ASS, REC. BY:	REF: CS/FCLIBO19141/RIAbez	Special Instruction:
ASS REC. BY:	ASSIGNMENT (Office)	
From (Person)	: Cue May Chua of FCI	Date/Time: 31.10 2018 227 ph
Estimated Cos	t: Bill to:	
	STTP RES / OD RES / EVA / INV / MV / CS	0.1 01 2
	hicle No: SHC7917Z Inc	sured: SH 8500D
at Workshop n	Ding Automotive	Tel: 9466 9828
of	BIK 40 Sin Ming Ind 18st #101-20	
Policy No:	Claim No:	DI8007607MFSH
Sum Insured:	Excess:	
Make of Veh:		D.O.A. 18102018
(Client's Record	31 Comparation 6	
Date/Time:	37 W3018 33 6pm Person Contacted: Guana	Vehicle IN OUT
Date/Time	Action/Instruction (/) Estimate	107
	9HC 7917Z - CT4 (ASM) 8018815 / RIWDS	Dag: [3.10-18
	SH S500D - NG/INC17023097 / KHbnz	DUA: 03.10-17
24/10/4	Revert from email.	
H H		

ASSIGNMENT Prior: Date: Veh No: SHC 19172 Yr Regn: 2014 266 Type: M.Carl M.Cycle Bus Van Lonry (306 Prime Mover Type: M.Carl	Quretuor: Cosm	REF:			28390	, 1
Estimised Cost On PMS IT P RES I OD RES EVA INV MV To Inspect Vehicle No: SHC 79(17 2) A ANTO of 31 CMC P OF ANTO Claims No. Claims No. Claims No. Claims No. Claims No. (Claims Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Results State	Sarring	ASSI	GNMENT			
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To Inspect Vehicle No. SHC 79(7 Z. at Workshop m/s		AZA (INIV./ INIV.		The state of the s	/ Long Claxi / Filine is	iover /
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Consistent?: Yes or No Cate/Time, File Pass to? Prell. Report Press frame Pr	Bal. or Market Value:		Front		Rear	
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Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date / Time Pass to? Instruction Precision Instruction In	Est. Repairs: days	Res.: Yes or No	D.O.A. 18	16/18	D.O.I. 23 (6/18
Vehicle: IN/OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction	Lum Sum: %	3 Val.: Yes or No	Survey held	at DIN	of Anso	
Date Time Action Instruction	CA / REV / REP. / 24 HRS		Des. of Dam	ages: Frt / Rear / C	DIS I NIS I UIC I ROO	ftop or
Date / Time Action / Instruction RECEIVED 2 9 00T 2018					CO .	
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Lump Sum / I.B.I: (\$ 970) :Weekend (\$)	Report Format: 1P					
	0 00 000 000 000 000 000)		198		
		*			TOTAL	298



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

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.



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

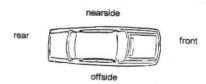
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 7917Z .

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

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

Owner ID Type:	Company
owner ID: Yehicle Details	2839G
éhicle No.:	SHC7917Z
ehicle to be Exported:	No
ntended Deregistration Date:	26 Oct 2018
ehicle Make:	HYUNDAI
ehicle Model:	140 1.7L CRDI AT ABS AIRBAG 4DR
rimary Colour:	Yellow
Manufacturing Year:	2014
ngine No.:	D4FDEU461323
hassis No.:	KMHLB41UMEU061563
Maximum Power Output:	100.0 kW (134 bhp)
pen Market Value:	\$18,595.00
Original Registration Date:	04 Sep 2014
irst Registration Date:	04 Sep 2014
ransfer Count:	0
octual ARF Paid: ntended PARF Rebate Details	\$11,095.00
ARF Eligibility:	Yes
ARF Eligibility Expiry Date:	03 Sep 2022
ARF Rebate Amount: ntended COE Rebate Details	\$8,321.00
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
otal Rebate Amount: Message	\$32,754.00 The further renewed. The vehicle must be de-registered upon COE expiry or when the

The information contained herein is correct as at 26 Oct 2018

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 witholding 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.	
BEELE CHICKENESS	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 140-1.7 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
 \$1700105A

 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

EMail 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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

Maring Bay Sands Towar I Hotal

B: SH85007

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 October 2018 9f about 2034 hours, I was
travelling on my fax; (SHC74173) at Maring Bay Sands Tower 1 Itate
Lobby, I was drop off my pussenger at in front Lobby, After that
I was keep driving to exit the lobby, Suddenly the third party
vehide (SH85000) open the door and hif on to my taxi left portion.
Cause my tax: damage at left Portion.

DECLARATION

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

Jan.

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

GIARMC SketchPlanForm, V3

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

DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C #01-20

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

JOB-CODE: TP

OWNER'S INSURER: MS First Capital Insurance Limited

SA: Ding Auto User 1

CLAIM DETAILS

DE	ESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND :	SUR.DISP	REV PRICE
LA	BOUR					-		
1	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,600.00	0.00	1,600.00		' ·	
2	SUNDRIES	1.00	100.00	0.00	100.00		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	<	Y	
5	R&R FRONT DOOR COMPONENTS LH	1.00	150.00	0.00	150.00	0	Y	
6	R&R REAR DOOR COMPONENTS LH	1.00	150.00	0.00	15000 6	0	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			
M	ATERIALS							
1	FRONT DOOR LH - repair	1.00	2,256.00	451.20	1,804.80	L	Υ	
2	FRONT DOOR OUTER HANDLE LH report	1.00	68.90	13.78	55.12	L	Υ	
3	FRONT DOOR OUTER HANDLE COVER LH	1.00	32.63	6.53	26.10	L	Υ	
4	REAR DOOR LH TEACY	1.00	2,201.00	440.20	1,760.80	. L	Y	
5	FRONT DOOR STICKER-COMFORT DELGRO	1.00	120.00	0.00	80 120.00	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			
TO	OTAL PARTS & LABOUR :		7,598.53	911.71	6,686.82			

