

22/03/2002

ASS. REC. BY:

REF:

CS/FCL18022027 / Alvbz

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): W/S May Chua of FCL Date/Time: 07/12/2018 803um

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHB 4588P Insured: SHD 4900Kat Workshop m/s Ding Auto Tel: _____of 31 Corporation RdPolicy No: _____ Claim No: 018008664 MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05/22/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS. Wp: 10/12/2018 H.O.D. Endorsement: _____Date/Time: 07/12/2018 9am Person Contacted: Alex Vehicle IN / OUT

| Date/Time | Action/Instruction (✓): Estimate |
|-----------------|--|
| | <u>SHB 4588P - CS/FCL18013539 / Kibn2</u> <u>DUA: 21070018</u> |
| | <u>SHD 4900K - CS/FCL18016315 / Ushn2</u> <u>Daf: 12092018</u> |
| <u>11/12/18</u> | <u>Email preli revised to FCL</u> |
| <u>14/12/18</u> | <u>Final fig \$ 2149.06 confirmed by email (Red 506.09, 709)</u> |

Signature: *Panne*

REF: FCI

ASSIGNMENT

From: _____ Date: 10/12/18

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 4588P
at Workshop m/s Ding Auto
of 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.

| | |
|-----|-----|
| | |
| 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 *1up*

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 4588P Yr Regn: 2017 / SHW

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

Truck / Trailer or

Make: Hyundai I 40 C.C. 1685

Colour: yellow A/C: Insured / Std / NI / NA

Sp. Reading: 374442 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB41UM4H098352

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: ☒ S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16
R: -

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

TOYO / YOKO or TRIANGLE

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 05/12/18 D.O.I. 10/12/18

Survey held at DING AUTO

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

FRONT

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

Date / Time Action / Instruction

RECEIVED 14 DEC 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 11/12 - typist

Report Format : CWS

Lump Sum / I.B.I: (\$) 2149.06

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

150

50

50

34

284

MOTOR SURVEY ASSIGNMENT

Date 06-12-2018 **Our Ref No.** D18008664MFSH

Accident Date 05-12-2018 **Claim Type.** Third Party

Insured Vehicle SHD4900K **Third Party Vehicle.** SHB4588P

Survey Location BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C#01-20

Contact Person. ALEX KHONG

Contact No. 62657130/ 83039588 **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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 11 December 2018 1:18 PM
To: 'CWS Motor Claims'
Cc: 'May Chua Hui Chin'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008664MFSH/1, SHB 4588P
Attachments: SHB 4588P PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHB 4588P
Date of survey: 10/12/2018
Number of days : 3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Friday, 7 December 2018 9:21 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'May Chua Hui Chin' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008664MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer arrange survey on 10.12.2018.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | 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, 7 December, 2018 8:03 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008664MFSH/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.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18008664MFSH

Our Ref: CS/FCI18022027/R1vb

Date :11/12/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHB 4588P

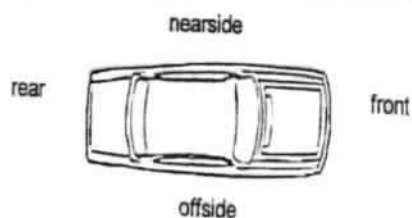
We thank you for your instruction on 7/12/2018

Please be informed that we had conducted the inspection of the above mentioned
10/12/2018 at the premises of M/s DING AUTOMOTIVE PTE LTD
and have the following to report:-

| | |
|--------------------------|---------------|
| Workshop Estimate Amount | : S\$7,165.15 |
| Revised Estimate Amount | : S\$2,149.06 |
| "Check" Items Amount | : S\$ |
| Market Value | : S\$ |
| LTA Reimbursement Value | : S\$ |
| Nett Value | : S\$ |

Description of Damage:

The vehicle sustained damages at the
front n/s portion



Comments/Present Status:

Damages Consistent

Yours faithfully,

MOHAMMED RASUL
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 | 06/12/2018 13:44 |
| Date Of Accident | 05/12/2018 11:40 |
| Exact Location Of Accident | ALONG GEYLANG LORONG 23 (AT OPEN SPACE CAR PARK) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SHB4588P |
| 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 FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-18088937MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | OW YONG KUEN WENG |
| NRIC No | S0247731I |
| Date Of Birth | 02/12/1950 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/06/1972 |
| Driving Experience | 46 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93727914 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | APT BLK 441 JURONG WEST AVENUE 1 #08-720 SINGAPORE |
| Postcode | 640441 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT T/20181205/2072 & SKETCH PLAN .

