

ASSIGNMENT

REP CS/INC19006063/T19d3^{SV}

Asst. Proj. Mgr. Taufik

ASSIGNMENT (Office)

From Person Annie Koh

of INC

Date/Time 5/4/19 @ 9:15am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No. SHA 99829 Insured FBM 6655D

at Workshop no. Ding Automotive Tel. 98912489

of 31 Corporation Rd

Policy No. _____ Claim No. MT/1038760-001

Sum insured _____ Excess _____

Make of Veh (Client's Record) _____ D.O.A. 3/4/19

CA / REV / REP / REV 24 HRS

H.O.D. Endorsement

Date/Time: 10:19am 5/4/19 Person Contacted: Nelson

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 99829 - X
	FBM 6655D - X
16/4/19 @ 2:41m	confirmed with Alex that Rg \$1110, 2 days. (Red \$830, 43%) no lump sum

Surveyor

Taufiq

REF: INC

ASSIGNMENT

From: Date: 5/4/2019

Veh No: SHA 9982G. Yr Regn: 2015, May.

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: SHA 9982G
at Workshop m/s: Ding Automobile
of: 31 Corporation Road

Make: Hyundai I40. c.c. 1685

Colour: Yellow. A/C: Insured / Std / NI / NA

Sp. Reading: 456103 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: 1CM HLB414M F4069271

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: Nelson @ 99912489

Modi: NI / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 205/60R16

R: 205/60R16

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

N/S	O/S

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

TOYO / YOKO or Triangle

Bal. or Market Value:

Front Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 6 mm R/Bal. 6 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 6 mm L/Bal. 6 mm

Est. Repairs: days Res.: Yes or No

D.O.A. D.O.I. 10/4/199.2km

Lum Sum: % 3 Val.: Yes or No

Survey held at Ding Auto.

CA, / REV / REP. / 24 HRS up

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

Date: Person Contacted:

Vehicle: IN / OUT

O/S Rear.

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

Date / Time Action / Instruction

RECEIVED 16 APR 2019

Signature
16/4/2019

Date/Time, File Pass to? : Preli. Report

Days Of Repair: 2

1) 16/4 to [Signature] : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	

2)

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format: Tr

Lump Sum / I.B.I.: (\$) 110

Nivitha (LKK Auto)

From: Annie Koh <annie.koh@income.com.sg>
Sent: Friday, 5 April 2019 10:14 AM
To: 'assignments@lkkauto.com'
Subject: RE: TP CASES FARMED OUT TO LKK ON 05/04/2019

Re-send

Warmest Regards

Annie Koh
Senior Admin,
Motor Insurance
T +65 64307899
www.income.com.sg



From: Annie Koh
Sent: Friday, 5 April 2019 9:18 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Cc: Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 05/04/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	OI VEH	DOA	Additional Remarks
1	CYNDIIE YONG	MT/1038760-001	SHA9982G	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	Nelson Wong / 98912489	FBM6655D	3/4/19	
2	AZHARI	MT/1038231-002	FBM3818X	LEONG SENG MOTOR PTE LTD	BLK 1006 #01-08 BUKIT MERAH LANE 2 SINGAPORE 159762	c s teo / 62737469	SLK4888D	1/4/19	
3	JULIANA LEE	MT/1038813-002	SLE466X	VERMOGEN ACE PTE LTD	6 BENOI ROAD, SINGAPORE 629904	Pila / 6358 3031	SJD5299H	3/4/19	
4	JARED LIU	MT/1038592-002	PC5282P	WOODLANDS TRANSPORT SERVICE PTE LTD	8 GUL CIRCLE SINGAPORE 629564	Mr Chan / 9299 4122	PA5960B	1/4/19	6559 8984

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Annie Koh

Senior Admin Assistant, Motor Insurance

T +65 6430 7899

www.income.com.sg



Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Tuesday, 16 April 2019 2:41 PM
To: taxiscs@stengg.com; Taufikh (LKKAuto); SUR
Cc: Dd hashim; Claims@dingautomotive.com.sg; ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Kelly Ding; You jingfeng
Subject: RE: 50111541-SHA9982G - Finalize Amount & After Repair Photo

Dear Alex,

WITHOUT PREJUDICE

Confirm final fig \$1,110.00 before GST and 2 repair days.

