

27/03/2002

ASS. REC. BY:

REF:

CS/FCI 802/236/71/d302

Special Instruction:

Surveyor:

Tautich

ASSIGNMENT (Office)

From (Person):

Eileen Lee

of

FCI

Date/Time:

23/11/2018 2:53pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 8031H

Insured:

SHA 3828J

at Workshop m/s

Ding Auto

Tel:

94669828

of

Blk 10 Sin Ming Ind. Est. Sec. C #01-20

Policy No:

Claim No:

D18008328MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/11/2018

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

26/11/2018

H.O.D. Endorsement:

Date/Time:

2:58pm @ 23/11/18

Person Contacted:

Mr. Quang

Vehicle: IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

Insp: 31 corporation Road

SHA 8031H-CC3/ AIG11001649/H1p-1

DOA: 22/01/2011

SHA 3828J-CC3/ AIG12019606/H1g2013

DOA: 5/10/12

31/12 @ 12:04pm - revised preli advise via email.

lump sum \$3900, 4days

(Red: 3588.75, 47%)

REF: *Tang*

REF:

PC 1

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 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.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR. Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SHV 8031 H* Yr Regn: *2015 Sep*
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: *Hyundai IEO* C.C. *1685*
 Colour: *Yellow* A/C Insured / Std / NI / NA
 Sp. Reading: *61291* T/Radio: Insured / Std / NI / NA
 Eng/No: *1*
 C/No: *1UMHL15414M94077210*
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: *205/60R16*
 R: *205/60R16*
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 25/11/18
 Survey held at *Ping Auto 31 Grafton Rd*
 Des. of Damages: Frt / Rear / P/S / N/S / U/C / Rooftop or
Ft o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 16 JAN 2019

Date/Time, File Pass to?

16/11 Typist

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.F. \$

☐ : Preli. Report
☒ : Final Report

TP
3900/-

Days Of Repair: *4*

Resurvey No. of Trip: *2*

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

) S + PS SI

) Photos

) Others

TOTAL

150
90
90+90
45
305

MOTOR SURVEY ASSIGNMENT

Date	23-11-2018	Our Ref No. D18008328MFSH
Accident Date	21-11-2018	Claim Type. Third Party
Insured Vehicle	SHA3828J	Third Party Vehicle. SHA8031H
Survey Location	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C #01-20	
Contact Person.	GUANG	
Contact No.	62657130/ 94669828	Fax No. 0
Survey Type	DIRECT SETTLEMENT:	
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 AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Monday, 3 December 2018 12:04 PM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments
Cc: 'Eileen Lee'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008328MFSH/1
Attachments: PRELI ADVISED SHA 8031H.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SHA 8031H**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Friday, 23 November 2018 3:44 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Eileen Lee' <EileenLee@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008328MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed repairer agreed survey on 26/11/2018.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Friday, 23 November 2018 2:53 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008328MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

50111144/SHA8031H - Finalize Amount & After Repair Photo .

Taxis Customer Service

to: taufikh, sur, cs-a

Thu 06 Dec 2018 01:11 PM

Cc "ACCOUNTS@DINGAUTO.SG",
"ADMIN@DINGAUTOMOTIVE.COM.SG",
"Carior.chan@dingauto.sg"

[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.]

[We encourage everyone to do his / her part in helping to preserve the environment. Kindly refrain from printing this email unless it is absolutely necessary.]

Dear Officer ,

Please see below for the finalize according to our conversion to finalize for SHA8031H
Kindly check the attach after paint .