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SHD4900K |
| Vehicle Make/Model/Colour | I40 (BULE) |
| 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:



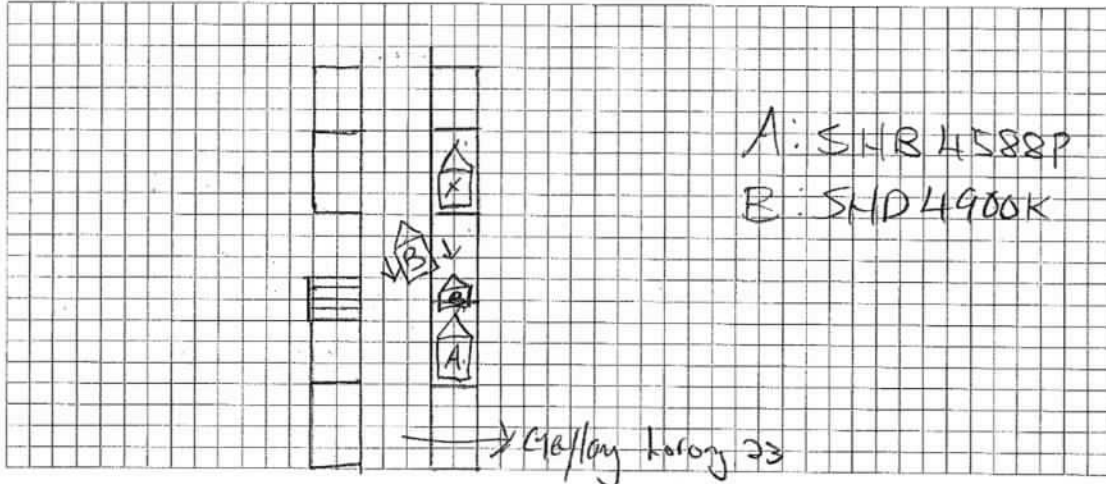
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report (T/2018/205/2072)

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.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181205/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20181205/2072

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made: 05/12/2018 14:19 | | Vide Report No.: | | Station Diary No.: 105 | |
| Informant's Particulars | | | | | |
| Name of Informant: OW YONG KUEN WENG | | | Address: APT BLK 441 JURONG WEST AVENUE 1 #08-720 SINGAPORE 640441 | | |
| ID Type / ID No.: NRIC NO / S02477311 | | | Contact No.: Home/Office: Mobile: 93727914 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 68 | Date of Birth: 02/12/1950 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: taxi driver | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

| | | | | |
|---|---------------------------|-------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 05/12/2018 11:40 | Type of Location: |
| Location: Along Road 1 GEYLANG ROAD Geylang Lorong 23 (At the open space car park) | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: | Traffic Control: | Traffic Volume: No Traffic | | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHB4588P | Car | | | | Slightly Damaged | 0 |
| SHD4900K | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20181205/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20181205/2072

CONTINUATION OF REPORT

Brief Details.

On 05/12/2018 at about 1140hrs, I had parked my clticab taxi V1) SHB4588P at one of the parking lots at the open space carpark of geylang lorong 23. I went to UOB bank to bank in some cash. When I returned back, I witnessed, another comfort delgro taxi V2) SHD1900K reversing and colliding onto the front of V1 from the rear. Subsequently, the driver of V2 had accelerated forward and reversed again and park right in front of V1. I then approached the driver of V2 who was a male Chinese believed to be in his 40s however he just ignored me. I have informed my workshop about this matter and they advised me to lodge a police report. There is an in vehicle camera in V1 however it was not recording during the incident as my engine was off. V1 is slghtly damaged at the front portion.



**SINGAPORE
POLICE FORCE**



T/20181205/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20181205/2072

CONTINUATION OF REPORT.

