

ASS. REC. BY:

REF:

09/FCI/900427/H/9d3

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Joanne Yang of FCI Date/Time: 07/3/19

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHA 95560 Insured: SHA 447E

at Workshop in/s MINA AUTOMOTIVE Tel: 9466 9828 Guang

of 31 CORPORATION RD

Policy No: _____ Claim No: D19001516 MESH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/2/19
(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT

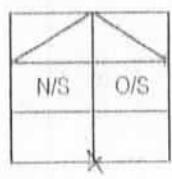
Date/Time	Action/Instruction () Estimate
	SHA 95560 x
	SHA 447E x
11/3/19 @ 4.40pm	revised to Joanne Yang by email.
12/3/19 @ 10.02am	confirmed with Soon. Arrive Fty 0934, 2 days. (Red \$ 2369.54, 72%)

REF: *Tajh*

REF: FCI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: *SHA95560*
 at Workshop n/s *Ding Auto*
 of *31 Corporation*
 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.**
 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: *2* 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 95560* Yr Regn: *2016 / Dec.*
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or
 Make: *Hyundai 142* G.C. *1685*
 Colour: *Yellow* A/C: Insured / Std / NI / NA
 Sp. Reading: *237955* T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: *1CM HLB 414 M H40 97792*
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: AM / 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 *Weslake*
 Front C mm R/Bal. *6* mm
 Rear 6 mm R/Bal. *6* mm
 L/Bal. 6 mm L/Bal. *6* mm
 D.O.A. _____ D.O.I. *7/3/19 05pm*
 Survey held at *Ding Auto*
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

RECEIVED 12 MAR 2019.

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to?
 2)

Days Of Repair: *2*
 Resurvey No. of Trip: _____

Report Format: *TP*
 Lump Sum / I.B.I. (\$) *934*

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

Survey Fee.	130
Transportation	50
SALES	16
Photos	
Others	
TOTAL	196

MOTOR SURVEY ASSIGNMENT

Date	01-03-2019	Our Ref No. D19001516MFSH
Accident Date	28-02-2019	Claim Type. Third Party
Insured Vehicle	SHA4417E	Third Party Vehicle. SHA9556D
Survey Location	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C#01-20	
Contact Person.	GUANG	<i>31 Corporation Rd.</i>
Contact No.	62657130/ 94669828	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315 <i>(M)</i>
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	JOANNEY	

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.

Steve

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Tuesday, 12 March 2019 10:02 AM
To: 'taxiscs@stengg.com'; Taufikh (LKKAuto)
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG;
Carlor.chan@dingauto.sg; Dd hashim; Nelson.wong@dingauto.sg;
jingfeng@dingauto.sg; SUR
Subject: RE: 50111448 / SHA9556D - Finalize Amount & Before Paint Photo & After Repair Photo

Dear Soon,

WITHOUT PREJUDICE

Confirm final fig \$934.00 before GST and 2 repair days.

Kindly send the relevant documents to First Capital Insurance company.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@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: Saturday, 9 March 2019 12:06 PM
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>
Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Carlor.chan@dingauto.sg; Dd hashim <dd.hashim@dingauto.sg>; Nelson.wong@dingauto.sg; jingfeng@dingauto.sg; SUR <sur@lkkauto.com>; Thin Thin (LKKAuto) <thinthin@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>; Vivian Lau (LKKAuto) <vivianlau@lkkauto.com>; Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: 50111448 / SHA9556D - Finalize Amount & Before Paint Photo & After Repair Photo

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for SHA9556D

Kindly check the attach Estimate , After Paint Photo .

Total Repair - 02 Days

Part By Part

LABOUR = \$550

S/N = \$240

Parts = \$144

TOTAL (L+S+P) = \$934.00

FINALIZE AMOUNT = \$934.00

Please help to close this case ASAP

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Monday, 11 March 2019 4:40 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Joanne Yong Lai fong'; SUR
Subject: RE: SURVEY ASSESSMENT - D19001516MFSH/1
Attachments: CSFC19004217Eqd3.pdf

Dear Joanne,

Enclosed herewith preliminary advice of SHA 9556D.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Thursday, 7 March 2019 10:38 AM
To: assignments <assignments@lkkauto.com>
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong Lai fong <Joanneyong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19001516MFSH/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

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

Your Ref: D19001516MFSH
Our Ref: CS/FCI19004217/Eqd3

Date: 11 March 2019

The Motor Claims Department
First Capital Insurance Ltd

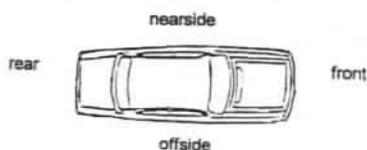
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHA 9556D .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 07/03/2019 at the premises of M/s DING AUTOMOTIVE. and have the following to report:-

Workshop Estimate Amount	: <u>S\$ 3,303.54</u> .
Revised Estimate Amount	: <u>S\$ 1,114.00</u> .
"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 rear portion.