Take Noted -labour for panel beat adjust to \$600.00 due to replace support panel labour

Total Repair - 03 Days

L/S REPAIR

Labour - \$1350.00

Special Netts - \$70.00

Parts after discount 20% =\$3522.16

Final Amount L+S+P =\$4942.16

Finalize Amount After 20% discount \$ 3953.73

Please help to close this case ASAP

Thanks

Best Regards

Ding Automotive Pte Ltd

Jing Feng

Hp : 97335832

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



SHA8031H QUESTION MARK (12).jpeg



SHA8031H QUESTION MARK (16).jpeg

Denise Tay (LKKAuto)

From: Dd hashim <dd.hashim@dingauto.sg>
Sent: Wednesday, 16 January 2019 8:40 AM
To: Denise Tay (LKKAuto)
Cc: Taufikh (LKKAuto); SUR; CS A Team; Admin A; Kelly Ding; Kenneth Ding; Accounts
Ding Auto; taxiscs; Carlor Chan
Subject: Re: 50111144/SHA8031H ON 21/11/2018-FINALIZE CONFIRMATION REMINDER

DING AUTOMOTIVE PTE LTD

Dear Denise,

We are agreed with the finalize amount at \$3900.00 with 04 repair day.

Kindly close this case finalize on your side as we would submit the LOD soon.

Thank you so much.
HAVE A GREAT DAY TO YOU AHEAD..
SINCERELY
DD HASHIM
+6581160811



Virus-free. www.avast.com

On Tue, Jan 15, 2019 at 4:27 PM Denise Tay (LKKAuto) <denisetay@lkkauto.com> wrote:

Dear Hashim,

Lump sum \$3900/-, 4days.

Please confirm

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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



Auto
Consultants
Pte Ltd

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

Your Ref: D18008328MFSH

Date: 3/12/2018

Our Ref: CS/FCI18021236/T1td3

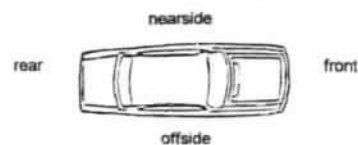
The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHA 8031H
Please be informed that we had conducted the inspection of the abovementioned vehicle
26/11/2018 at the premises of M/s Mova have the following to report: -

Workshop Estimate Amount	: <u>S\$ 7,488.75</u>
Revised Estimate Amount	: <u>S\$ 2,462.98</u>
"Check" Items Amount	: <u>S\$ 2,490.17</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 front o/s portion



Comments/ Present Status:
Damages Consistent.

Yours faithfully
Taufik
Automotive Assessor

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	22/11/2018 17:16
Date Of Accident	21/11/2018 19:40
Exact Location Of Accident	ALONG MARINA LINK TOWARDS MCE (AYE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8031H
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	WONG YAO WEI
NRIC No	S8530771A
Date Of Birth	17/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96173459
Fax Number	
Contact Number	

Address	APT BLK 546A SEGAR ROAD #13-73 SINGAPORE 671546
Postcode	
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	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	SHA3828J
Vehicle Make/Model/Colour	

Name of Driver	HENG BAK SOON
NRIC/Passport Number	S1738166J
Contact Number	93899269
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG YAO WEI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SHA8031H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 546A SEGAR ROAD #13-73 SINGAPORE 671546
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

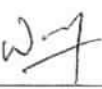
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

22 NOV '18 13:23

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

Refer to picture 1.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 21 November 2018 at about 1940 hours, I was travelling on my taxi (SHAB031H) along Marina Link towards MCE with four passenger on board, I was keep driving on my lane, Suddenly the third party vehicle cut in to my lane and hit onto my taxi front right portion. Cause my taxi damage at front right portion. That all. 


