 970

TO :
APPROVAL REPORT 1ST Quotation

FAX NO:
25/10/2018 18:32
JOB-NO: 50111051
PAGE: 1 of 1

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880
ADDRESS: 383 SIN MING DRIVE 64739522
SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHC7917Z TRANS: AUTO CHASSIS: KMHLB41UMEU061563
MAKE / MODEL: HYUNDAI / i40 ENGINE: D4FDEU461323
OWNER'S INSURER: MS First Capital Insurance Limited
JOB-CODE: TP SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	REV PRICE	APPROVAL
<u>LABOUR</u>				
1 RUST PROOFING	1.00	150.00	40.00	Yes
2 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,600.00	250.00	Yes
3 RESPRAY REAR DOOR LH	1.00	250.00	200.00	Yes
4 R&R FRONT DOOR COMPONENTS LH	1.00	150.00	60.00	Yes
5 RESPRAY FRONT DOOR LH	1.00	250.00	200.00	Yes
6 R&R REAR DOOR COMPONENTS LH	1.00	150.00	60.00	Yes
7 CHECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC (CLEAR FAULT CODE)	1.00	150.00	0.00	No
8 SUNDRIES	1.00	100.00	0.00	No
TOTAL:		2,800.00	810.00	
<u>MATERIALS</u>				
1 FRONT DOOR STICKER-COMFORT DELGRO LH	1.00	120.00	80.00	Yes
2 REAR DOOR STICKER-65521111 LH	1.00	120.00	80.00	Yes
3 REAR DOOR LH	1.00	1,760.80	0.00	Repair
4 FRONT DOOR OUTER HANDLE COVER LH	1.00	26.10	0.00	Repair
5 FRONT DOOR OUTER HANDLE LH	1.00	55.12	0.00	Repair
6 FRONT DOOR LH	1.00	1,804.80	0.00	Repair
TOTAL:		3,886.82	160.00	

TOTAL PARTS & LABOUR : 6,686.82 970.00

Janice Lee (LKKAUTO)

From: Janice Lee (LKKAUTO)
Sent: Friday, October 26, 2018 8:59 AM
To: taxiscs@stengg.com; Rasul (LKKAUTO); SUR
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG;
Carlor.chan@dingauto.sg; CS A Team; Admin A
Subject: RE: SHC7917Z - Finalize Amount & After Repair Photo

Dear Guang,

Confirm \$970.00 @ 3 days

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

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: taxiscs@stengg.com [mailto:taxiscs@stengg.com]

Sent: Thursday, October 25, 2018 7:05 PM

To: Rasul (LKKAUTO) <Rasul@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: SHC7917Z - Finalize Amount & After Repair Photo

Dear Rasul ,

Please see below for the finalize according to our conversion to finalize for SHC7917Z
AFTER PAINT PHOTO & ESTIMATE

Finalize Amount
Total Repair - 03 Days

Part By Part

Labour - \$810
Special Netts - \$160
Parts - \$0
Total L+P+S=\$970
Final Amount = \$970

Please help to close this case ASAP

Thanks

Best Regards




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/FCI18019141/R1rbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 30-10-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 8500D	Veh. Inspected	SHC 7917Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007607MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	22/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40 1.7L	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU061563	Colour	YELLOW	
Odometer	767723	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	TRIANGLE	5 mm	
L/H Front Tyre	205/60 R16	TRIANGLE	5 mm	
R/H Rear Tyre	205/60 R16	TRIANGLE	5 mm	
L/H Rear Tyre	205/60 R16	TRIANGLE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/10/2018	Inspection Date	23/10/2018	
Survey held at	31 CORPORATION RD			
Repairer	DING AUTO PTE LTD			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7917Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT DOOR LH	TO REPAIR SEE LABOUR	2,256.00	-
1	FRONT DOOR OUTER HANDLE LH	TO REPAIR SEE LABOUR	68.90	-
1	FRONT DOOR OUTER HANDLE COVER LH	TO REPAIR SEE LABOUR	32.63	-
1	REAR DOOR LH	TO REPAIR SEE LABOUR	2,201.00	-
			4,558.53	-
	<u>SPECIAL NETT ITEMS</u>			
1	SUNDRIES (SN)	NOT NECESSARY	100.00	-
1	FRONT DOOR STICKER - COMFORT DELGRO LH (SN)	NECESSARY	120.00	80.00
1	REAR DOOR STICKER - 65521111 LH (SN)	NECESSARY	120.00	80.00
			340.00	160.00
	<u>LABOUR</u>			
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF FRONT DOOR LH, FRONT DOOR OUTER HANDLE LH, FRONT DOOR OUTER HANDLE COVER LH AND REAR DOOR LH.		1,600.00	250.00
	RUST PROOFING.		150.00	40.00
	CHECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC (CLEAR FAULT CODE)	NOT NECESSARY	150.00	-
	R&R FRONT DOOR COMPONENTS LH.		150.00	60.00
	R&R REAR DOOR COMPONENTS LH.		150.00	60.00
	RESPRAY FRONT DOOR LH.		250.00	200.00
	RESPRAY REAR DOOR LH.		250.00	200.00
			-	-
			-	-
			2,700.00	810.00
	GRAND TOTAL		7,598.53	970.00
	RECOMMENDED COST OF REPAIRS			970.00

Report Ref No. CS/FCI18019141/R1rbe2



Report Ref No. CS/FCI18019141/R1rbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.