Yours faithfully

Steve
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	01/03/2019 14:08
Date Of Accident	28/02/2019 14:40
Exact Location Of Accident	AT THOMSON PLAZA TAXI STAND
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA9556D
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	SIEW CHEE YEW
NRIC No	S6831917Z
Date Of Birth	21/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97118849
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address APT BLK 487C CHOA CHU KANG AVENUE 5 #03-111 SINGAPORE
683487

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 - HEAD TO REAR

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) 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 SHA4417E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver CHEW CHENG POH

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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:

Soy

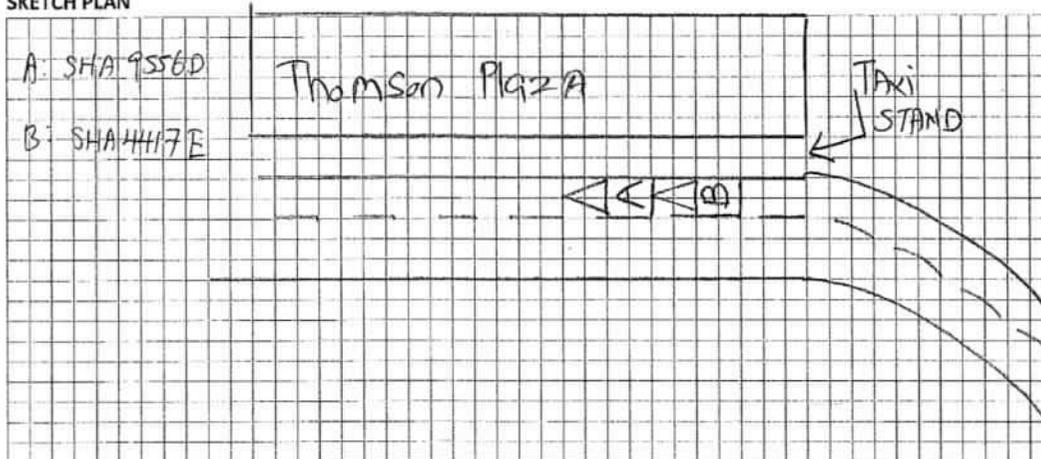
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Net

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

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28 FEBRUARY 2019 ABOUT 1442 HOURS, I WAS TRAVELLING ON MY TAXI (SHA 9556D) AT THOMSON PLAZA TAXI STAND. I WAS STATIONARY MY TAXI AT TAXI STAND TO PICK UP PASSENGER, SUDDENLY THE THIRD PARTY VEHICLE (SHA 4417E) HIT ON TO MY TAXI REAR PORTION. CAUSE MY TAXI DAMAGED AT REAR PORTION. THAT ALL.

Lucy

DECLARATION

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

 Policyholder's Signature
 Date & Time:

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

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

Lucy

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

05/03/2019 12:02

JOB-NO: 50111448

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: SHA9556D

TRANS: AUTO

CHASSIS: KMHLB41UMHU097792

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDGU700975

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	600.00	0.00	600.00	Y		200
2 SUNDRIES	1.00	50.00	0.00	50.00	Y		200
3 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	Y		200
4 RESPRAY REAR BUMPER DIFFUSER	1.00	180.00	0.00	180.00	Y		100
5 R&R REAR TAILLAMP	1.00	80.00	0.00	80.00	Y		X n
6 R&R REVERSE SENSOR AND CHECK WIRING	1.00	120.00	0.00	120.00	Y		30
TOTAL:		1,280.00	0.00	1,280.00			

MATERIALS

1 REAR BUMPER	1.00	699.50	139.90	559.60	L	Y	RP
2 REAR BUMPER RETAINER LH	1.00	48.63	9.73	38.90	L	Y	X
3 REAR BUMPER RETAINER RH	1.00	48.63	9.73	38.90	L	Y	X
4 REAR BUMPER SPONGE	1.00	89.62	17.92	71.70	L	Y	X
5 REAR BUMPER RUBBER PROTECTOR PAD	1.00	180.00	36.00	144.00	L	Y	n
6 REAR BUMPER DIFFUSER	1.00	318.40	63.68	254.72	L	Y	RP
7 REAR BUMPER REINFORCEMENT	1.00	488.40	97.68	390.72	L	Y	X
8 REAR BUMPER CLIPS SET	1.00	35.00	0.00	35.00	S	Y	X
9 REVERSE SENSOR	1.00	250.00	0.00	250.00	S	Y	X n
10 REAR FENDER ADS STICKER LH	1.00	120.00	0.00	120.00	S	Y	n
11 REAR FENDER ADS STICKER RH	1.00	120.00	0.00	120.00	S	Y	n
TOTAL:		2,398.18	374.64	2,023.54			

TOTAL PARTS & LABOUR :