DECLARATION

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

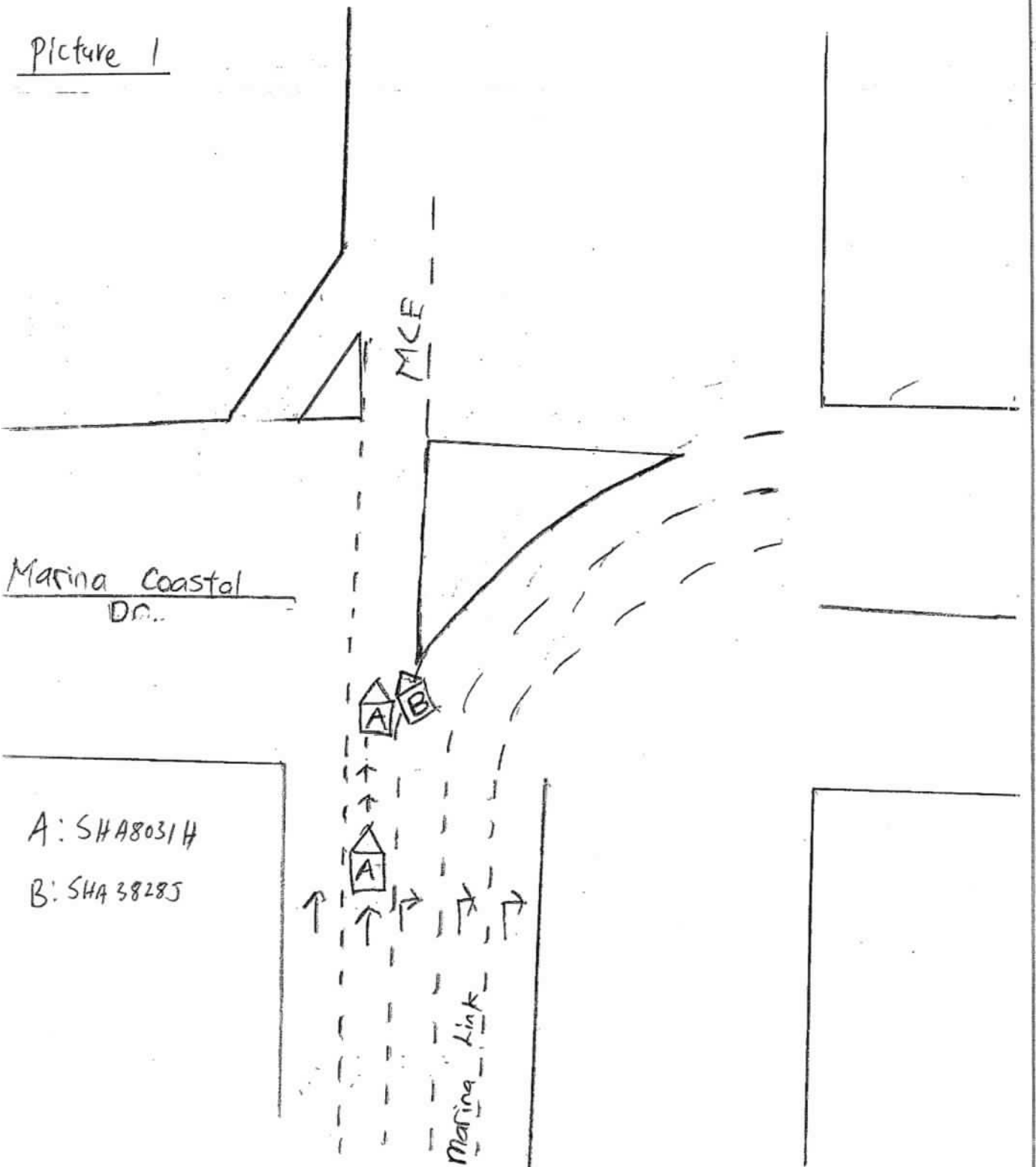
22 NOV '18 13:23

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.:

Picture 1



Marina Coastol
Dr.

