

ASS. REC. BY:

REF:

CS/CT19000927/Rld3m

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Ong Chin Kiat

of

Date/Time: 15/1/2019

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHA 803A

Insured:

GY 7803Pat Workshop m/s Ding Automotive

Tel:

96992878of SI Corporation RdPolicy No: DMCVSN30463518033

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

11/1/2019**CA / REV / REP. / REV 24 HRS**

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle **IN/OUT**

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|---|
| | SHA 803A - CS/M0617003846/H/g3m2. DOA: 23/2/2017. |
| | GY 7803P-X. |
| | |
| | |
| | |
| | |
| | |

Pam

REF:

28396

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspection Vehicle No: **SHA 803A**

at Workshop m/s **DINH ANO**

of

Insured: **CTI**

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report: 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:

SHA 803A

Yr Regn: **2014 / 04**

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

Truck / Trailer or

Make:

Hyundai I40 1.7L

c.c. **1688**

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

566578

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHCB41UM6 U061608

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 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.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

11/01/19

D.O.I.

15/01/19

Survey held at

DINH ANO

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

N/S FRT

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

Date / Time

Action / Instruction

**28/01/19 Confirmed Ls \$ 2,300/- @ 4 days with Resul
(\$ 2,969.84 Red - 56%)**

RECEIVED 29 JAN 2019

Date/Time, File Pass to?

29/01/19

1) **Typist**

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.I: (\$ **2,300/-** **1/5**)

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

220

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

| CLAIM SUBFOLDER TRACKING | | | | | | | |
|--------------------------|----------------------|---------------|--|---------|---------------|------------|--|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
| Main | 15 Jan 2019 13:49 | | 15 Jan 2019 13:50 Assign | | | | New Assignment Cancel Case |

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

CLAIM SUBFOLDER DETAILS [Created by insurer]

| | | | |
|-----------------------------|---|------------------------|---|
| Insured: | A & F CONCEPTS PTE LTD , Co. Reg. No.: 200008861M | | |
| Main Claimant: | CITYCAB PTE LTD , Co. Reg. No.: 199502839G | | |
| Vehicle Reg. No.: | SHA803A | Date of Loss: | 11/01/2019 07:00 - :59 [51 Months and 2 Days From LTA Reg Date (Man Yr)] |
| Claim Type: | TP | Policy/Cover Note No.: | DMCVSN30463518033 (TP, Fire & Theft) Coverage: 03/08/2018 - 02/08/2019 |
| Vehicle Reg. No. (Insured): | GY7803P | Policy No. (Claimant): | D-18088937MFSH |
| | | Excess: | S\$0.00 |
| Repairer: | Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD, 649825 Boon Lay - Tel: 96992878 | | |
| Handling Insurer: | China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat] | | |
| Claimant's Insurer: | MS First Capital Insurance Ltd (HQ) - Tel: 62222311 | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 24/01/2019] | | |
| Driver/Custodian (Insured): | TEO KUAN LONG (62 / Male), NRIC: S2565598B | | |

ASSOCIATED MAIL RECEIVED View All Compose Case Mail

There are no mail for this case.

ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete

| Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? |
|-------------|----------|------|------------|---------|---------|-------------|--------------|------------|-------|
| No results. | | | | | | | | | |

Shirley Hiew (LKK Auto)

From: taxiscs@stengg.com
Sent: Monday, 28 January 2019 11:21 AM
To: Shirley Hiew (LKK Auto)
Cc: 'Michelle'; ADMIN@DINGAUTOMOTIVE.COM.SG; Admin A; Asher Sng (LKKAuto); Carlor.chan@dingauto.sg; CS A Team; 'Dd hashim'; Rasul (LKKAuto); SUR
Subject: RE: 50111320/SHA803A - Finalize Amount & After Repair Photo .