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 ARVIN PILLAI S/O MANI RAJAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/12/2018 14:19

Officer In Charge Of Case:

TP / HRT /

Sr. Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp

NP168

Signature :

Singapore Police Force

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

06/12/2018 16:46

JOB-NO: 50111183

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: SHB4588P

TRANS: AUTO

CHASSIS: KMHLB41UMHU098352

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDGU707360

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 <i>300</i> | | Y | |
| 2 REMOVE & RENEW RADIATOR & CONDENSER & TURBO | 1.00 | 250.00 | 0.00 | 250.00 <i>X</i> | | Y | |
| 3 DIAGNOSTIC VEHICLE & CLEAR FAULT CODE | 1.00 | 250.00 | 0.00 | 250.00 <i>X</i> | | Y | |
| 4 TOP UP 134A AIR-CON GAS | 1.00 | 120.00 | 0.00 | 120.00 <i>X</i> | | Y | |
| 5 RESPRAY FRONT BUMPER | 1.00 | 230.00 | 0.00 | 230.00 <i>200</i> | | Y | |
| 6 RESPRAY FRONT BONNET | 1.00 | 230.00 | 0.00 | 230.00 <i>X</i> | | Y | |
| 7 RESPRAY FRONT FENDER LHS | 1.00 | 230.00 | 0.00 | 230.00 <i>200</i> | | Y | |
| TOTAL: | | 2,310.00 | 0.00 | 2,310.00 | | | |

MATERIALS

| | | | | | | | |
|---|------|----------|----------|----------|---|---|--|
| 1 FRONT BUMPER <i>re</i> | 1.00 | 544.68 | 108.94 | 435.74 | L | Y | |
| 2 FRONT BUMPER RETAINER LHS <i>re</i> | 1.00 | 42.68 | 8.54 | 34.14 | L | Y | |
| 3 FRONT BUMPER RETAINER RHS <i>X nn</i> | 1.00 | 42.68 | 8.54 | 34.14 | L | Y | |
| 4 FRONT BUMPER TOWING CAP <i>X nn</i> | 1.00 | 24.88 | 4.98 | 19.90 | L | Y | |
| 5 FRONT BUMPER RADIATOR GRILLE <i>sc</i> | 1.00 | 1,110.10 | 222.02 | 888.08 | L | Y | |
| 6 FRONT BUMPER RADIATOR GRILLE LOGO <i>re</i> | 1.00 | 63.87 | 12.77 | 51.10 | L | Y | |
| 7 FRONT BUMPER RADIATOR CHROME <i>X nn</i> | 1.00 | 150.10 | 30.02 | 120.08 | L | Y | |
| 8 FRONT BUMPER REINFORCEMENT <i>X nn</i> | 1.00 | 486.21 | 97.24 | 388.97 | L | Y | |
| 9 FRONT BUMPER REINFORCEMENT SPONGE <i>X nn</i> | 1.00 | 99.68 | 19.94 | 79.74 | L | Y | |
| 10 HEAD LAMP LHS <i>X nn</i> | 1.00 | 1,808.10 | 361.62 | 1,446.48 | L | Y | |
| 11 FRONT SUPPORT PANEL <i>X nn</i> | 1.00 | 917.58 | 183.52 | 734.06 | L | Y | |
| 12 FRONT FENDER LHS <i>re</i> | 1.00 | 678.40 | 135.68 | 542.72 | L | Y | |
| 13 FRONT BUMPER CLIP SET <i>re</i> | 1.00 | 40.00 | 0.00 | 40.00 | S | Y | |
| 14 FRONT NUMBER PLATE <i>X nn</i> | 1.00 | 40.00 | 0.00 | 40.00 | S | Y | |
| TOTAL: | | 6,048.96 | 1,193.81 | 4,855.15 | | | |

TOTAL PARTS & LABOUR: 8,358.96 1,193.81 7,165.15

EXCESS/LOADING:\$ 0.00

No. Of Day: *3 days*

RE-SURVEY (BEFORE/AFTER PAINTING)

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: *10 / 12 / 18 @ 1720*

CLAIM DETAILS

| DESCRIPTION | QTY | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|---------------------------|-----|--------------|----------|------------|-----|----------|-----------|
| SURVEYED BY: <u>Frank</u> | | | | | | | |

CONTACT NO: 90010068 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:

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 14 December 2018 10:42 AM
To: 'taxiscs@stengg.com'; Rasul (LKKAUTO); SUR; Asher Sng (LKKAUTO); Admin A
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Carlor.chan@dingauto.sg
Subject: RE: 50111183/SHB4588P - Finalize Amount & After Repair Photo

Dear Jing Feng,

WITHOUT PREJUDICE

Confirm finalize Amount \$2149.06 @ 3 working days.