A: SH480314

B: SH438285

Marina Link

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

23/11/2018 14:18

JOB-NO: 50111144

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: SHA8031H

TRANS: AUTO

CHASSIS: KMHLB41UMGU077210

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU480787

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	600	Y	600 600
2 R&R RADIATOR & CONDENSER & TURBO INNER COOLER	1.00	150.00	0.00	150.00	MY	Y	120? photo
3 REFILL AIRCON GAS	1.00	100.00	0.00	100.00		Y	? new
4 CHECK WIRING AND ADJUST HEAD LAMP AIM	1.00	80.00	0.00	80.00		Y	20
5 RUSH PROOFING	1.00	100.00	0.00	100.00		Y	30
6 SPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
7 SPRAY FRONT FENDER RHS	1.00	250.00	0.00	250.00		Y	200
8 SPRAY BONNET	1.00	250.00	0.00	250.00		Y	200
9 SPRAY REINF	1.00	250.00	0.00	250.00		Y	x nh
TOTAL:		2,430.00	0.00	2,430.00			
MATERIALS							
1 FRONT BUMPER	1.00	544.00	108.80	435.20	L	Y	de
2 FRONT BUMPER RETAINER RHS	1.00	24.60	4.92	19.68	L	Y	wei
3 HEAD LAMP RHS	1.00	1,808.10	361.62	1,446.48	L	Y	crs
4 FRONT FENDER RHS	1.00	659.50	131.90	527.60	L	Y	bc
5 FRONT FENDER INNER SHIELD RHS	1.00	185.12	37.02	148.10	L	Y	m
6 FRONT RIM CAP RHS	1.00	265.50	53.10	212.40	L	Y	ant
7 FRONT WHEEL BERING RHS	1.00	188.58	37.72	150.86	L	Y	x + nh
8 SUPPORT PANEL	1.00	915.87	183.17	732.70	L	Y	crs
9 WIPER TANK	1.00	76.24	15.25	60.99	L	Y	? + nh
10 WIPER TANK MOTOR	1.00	68.43	13.69	54.74	L	Y	? + nh
11 FRONT BUMPER CLIPS	1.00	35.00	0.00	35.00	S	Y	nh
12 FRONT FENDER INNER SHIELD RHS CLIPS	1.00	35.00	0.00	35.00	S	Y	nh
13 FRONT RIM	1.00	850.00	0.00	850.00	S	Y	x x nh
14 FRONT TYRE RHS	1.00	350.00	0.00	350.00	S	Y	x x nh
TOTAL:		6,005.94	947.19	5,058.75			
TOTAL PARTS & LABOUR:		8,435.94	947.19	7,488.75			

EXCESS/LOADING:S\$ 0.00

No. Of Day:

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: S\$

CLAIM DETAILS

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

DATE OF SURVEY: 26 / 11 / 18SURVEYED BY: TanphuCONTACT NO: 92445719 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:

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

23/11/2018 14:18

JOB-NO: 50111144

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: SHA8031H

TRANS: AUTO

CHASSIS: KMHLE41UMGU077210

MAKE / MODEL: HYUNDAI / I40

ENGINE: D4FDEU480787

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
<u>LABOUR</u>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,000.00	0.00	1,000.00		Y	600
2 R&R RADIATOR & CONDENSER & TURBO INNER COOLER	1.00	150.00	0.00	150.00		Y	120.00
3 REFILL AIRCON GAS	1.00	100.00	0.00	100.00		Y	70
4 CHECK WIRING AND ADJUST HEAD LAMP AIM	1.00	80.00	0.00	80.00		Y	20
5 RUSH PROOFING	1.00	100.00	0.00	100.00		Y	30
6 SPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
7 SPRAY FRONT FENDER RHS	1.00	250.00	0.00	250.00		Y	200
8 SPRAY BONNET	1.00	250.00	0.00	250.00		Y	200
9 SPRAY REINF	1.00	250.00	0.00	250.00		Y	X
TOTAL:		2,430.00	0.00	2,430.00			