3,678.18

374.64

3,303.54

EXCESS/LOADING:\$\$ 0.00

No. Of Day: 2 days

RE-SURVEY: BEFORE/AFTER PAINTING

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

DATE OF SURVEY: 7/31/19

SURVEYED BY: Tan Mi

CONTACT NO: 97495749

FAX NO: _____

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

Signature

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
DAuto001 Ding Auto User 1							
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 :
ESTIMATE REPORT 1ST Quotation

FAX NO:
 05/03/2019 12:02
 JOB-NO: 50111448

OWNER'S PARTICULARS

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

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: SHA9556D TRANS: AUTO CHASSIS: KMHLB41UMHU097792
 MAKE / MODEL: HYUNDAI / I40 ENGINE: D4FDGU700975
 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	600.00	0.00	600.00	Y		200
2 SUNDRIES	1.00	50.00	0.00	50.00	Y		200
3 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	Y		200
4 RESPRAY REAR BUMPER DIFFUSER	1.00	180.00	0.00	180.00	Y		100
5 R&R REAR TAILLAMP	1.00	80.00	0.00	80.00	Y		X
6 R&R REVERSE SENSOR AND CHECK WIRING	1.00	120.00	0.00	120.00	Y		30
TOTAL:		1,280.00	0.00	1,280.00			

MATERIALS

1 REAR BUMPER	1.00	699.50	139.90	559.60	L	Y	RY
2 REAR BUMPER RETAINER LH	1.00	48.63	9.73	38.90	L	Y	X
3 REAR BUMPER RETAINER RH	1.00	48.63	9.73	38.90	L	Y	X
4 REAR BUMPER SPONGE	1.00	89.62	17.92	71.70	L	Y	X
5 REAR BUMPER RUBBER PROTECTOR PAD	1.00	180.00	36.00	144.00	L	Y	AK
6 REAR BUMPER DIFFUSER	1.00	318.40	63.68	254.72	L	Y	RY
7 REAR BUMPER REINFORCEMENT	1.00	488.40	97.68	390.72	L	Y	X
8 REAR BUMPER CLIPS SET	1.00	35.00	0.00	35.00	S	Y	X
9 REVERSE SENSOR	1.00	250.00	0.00	250.00	S	Y	200 X
10 REAR FENDER ADS STICKER LH	1.00	120.00	0.00	120.00	S	Y	AK
11 REAR FENDER ADS STICKER RH	1.00	120.00	0.00	120.00	S	Y	AK
TOTAL:		2,398.18	374.64	2,023.54			

TOTAL PARTS & LABOUR : 3,678.18 374.64 3,303.54

EXCESS/LOADING: S\$ 0.00
 No. Of Day: 2 days
 RE-SURVEY: BEFORE/AFTER PAINTING
 PART-BY-PART OR LUMP SUM: S\$ _____
 DATE OF SURVEY: 7/31/19
 SURVEYED BY: Tan
 CONTACT NO: 975470 FAX NO: _____

Labour \$550
 S/N \$240
 After 20% Parts \$144
 L+S+P \$934

Sur @ Whatsapp

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



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/FCI19004217/T1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 13-03-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 4417E	Veh. Inspected	SHA 9556D
Policy No.		Coverage (\$)	0.00
Claim No.	D19001516MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	07/03/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU097792	Colour	YELLOW
Odometer	237955	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	28/02/2019	Inspection Date	07/03/2019
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:		2 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. SHA 9556D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	699.50	-
1	REAR BUMPER RETAINER LH	NOT NECESSARY	48.63	-
1	REAR BUMPER RETAINER RH	NOT NECESSARY	48.63	-
1	REAR BUMPER SPONGE	NOT NECESSARY	89.62	-
1	REAR BUMPER RUBBER PROTECTOR PAD	NECESSARY	180.00	180.00
1	REAR BUMPER DIFFUSER	TO REPAIR SEE LABOUR	318.40	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	488.40	-
	LESS 20% DISCOUNT		-374.64	-36.00
			1,498.54	144.00
<u>SPECIAL NETT ITEMS</u>				
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	SET REAR BUMPER CLIPS (SN)	NOT NECESSARY	35.00	-
1	REVERSE SENSOR (SN)	NOT NECESSARY	250.00	-
1	REAR FENDER ADS STICKER LH (SN)	NECESSARY	120.00	120.00
1	REAR FENDER ADS STICKER RH (SN)	NECESSARY	120.00	120.00
			575.00	260.00
<u>LABOUR</u>				
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR BUMPER DIFFUSER.		600.00	200.00
	RESPRAY REAR BUMPER.		250.00	200.00
	RESPRAY REAR BUMPER DIFFUSER		180.00	100.00
	R&R REAR TAILLAMP.	NOT NECESSARY	80.00	-
	R&R REVERSE SENSOR AND CHECK WIRING.		120.00	30.00
			-	-
			-	-
			1,230.00	530.00
GRAND TOTAL			3,303.54	934.00



RECOMMENDED COST OF REPAIRS			934.00
-----------------------------	--	--	--------

Report Ref No. CS/FCI19004217/T1qd3e2

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
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.