Kindly send Final invoice and all supporting documents to First Capital Ins Ltd.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: taxiscs@stengg.com <taxiscs@stengg.com>
Sent: Thursday, 13 December 2018 4:58 PM
To: Rasul (LKKAUTO) <Rasul@lkkauto.com>; SUR <sur@lkkauto.com>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Carlor.chan@dingauto.sg
Subject: 50111183/SHB4588P - Finalize Amount & After Repair Photo

Dear Officer ,

Please see below for the finalize according to our conversion to finalize for SHB4588P
Kindly check the attach after paint .

Total Repair - 03 Days

P/P REPAIR

Labour - \$700.00

Special Netts - \$40.00

Parts After 20 % discount = \$1409.06

Final Amount L+S+P =\$2149.06

Finalize Amount \$ 2149.06

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

[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]




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/FCI18022027/R1vbe2 | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 19-12-2018 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHD 4900K | Veh. Inspected | SHB 4588P | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D18008664MFSH | Excess (\$) | 0.00 | |
| Assign From | MAY CHUA | Assign Date | 07/12/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 | |
| Engine No. | HIDDEN | Year of Reg. | 2017 | |
| Chassis No. | KMHLB41UMHU098352 | Colour | YELLOW | |
| Odometer | 374442 | 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 FRONT N/S PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 05/12/2018 | Inspection Date | 10/12/2018 | |
| 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. SHB 4588P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--|----------------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | FRONT BUMPER | DEFORMED | 544.68 | 544.68 |
| 1 | FRONT BUMPER RETAINER LHS | NECESSARY | 42.68 | 42.68 |
| 1 | FRONT BUMPER RETAINER RHS | NOT NECESSARY | 42.68 | - |
| 1 | FRONT BUMPER TOWING CAP | NOT NECESSARY | 24.88 | - |
| 1 | FRONT BUMPER RADIATOR GRILLE | SCRATCHED | 1,110.10 | 1,110.10 |
| 1 | FRONT BUMPER RADIATOR GRILLE LOGO | NECESSARY | 63.87 | 63.87 |
| 1 | FRONT BUMPER RADIATOR CHROME | NOT NECESSARY | 150.10 | - |
| 1 | FRONT BUMPER REINFORCEMENT | NOT NECESSARY | 486.21 | - |
| 1 | FRONT BUMPER REINFORCEMENT SPONGE | NOT NECESSARY | 99.68 | - |
| 1 | HEAD LAMP LHS | NOT NECESSARY | 1,808.10 | - |
| 1 | FRONT SUPPORT PANEL | NOT NECESSARY | 917.58 | - |
| 1 | FRONT FENDER LHS | TO REPAIR SEE LABOUR | 678.40 | - |
| | LESS 20% DISCOUNT | | -1,193.79 | -352.27 |
| | | | 4,775.17 | 1,409.06 |
| | <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | SET FRONT BUMPER CLIP (SN) | NECESSARY | 40.00 | 40.00 |
| 1 | FRONT NUMBER PLATE (SN) | NOT NECESSARY | 40.00 | - |
| | | | 80.00 | 40.00 |
| | <u>LABOUR</u> | | | |
| | STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF FRONT FENDER LHS. | | 1,000.00 | 300.00 |
| | REMOVE & RENEW RADIATOR & CONDENSER & TURBO. | NOT NECESSARY | 250.00 | - |
| | DIAGNOSTIC VEHICLE & CLEAR FAULT CODE. | NOT NECESSARY | 250.00 | - |
| | TOP UP 134A AIR-CON GAS. | NOT NECESSARY | 120.00 | - |
| | RESPRAY FRONT BUMPER. | | 230.00 | 200.00 |
| | RESPRAY FRONT BONNET. | NOT NECESSARY | 230.00 | - |
| | RESPRAY FRONT FENDER LHS. | | 230.00 | 200.00 |
| | | | 2,310.00 | 700.00 |
| | GRAND TOTAL | | 7,165.17 | 2,149.06 |

Report Ref No. CS/FCI18022027/R1vbe2



| | | | |
|-----------------------------|--|--|----------|
| RECOMMENDED COST OF REPAIRS | | | 2,149.06 |
|-----------------------------|--|--|----------|

Report Ref No. CS/FCI18022027/R1vbe2

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.