Dear Shirley

Ok ,we confirm the finalize amount

Thanks

Jing Feng

From: "Shirley Hiew (LKK Auto)" <ShirleyHiew@lkkauto.com>
To: "Michelle" <accounts@dingauto.sg>, Taxis Customer Service/KAS/CBG/ST Kinetics@ST Engineering, "SUR" <sur@lkkauto.com>, "Asher Sng (LKKAuto)" <AsherSng@lkkauto.com>, "Admin A" <admin-a@lkkauto.com>, "CS A Team" <cs-a@lkkauto.com>, "Rasul (LKKAuto)" <Rasul@lkkauto.com>
Cc: "ADMIN@DINGAUTOMOTIVE.COM.SG" <ADMIN@DINGAUTOMOTIVE.COM.SG>, "Carlor.chan@dingauto.sg" <Carlor.chan@dingauto.sg>, "Dd hashim" <dd.hashim@dingauto.sg>
Date: Mon 28 Jan 2019 11:06 AM
Subject: RE: 50111320/SHA803A - Finalize Amount & After Repair Photo .

WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.

Hi Michelle,

As spoken, please confirm final fig \$2,300.00 (lump sum) @ 4 days of repairs.

Thank you.
Best Regards,
Shirley Hiew | 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: Michelle [<mailto:accounts@dingauto.sg>]
Sent: Thursday, 24 January 2019 3:26 PM
To: taxiscs@stengg.com; sur@lkkauto.com; AsherSng@lkkauto.com; admin-a@lkkauto.com; cs-a@lkkauto.com; rasul@lkkauto.com
Cc: ADMIN@DINGAUTOMOTIVE.COM.SG; Carlor.chan@dingauto.sg; Dd hashim <dd.hashim@dingauto.sg>
Subject: Re: 50111320/SHA803A - Finalize Amount & After Repair Photo .

Dear officer,

Good day to you.

We would like to check and follow up on our finalize amount for this case as we have not hear from you.

Kindly please provide us your finalize amount for us to close this case on our end.

We sincerely look forward to receive your finalize for our repair.

Thank you so much.

Yours sincerely

Michelle Fang

92394128

Ding Automotive Pte Ltd

On 19/1/2019 4:42 PM, taxiscs@stengg.com wrote:

Dear Officer ,

Please see below for the finalize according to our conversion to finalize for SHA803A

As Spoken , the repair days change to 4 days

Kindly check the attach after paint

Total Repair - 04 Days

L/S REPAIR

LABOUR : \$770.00

S/N : \$170.00

PARTS AFTER -20% : \$1974.08

TOTAL (P+S+L) : \$2914.08

FINALIZE AMOUNT AFTER - 20 % : \$2331.26

Please help to close this case ASAP

Thanks

Best Regards

Ding Automotive Pte Ltd

JING FENG

Hp : 62657130/83039588

NOTE !!!

All mailed letter & cheque payment is to be mailed to our main office address :

BLOCK 10 #01-20

SIN MING INDUSTRIAL EST. SEC C

SINGAPORE 575645

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

Yours Sincerely,

Michelle Fang
92394128

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

| | |
|--|--|
| | Virus-free. www.avast.com |
|--|--|

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------------|
| Date Of Report | 11/01/2019 19:24 |
| Date Of Accident | 11/01/2019 07:05 |
| Exact Location Of Accident | BLK203 MARSILING DRIVE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SHA803A |
| 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 | CHANG YUH MING |
| NRIC No | S1159706H |
| Date Of Birth | 10/04/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/07/1978 |
| Driving Experience | 40 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85115648 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK203 MARSILING DRIVE #11-170 |
| 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 | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| 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) | 3 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | 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 STATEMENTS

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 | GY7803P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