MATERIALS

1 FRONT BUMPER	1.00	544.00	108.80	435.20	L	Y	de
2 FRONT BUMPER RETAINER RHS	1.00	24.80	4.92	19.88	L	Y	nei
3 HEAD LAMP RHS	1.00	1,808.10	361.62	1,446.48	L	Y	de
4 FRONT FENDER RHS	1.00	659.50	131.90	527.60	L	Y	de
5 FRONT FENDER INNER SHIELD RHS	1.00	185.12	37.02	148.10	L	Y	nei
6 FRONT RIM CAP RHS	1.00	265.50	53.10	212.40	L	Y	ant
7 FRONT WHEEL BEARING RHS	1.00	188.58	37.72	150.86	L	Y	X
8 SUPPORT PANEL	1.00	915.87	183.17	732.70	L	Y	nei
9 WIPER TANK	1.00	70.24	14.05	56.19	L	Y	X
10 WIPER TANK MOTOR	1.00	68.43	13.69	54.74	L	Y	X
11 FRONT BUMPER CLIPS	1.00	35.00	0.00	35.00	S	Y	nei
12 FRONT FENDER INNER SHIELD RHS CLIPS	1.00	35.00	0.00	35.00	S	Y	nei
13 FRONT RIM	1.00	550.00	0.00	550.00	S	Y	X
14 FRONT TYRE RHS	1.00	350.00	0.00	350.00	S	Y	X
TOTAL:		6,005.94	947.19	5,058.75			

TOTAL PARTS & LABOUR :

8,435.94 947.19 7,488.75

EXCESS/LOADING: S\$ 0.00

No. Of Day: 4 days

RE-SURVEY: BEFORE/AFTER PAINTING

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

Total - 20% = \$3953.73

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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DATE OF SURVEY: 6/11/18SURVEYED BY: TangCONTACT NO: 9244549

FAX NO: _____

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Parts \$ 3522.16
a/w. Direct

S/N \$70.00

Labour \$ 1350.00

Total (Lump) \$4942.16 - 20%
= 3953.73




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				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18021236/T1td3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 18-01-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 3828J	Veh. Inspected	SHA 8031H	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18008328MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	23/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU077210	Colour	YELLOW	
Odometer	612911	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
R/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/11/2018	Inspection Date	26/11/2018	
Survey held at	31 CORPORATION ROAD			
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:		4 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 8031H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	DEFORMED	544.00	544.00
1	FRONT BUMPER RETAINER RHS	NECESSARY	24.60	24.60
1	HEAD LAMP RHS	CRACKED	1,808.10	1,808.10
1	FRONT FENDER RHS	BENT	659.50	659.50
1	FRONT FENDER INNER SHIELD RHS	TORN	185.12	185.12
1	FRONT RIM CAP RHS	CUT	265.50	265.50
1	FRONT WHEEL BERING RHS	NOT NECESSARY	188.58	-
1	SUPPORT PANEL	CRACKED	915.87	915.87
1	WIPER TANK	NOT NECESSARY	76.24	-
1	WIPER TANK MOTOR	NOT NECESSARY	68.43	-
	LESS 20% DISCOUNT		-947.19	-880.54
			3,788.75	3,522.15
<u>SPECIAL NETT ITEMS</u>				
1	FRONT BUMPER CLIPS (SN)	NECESSARY	35.00	35.00
1	FRONT FENDER INNER SHIELD RHS CLIPS (SN)	NECESSARY	35.00	35.00
1	FRONT RIM (SN)	NOT NECESSARY	850.00	-
1	FRONT TYRE RHS (SN)	NOT NECESSARY	350.00	-
			1,270.00	70.00
<u>LABOUR</u>				
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS.		1,000.00	600.00
	R&R RADIATOR & CONDENSER & TURBO INNER COOLER.	NOT NECESSARY	150.00	-
	REFILL AIRCON GAS.		100.00	100.00
	CHECK WIRING AND ADJUST HEAD LAMP AIM.		80.00	20.00
	RUSH PROOFING.		100.00	30.00
	SPRAY FRONT BUMPER.		250.00	200.00
	SPRAY FRONT FENDER RHS.		250.00	200.00
	SPRAY BONNET.		250.00	200.00
	SPRAY REINF.	NOT NECESSARY	250.00	-
			2,430.00	1,350.00

Report Ref No. CS/FCI18021236/T1td3e2



GRAND TOTAL		7,488.75	4,942.15
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,900.00

Report Ref No. CS/FCI18021236/T1td3e2

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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