Kindly send the relevant documents to NTUC 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: Sunday, 14 April 2019 4:59 PM
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: Dd hashim <dd.hashim@dingauto.sg>; Claims@dingautomotive.com.sg; ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Kelly Ding <kelly.ding@dingauto.sg>; You jingfeng <jingfeng@dingauto.sg>; Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>; Vivian Lau (LKKAuto) <vivianlau@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>; Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: 50111541-SHA9982G - Finalize Amount & After Repair Photo

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for **SHA9982G**

Please refer below attachment & estimate & after paint for **SHA9982G**

Total Repair - 2 Days

PART BY PART REPAIR

LABOUR = \$470

S/N = \$640

TOTAL (L+S+) = \$1110.00

FINALIZE AMOUNT = \$1110.00

Thank a lot

Best Regards
Ding Automotive Pte Ltd

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	04/04/2019 09:48
Date Of Accident	03/04/2019 14:45
Exact Location Of Accident	AT BUKIT BATOK RD JUNCTION CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9982G
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	WONG SIEW MENG
NRIC No	S1600938E
Date Of Birth	09/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96937862
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address APT BLK 227 CHOA CHU KANG CENTRAL #11-191 SINGAPORE
 Postcode 680227
 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 (including own vehicle) involved in the accident 3
 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) 2
 Passenger 1
 NAME: : UNKNOWN ADULT
 GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

REFER TO ATTACH POLICE REPORT (T/20190403/2172) .

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 Witness 1

Name ONG
 Phone Number 91792067
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBM6655D
 Vehicle Make/Model/Colour
 Details Of Properties

Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKT4602B
Vehicle Make/Model/Colour LEARNER'S CAR
Details Of Properties FRONT
Vehicle Category PRIVATE CAR
Name of Driver ONG
NRIC/Passport Number
Contact Number 91792067
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190403/2172

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

1 of 3

Report No. T/20190403/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 17:41	Vide Report No.:	Station Diary No.: 154
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Informant's Particulars			
Name of Informant: WONG SIEW MENG		Address: APT BLK 227 CHOA CHU KANG CENTRAL #11-191 SINGAPORE 680227	
ID Type / ID No.: NRIC NO / S1600938E		Contact No.: Home/Office: Mobile: 96937862	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 09/06/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/04/2019 14:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK ROAD OLD CHUA CHU KANG ROAD Chua Chu Kang Way instead of road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBM6655D	Motorcycle					0
SHA9982G	TAXI					1
SKT4602B	Car					0

Accident Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190403/2172

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

2 of 3

Report No. T/20190403/2172

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG SIEW MENG	ID No.	S1600938E
Related Vehicle	SHA9982G (TAXI)	Contact No.	96937862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ONG	ID No.	NIL
Related Vehicle	SKT4602B (Car)	Contact No.	91792067
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/04/2019 at about 1445hrs, I was driving my taxi registration number SHA9982G along Choa Chu Kang Way lane 2 (total 3 lanes) and was heading towards Bukit Batok Road (PIE). At that moment of time, the traffic light was red and I was waiting for the light to turn green. On lane 1 beside me, there is another BBDC Learner's car registration SKT4602B.

Soon as the traffic light turns green, both of us gradually increase our speed when suddenly a motorcycle registration number FBM6655D sped in between both cars and the rider collided onto the learner's car before hitting onto mine (right side). I then told him to stop in front however he did not stop and sped off. My car suffers scratches whereas the learner's car suffer damaged on the bumper.

I have camera recording in my taxi and the other car has it too. The rider is wearing dark colour jacket and jeans but I did not see his face. I am lodging a report for insurance claims.

Accident Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190403/2172

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

3 of 3

Report No. T/20190403/2172

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 SUFYANRAFIE BIN SUKAIME	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2019 17:41
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case: SN 126
Authentication Stamp NP168 	

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:



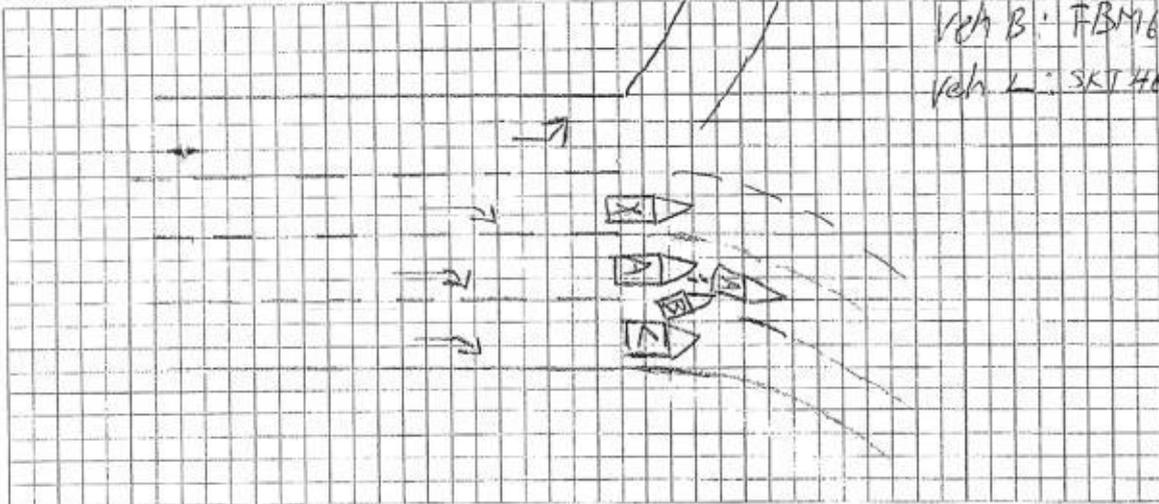
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan Pg. 2