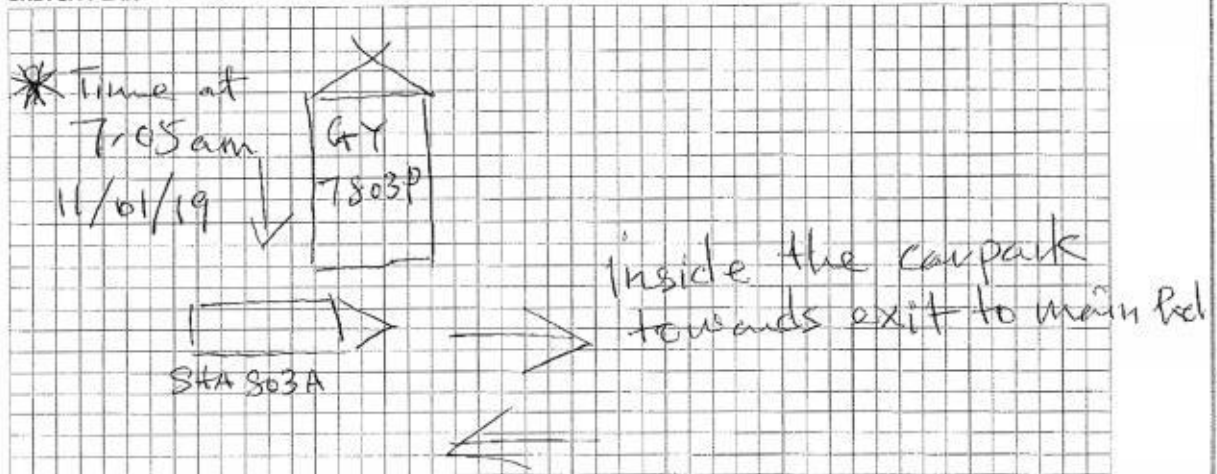
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, the Hiver of Taxi SHA 803A was driving the taxi in my house carpark and suddenly a lorry GY 7803P reverse very quickly for the parking lot and so I honk very long to stop the driver to halt but it didn't stop and hit my taxi very hard and had caused a big dent on the left side of my taxi body. My child and my wife was with me in my taxi going to send my child to school and my wife to work. ~~No one was~~ No one was injured.

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.:

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/01/2019 12:54

JOB-NO: 50111320

OWNER'S PARTICULARS

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

CONTACT: 65533880
 64739522

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: SHA0803A TRANS: AUTO
 MAKE / MODEL: HYUNDAI / i40
 OWNER'S INSURER: MS First Capital Insurance Limited
 JOB-CODE: TP SA: Ding Auto User 1

CHASSIS: KMHLB41UMEU061605
 ENGINE: D4FDEU410029

CLAIM DETAILS

| DESCRIPTION | QTY | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|--|------|--------------|----------|------------------------|-----|----------|-----------|
| LABOUR | | | | | | | |
| 1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS | 1.00 | 800.00 | 0.00 | 800.00 300 | | Y | |
| 2 R&R CONDENSOR AND RADIOCTR AND REFILL AIRCON GAS | 1.00 | 150.00 | 0.00 | 150.00 X 20 | | Y | |
| 3 CHECK WIRING | 1.00 | 100.00 | 0.00 | 100.00 30 | | Y | |
| 4 RUSH PROOFING | 1.00 | 100.00 | 0.00 | 100.00 40 | | Y | |
| 5 SPRAY PAINTING ON FRONT BUMPER, FRONT FENDER LH | 1.00 | 500.00 | 0.00 | 500.00 400 | | Y | |
| TOTAL: | | 1,650.00 | 0.00 | 1,650.00 | | | |
| MATERIALS | | | | | | | |
| 1 FRONT BUMPER repair | 1.00 | 599.68 | 119.94 | 479.74 | L | Y | |
| 2 FRONT BUMPER RETAINER LH X 20 | 1.00 | 42.32 | 8.46 | 33.86 | L | Y | |
| 3 HEAD LAMP LH 2 CRASH | 1.00 | 1,808.10 | 361.62 | 1,446.48 | L | Y | |
| 4 SUPPORT PANEL X 20 | 1.00 | 917.58 | 183.52 | 734.06 | L | Y | |
| 5 FRONT FENDER LH 2A | 1.00 | 659.50 | 131.90 | 527.60 | L | Y | |
| 6 FRONT FENDER INNER SHIELD LH X 20 | 1.00 | 185.12 | 37.02 | 148.10 | L | Y | |
| 7 FRONT BUMPER CLIPS | 1.00 | 35.00 | 0.00 | 35.00 | S | Y | |
| 8 FRONT INNER SHIELD CLIPS | 1.00 | 35.00 | 0.00 | 35.00 | S | Y | |
| 9 FRONT FENDER ADS STICKER | 1.00 | 180.00 | 0.00 | 180.00 100 | S | Y | |
| TOTAL: | | 4,462.30 | 842.46 | 3,619.84 | | | |
| TOTAL PARTS & LABOUR : | | 6,112.30 | 842.46 | 5,269.84 | | | |

EXCESS/LOADING:\$

0.00

No. Of Day:

3 days - 16/1/19
 4 days

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

DATE OF SURVEY: 15 / 01 / 19 P 1640

SURVEYED BY:

RSM

CONTACT NO:

90010068

FAX NO:

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

DAuto001

Ding Auto User 1

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/01/2019 12:54

JOB-NO: 50111320

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533680

Page 1 of 2

ADDRESS: 363 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA0803A

TRANS: AUTO

CHASSIS: KMHLB41JMEU061605

MAKE / MODEL: HYUNDAI i40

ENGINE: D4FDEU410029

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 | 800.00 | 0.00 | 800.00 <i>300</i> | | Y | |
| 2 R&R CONDENSOR AND RADIOCTR AND REFILL AIRCON GAS | 1.00 | 150.00 | 0.00 | 150.00 <i>X</i> | | Y | |
| 3 CHECK WIRING | 1.00 | 100.00 | 0.00 | 100.00 <i>30</i> | | Y | |
| 4 RUSH PROOFING | 1.00 | 100.00 | 0.00 | 100.00 <i>40</i> | | Y | |
| 5 SPRAY PAINTING ON FRONT BUMPER FRONT FENDER LH | 1.00 | 500.00 | 0.00 | 500.00 <i>400</i> | | Y | |
| TOTAL: | | 1,650.00 | 0.00 | 1,650.00 | | | |
| MATERIALS | | | | | | | |
| 1 FRONT BUMPER <i>repair</i> | 1.00 | 599.68 | 119.94 | 479.74 | L | Y | |
| 2 FRONT BUMPER RETAINER LH <i>X</i> | 1.00 | 42.32 | 8.46 | 33.86 | L | Y | |
| 3 HEAD LAMP LH <i>?</i> | 1.00 | 1,808.10 | 361.62 | 1,446.48 | L | Y | |
| 4 SUPPORT PANEL <i>X</i> | 1.00 | 917.58 | 183.52 | 734.06 | L | Y | |
| 5 FRONT FENDER LH <i>pt</i> | 1.00 | 659.50 | 131.90 | 527.60 | L | Y | |
| 6 FRONT FENDER INNER SHIELD LH <i>X</i> | 1.00 | 185.12 | 37.02 | 148.10 | L | Y | |
| 7 FRONT BUMPER CLIPS <i>an</i> | 1.00 | 35.00 | 0.00 | 35.00 | S | Y | |
| 8 FRONT INNER SHIELD CLIPS <i>an</i> | 1.00 | 35.00 | 0.00 | 35.00 | S | Y | |
| 9 FRONT FENDER ADS STICKER <i>an</i> | 1.00 | 180.00 | 0.00 | 180.00 <i>100</i> | S | Y | |
| TOTAL: | | 4,462.30 | 842.46 | 3,619.84 | | | |
| TOTAL PARTS & LABOUR: | | 6,112.30 | 842.46 | 5,269.84 | | | |

EXCESS/LOADING: \$ 0.00

No. Of Day:

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

DATE OF SURVEY: 15/01/19 @ 1640

SURVEYED BY: *Raghu*

CONTACT NO: 90010064

FAX NO:

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

DAuto001

Ding Auto User 1

Labour \$ 770.00

S/N \$ 170.00

Parts after 20% \$ 1974.08

Total \$ 2914.08 - 20%

= 2331.26

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI19000927/R1SD3N2

Date: 29/01/2019

REFERENCE

| | | | |
|-----------------------|---|----------------------|-------------------|
| Handling Insurer: | China Taiping Insurance (Singapore) Pte. Ltd. | Policy No: | DMCVSN30463518033 |
| Claimant Vehicle No : | SHA803A | Insured Vehicle No : | GY7803P |
| Date of Loss: | 11/01/2019 | Nature of Claim: | TP |
| | | Claim No: | N/A |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|------------------------------|-------------|-------------------|
| Reg No: | SHA803A | Engine No: | D4FDEU410029 |
| Make & Model: | HYUNDAI I40, 1.7 D CRDi (A) | Chassis No: | KMHLB41UMEU061605 |
| Reg. Date: | 09/10/2014 (Man. Year: 2014) | Odometer: | 566575 km |
| Colour: | Yellow | | |
| Engine Capacity: | 1685 cc | | |
| Market Value/New Car Price: | N/A | | |
| Sum Insured (S\$): | Market Value/New Car Price | | |