EXCESS/LOADING:S\$

No. Of Day:

RE-SURVEY: BEFORE A ETER PAINTING PART-BY-PARTOR LUMP SUM: S\$

DATE OF SURVEY: 3 1/0 /8 @ 1345

SURVEYED BY:

Rosal

CONTACT NO:

200 60068

FAX NO:

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey befor aller 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

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

DAuto001

Ding Auto User 1

Acknowledged by Repairer

CLAIM DETAILS

QUOTED DISCOUNT DISC PRICE

DESCRIPTION

QTY

COSTS

REV
PRICE

ESTIMATOR STA AUTOCENTRE

TEL:

FAX:

DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C #01-20

Singapore 575646

Tel: 6452 1208 Fax: 6452 0614

FAX NO:

20/10/2018 10:53

ESTIMATE REPORT

JOB-NO:

OWNER'S PARTICULARS

CONTACT:

NAME: CityCab PTE LTD (Fleet)

65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE SINGAPORE 575717 0 64739522

VEHICLE DETAILS

LICENSE NO: SHC7917Z

AUTO TRANS:

CHASSIS:

KMHLB41UMEU061563

MAKE / MODEL: HYUNDAI / i40

ENGINE:

D4FDEU461323

50111051

OWNER'S INSURER: JOB-CODE: TP

1ST Quotation

MS First Capital Insurance Limited

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION		QTY	QUOTED	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR			311000				_	
1 STRAIGHTEN AND PAR AREAS	NEL BEAT ACCIDENT	1.00	1,600.00	0.00	1,600.00	25	<i>O</i> 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 & LIGH DIAGNOSTIC (CLEAR F		1.00	150.00	0.00	150.00	X	Υ	
5 R&R FRONT DOOR CO	MPONENTS LH	1.00	150.00	0.00	150.00	60	Y	
6 R&R REAR DOOR COM	IPONENTS LH	1.00	150.00	0.00	150.80	60	Y	
7 RESPRAY FRONT DOO	OR LH	1.00	250.00	0.00	250.00	200	Y	
8 RESPRAY REAR DOOF	RLH	1.00	250.00	0.00	252.00	200	Y	
TO	TAL:		2,800.00	0.00	2,800.00			
MATERIALS								
1 FRONT DOOR LH ~/	epair	1.00	2,256.00	451.20	1,804.80	L	Υ	
2 FRONT DOOR OUTER	HANDLE LH repour	1.00	68.90	13.78	55.12	L	Y	
3 FRONT DOOR OUTER	HANDLE COVER LH REAL	1.00	32.63	6.53	26.10	L	Y	-
4 REAR DOOR LH PLAC	~Y	1.00	2,201.00	440.20	1,760.80	_ L	Y	
5 FRONT DOOR STICKE	R-COMFORT DELGRO	1.00	120.00	0.00	80 120.00	S	Y	
6 REAR DOOR STICKER	-65521111 LH M	1.00	120.00	0.00	8°120.00	S	Y	
то	TAL:		4,798.53	911.71	3,886.82			
TOTAL PARTS & LABOUR	:		7,598,53	911.71	6,686.82			

EXCESS/LOADING:S\$

No. Of Day:

RE-SURVEY: BEFORE LETER PAINTING

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

DATE OF SURVEY: 3

1/0 1/8 @ 1345

SURVEYED BY:

CONTACT NO:

200 6068

LKK Auto Consultants hence notify the Repairer of the following:

· To resurvey befor failer spray painting

- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is or, 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

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REFAIR IS REQUIRED
Acknowledged by Repairer

Ding Auto User 1

Signature:

Dale:

G-STAR-WEET-001-02-Rev00

CLAIM DETAILS

QUOTED DISCOUNT COSTS

IND SUR.DISP

PRICE

ESTIMATOR

STA AUTOCENTRE

FAX:

Part By part

QTY

Labour = \$8/6

Parts:\$0

S/N=\$ 160

L+S=\$970

Final Amount = \$ 970

TO:

APPROVAL REPORT

1ST Quotation

FAX NO:

25/10/2018 18:32

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880

JOB-NO: 50111051

ADDRESS: 383 SIN MING DRIVE

PAGE: 1 of 1

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

	AIM DETAILS SCRIPTION	QTY	QUOTED	REV PRICE	APPROVAL
LA	BOUR				
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	
1A	TERIALS				
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: <u>janicelee@lkkauto.com</u> | 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 Internation	onale Des Experts En Automob	ile
FIRS	T CAPITAL INSUI	RANCE LTD	Ref : CS/FCI18019141/	R1rbe2
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 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 Parti	culars & 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.		Condit	ions 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.		THE TAXABLE STATES OF THE STAT	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE N/S	S BODY.	
	DAMAGES SEE D	ETAILS.		
5.		Genera	I Information	
	Accident Date	18/10/2018	Inspection Date	23/10/2018
	Survey held at	31 CORPORATION RD		
	Repairer	DING AUTO PTE LTD		
5a.		R	emarks	
	B)THE INSPECTION	ISISTENT TO ACCIDENT REPOR ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, V	THOUT PREJUDICE" BASIS	
5b.		Estimate	Days of Repair	
	ESTIMATED NOR	MAL 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 (\$)
	REPLACEMENT OF PARTS			
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	
	SPECIAL NETT ITEMS			
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
	LABOUR			
	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

MKB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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