SKETCH PLAN



Veh A: SH49982A
Veh B: FBM6655D
Veh L: SKT4802B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police STATEMENT (T/20190403/2172).

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

> [Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SHA9982G		
Vehicle Type :	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1 :	Air-Con (Taxi)		
Vehicle Scheme :	Taxi (Company)		
Vehicle Make :	HYUNDAI		
Vehicle Model :	I40 1.7L CRDI AT ABS AIRBAG 4DR		
Chassis No. :	KMHLB41UMFU069271		
Propellant :	Diesel		
Engine No. :	D4FDEU449437		
Engine Capacity :	1685 cc		
Maximum Power Output :	100.0 kW (134 bhp)		
Maximum Laden Weight :	2100 kg		
Unladen Weight :	1501 kg		
Year Of Manufacture :	2015		
Original Registration Date :	07 May 2015		
Lifespan Expiry Date :	06 May 2023		
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		
PQP Paid :	\$50,756.00		
COE Expiry Date :	06 May 2023		
Road Tax Expiry Date :	06 May 2019		
PARF Eligibility Expiry Date :	06 May 2023		
Inspection Due Date :	06 Nov 2019		
Intended Transfer Date :	04 Apr 2019		
CO2 Emission :	159.00 (g/km)		
CEV/VES Rebate Utilised Amount :	\$7,500.00		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 06 May 2019. You may renew the road tax from 07 Feb 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 06 May 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 07 May 2019 to 06 Nov 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	2,635.00	-	2,635.00
Total Amount Payable :			2,660.00
Message			
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.			

You may print this page for reference.

OK

Print

DING AUTOMOTIVE PTE LTD

Bik 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575645

Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

05/04/2019 9:03

JOB-NO: 50111541

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 1

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA9982G

TRANS: AUTO

CHASSIS: KMHLB41UMFU069271

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU449437

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 TO REPAIR REAR LH DOOR . STRAIGHTEN AND PANEL BEAT ON ACCIDENT AFFECTED AREAS	1.00	500.00	0.00	500.00		Y	250 ✓
2 RUST PROOFING ON ACCIDENT AFFECTED AREAR	1.00	80.00	0.00	80.00		Y	20 ✓
3 RESPRAY SIDE SKIRT RH	1.00	230.00	0.00	230.00		Y	x nn ✓
4 RESPRAY REAR FENDER RH	1.00	230.00	0.00	230.00		Y	x nn ✓
5 RESPRAY REAR DOOR RH	1.00	230.00	0.00	230.00		Y	200 ✓
TOTAL:		1,270.00	0.00	1,270.00			
MATERIALS							
1 REAR DOOR ADS STICKER RH	1.00	180.00	0.00	180.00	S	Y	wt ✓
2 REAR FENDER ADS STICKER RH	1.00	180.00	0.00	180.00	S	Y	wt ✓
3 SIDE SKIRT ADS STICKER RH	1.00	180.00	0.00	180.00	S	Y	wt ✓
4 SUNDRIES	1.00	50.00	0.00	50.00	S	net Y	20 ✓
TOTAL:		590.00	0.00	590.00			
TOTAL PARTS & LABOUR :		1,860.00	0.00	1,860.00			

EXCESS/LOADING:SS 0.00

No. Of Day: 02

RE-SURVEY: BEFORE/AFTER PAINTING

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

DATE OF SURVEY: 5, 4, 19

SURVEYED BY: Tayph

CONTACT NO: 97495744 FAX NO: _____

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

CITYCAB PTE LTD

kenneth.ding@dingauto.sg 92313173
kelly.ding@dingauto.sg 96888323

DING AUTOMOTIVE PTE LTD
Blk 10 Sin Ming Industrial Estate Sector C
#01-20
Singapore 575045
Tel: 6452 1208 Fax: 6452 0814

TD: 1 FAX NO: 05/04/2019 9:00
ESTIMATE REPORT 1ST Quotation
JOB-NO: 60111641
Page 1 of 1
OWNER'S PARTICULARS
NAME: CityCab PTE LTD (Fleet) CONTACT: 85538883
ADDRESS: 383 SIN MING DRIVE SINGAPORE 575717 0 84739522

VEHICLE DETAILS
LICENSE NO: SHAR1R2G TRANS: AUTO CHASSIS: KMHLB41UMFU069271
MAKE / MODEL: HYUNDAI / I40 ENGINE: C4FDEU440437
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 TO REPAIR REAR LH DOOR - STRAIGHTEN AND PANEL BEAT ON ACCIDENT AFFECTED AREAS	1.00	500.00	0.00	500.00			Y 250
2 RUST PROOFING ON ACCIDENT AFFECTED AREAR	1.00	80.00	0.00	80.00			Y 20
3 RESPRAY SIDE SKIRT RH	1.00	230.00	0.00	230.00			Y *
4 RESPRAY REAR FENDER RH	1.00	230.00	0.00	230.00			Y *
5 RESPRAY REAR DOOR RH	1.00	230.00	0.00	200.00			Y 200
TOTAL:		1,270.00	0.00	1,270.00			
MATERIALS							
1 REAR DOOR ADS STICKER RH	1.00	180.00	0.00	180.00	S		Y <u>cut</u>
2 REAR FENDER ADS STICKER RH	1.00	180.00	0.00	180.00	S		Y <u>cut</u>
3 SIDE SKIRT ADS STICKER RH	1.00	180.00	0.00	180.00	S		Y <u>cut</u>
4 SUNDRIES	1.00	50.00	0.00	50.00	S		Y 20
TOTAL		590.00	0.00	590.00			
Supplementary Rear Door Sticker		655.20	1111	SM		80.00	(10) new
TOTAL PARTS & LABOUR		1,860.00	0.00	1,860.00			

EXCESS LOADING: \$ 0.00

No. Of Day: 02

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

DATE OF SURVEY: 5/4/19

SURVEYED BY: Tanjhr

CONTACT NO: 94495741 FAX NO:

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

DAuto001
Ding Auto User 1

ESTIMATOR:
ST& AUTO CENTRE
TEL: FAX:

Labour \$ 470
SN \$ 640

16.35 hrs

Total \$ 1110.00



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

DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19006063/T1qd3s2
73 BRAS BASAH ROAD Date: 24-04-2019
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556
ATTN: NELSON WONG Code: INC



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBM 6655D	Veh. Inspected	SHA 9982G
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1038760-001	Excess (\$)	0.00
Assign From	ANNIE KOH	Assign Date	05/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069271	Colour	YELLOW
Odometer	456103 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	TRIANGLE	6 mm
L/H Front Tyre	205/60R16	TRIANGLE	6 mm
R/H Rear Tyre	205/60R16	TRIANGLE	6 mm
L/H Rear Tyre	205/60R16	TRIANGLE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/04/2019	Inspect Date / Time	10/04/2019 (09:28 AM)
Survey held at	31 CORPORATION RD		
Repairer	DING AUTO PTE LTD		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **2 Working Days**



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9982G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR ADS STICKER RH (SN)	CUT	180.00	180.00
1	REAR FENDER ADS STICKER RH (SN)	CUT	180.00	180.00
1	SIDE SKIRT ADS STICKER RH (SN)	CUT	180.00	180.00
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	REAR DOOR STICKER - 6552 1111 (SN) (ADDITIONAL)	NECESSARY	80.00	80.00
			670.00	640.00
LABOUR				
	TO REPAIR REAR LH DOOR, STRAIGHTEN AND PANEL BEAT ON ACCIDENT AFFECTED AREAS.		500.00	250.00
	RUST PROOFING ON ACCIDENT AFFECTED AREA.		80.00	20.00
	RESPRAY SIDE SKIRT RH.	NOT NECESSARY	230.00	-
	RESPRAY REAR FENDER RH.	NOT NECESSARY	230.00	-
	RESPRAY REAR DOOR RH.		230.00	200.00
			1,270.00	470.00
GRAND TOTAL			1,940.00	1,110.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,110.00

Report Ref No. CS/INC19006063/T1qd3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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