CONDITION OF VEHICLE AT THE TIME OF SURVEY

| | | | | |
|--------------------------|-------------------------|----------------------|--------------------------|-------------------------|
| General Condition: | Steering (Serviceable): | Yes | Footbrake (Serviceable): | Yes |
| Handbrake (Serviceable): | Yes | Engine Modification: | No | Pre-accident Condition: |

CONDITION OF TYRES

| | | | |
|-------------------|---------------|------------------|---------------|
| Front Tyre Size: | 205/60R16 | Rear Tyre Size: | 205/60R16 |
| Front Left Side: | Triangle 6 mm | Rear Left Side: | Triangle 6 mm |
| Front Right Side: | Triangle 6 mm | Rear Right Side: | Triangle 6 mm |

The above values represent the remaining tyre treads depth

COST OF CLAIMS

| | Repairer's | Adjuster's | Difference | Diff % |
|--|-----------------|-----------------|-----------------|--------------|
| Parts | 3,619.84 | 2,144.08 | 1,475.76 | 40.77 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 1,650.00 | 770.00 | 880.00 | 53.33 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 5,269.84 | 2,914.08 | 2,355.76 | 44.70 |
| Approved Total (Overridden) (S\$) | | 2,300.00 | | |
| (S\$) | 5,269.84 | 2,300.00 | 2,969.84 | 56.36 |
| + GST 7.00/7.00% (S\$) | 368.89 | 161.00 | 207.89 | 56.36 |
| Nett Amount (S\$) | 5,638.73 | 2,461.00 | 3,177.73 | 56.36 |

INSPECTION

| | | | |
|-----------------------------|------------|---------------|---|
| Date of Assignment: | 15/01/2019 | | |
| Date Inspected: | 15/01/2019 | Inspected At: | Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD Singapore 649825 |
| Estimated Period of Repair: | 4.0 days | | |

Adjuster: MOHD RASUL

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

| | | |
|----------------------|--|--|
| Reference | | |
| Part Source: | MRM-SG | Version: 1.0 (Last Synchronised: 29 Jan 2019) |
| Parts: | 143 | HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: | Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SHA803A) | |
| Validity: | These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page | |
| Further Info: | Items/values not in reference catalogue are prefixed with an asterisk *. | |

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-----|-----|----------|----------------------------------|---------------|-------------|--------------|
| 1 | 1 | | *FRONT BUMPER | Repair | 599.68 FL | *- FL |
| 2 | 1 | | *FRONT BUMPER RETAINER LH | Not Necessary | 42.32 FL | *- FL |
| 3 | 1 | | *HEAD LAMP LH | Cracked | 1,808.10 FL | *1,808.10 FL |
| 4 | 1 | | *SUPPORT PANEL | Not Necessary | 917.58 FL | *- FL |
| 5 | 1 | | *FRONT FENDER LH | Bent | 659.50 FL | *659.50 FL |
| 6 | 1 | | *FRONT FENDER INNER SHIELD LH | Not Necessary | 185.12 FL | *- FL |
| 7 | 1 | | *FRONT BUMPER CLIPS | Necessary | 35.00 FS | *35.00 FS |
| 8 | 1 | | *FRONT FENDER INNER SHIELD CLIPS | Necessary | 35.00 FS | *35.00 FS |
| 9 | 1 | | *FRONT FENDER ADS STICKER | Necessary | 180.00 FS | *100.00 FS |

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

| | | |
|---|-----------------|-----------------|
| Sub Total (S\$) | 4,462.30 | 2,637.60 |
| - List Item Discount on L Items 20.00/20.00% (S\$) | 842.46 | 493.52 |
| Total Parts (S\$) | 3,619.84 | 2,144.08 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-------------------------|--|----------|------------|--------|
| Labour Items | | | | |
| 1 | STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS | New | 800.00 | 300.00 |
| 2 | R&R CONDENSOR AND RADIATOR AND REFILL AIRCON GAS | New | 150.00 | 0.00 |
| 3 | CHECK WIRING | New | 100.00 | 30.00 |
| 4 | RUSH PROOFING | New | 100.00 | 40.00 |
| 5 | SPRAY PAINTING ON FRONT BUMPER,FRONT FENDER LH | New | 500.00 | 400.00 |
| Gross Labour Cost (S\$) | | | 1,650.00 | 770.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >