

ASS. REC. BY:

REF: CS/CT1/9007352/T19d3

Special Instruction:

SURVEYOR: Taufik

ASSIGNMENT (Office)

From (Person): Elaine Cheong

of CT1

Date/Time: 25.4.19 247p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHA 9556D

Insured: GBD 9618P

at Workshop m/s Ding Automotive

Tel:

of 31 Corporation Road 649825

Policy No:

Claim No: SVM19D201731C02/8

Sum Insured:

Excess:

Make of Veh:

D.O.A 17.4.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

rup

H.O.D. Endorsement:

Date/Time: 25.4.2019 53p.m

Person Contacted:

Alex

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 9556D - CS/FC1/9004217/T19d302 D.O.A - 28/02/2019
	GBD 9618P - X

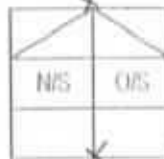
Signature: *Toufex*

REF:

CT 1

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / ☒ WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 of Workshop info: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? - Yes or No
 GIA / PR Seen: _____ Consistent? - Yes or No
 Est. Repair: *4* days Res: Yes or No
 Lum Sum: _____ % 3 Vnl: Yes or No
 CA / REV / REP. / 24 HRS *WP*

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SHA 9556 D* in Regn: *2016 Dec*
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: *Hyundai 140* CC: *1685*
 Colour: *Yellow* AC: Insured / Std / NI / NA
 Sp. Reading: *24695* TRadio: Insured / Std / NI / NA
 EngNo: _____
 C/No: *KM HLB414444097772*
 Gen. Cond: *Good* / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: *Inorder* / Jammed / Leaked / Burnt or
 Mod: ☒ Mil / SRim / STD ARim 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: _____ D.O.I: *25/4/19 @ 4pm*
 Survey held at: *Ding Auto*
 Des. of Damages: ☒ Fnt / ☒ Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<i>2/5/19</i>	<i>1/5/2450, 11 days email to w/s</i>
	<i>Chad @ 4185.70, 6390</i>

RECEIVED 09 MAY 2019

Date/Time, File Pass to: ☐ : Prel. Report
☒ : Final Report
 Date/Time, File Return to: _____

Days Of Repair: *4*
 Resurvey No. of Trip: *1*

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

Report Format: *MEC-TF*
 Lump Sum / L.B.C. (\$) *2450*

Survey Fee:	
Transportation:	
Food & Drink:	
Photos:	
Others:	
TOTAL:	

Nivitha (LKK Auto)

From: Elaine Cheong <elaine.cheong@sg.cntaiping.com>
Sent: Thursday, 25 April 2019 2:47 PM
To: taxiscs@stengg.com; assignments; Admin-D (LKKAuto)
Cc: Claims Dept of CTI
Subject: FW: OUR REF: SNM19D201731C02/8 - GBD9618P - ACCIDENT INVOLVING SHA9556D AND GBD9618P ON 17/04/2019 ARRANGE SURVEY
Attachments: SAS2586354.PDF; SHA9556D TP INSURANCE.html
Importance: High

Without Prejudice

Your Ref: SHA9556D
Our Ref: SNM19D201731C02/8 (GBD9618P)

Dear Alex,

We refer to the above matter.

Liability clear.

In view of the above, we agree to go for Direct Settlement, subject to consistency of damages, based on M/s LKK Auto Consultant's findings, with supporting documents.

Aside to M/s LKK,

Please assist to arrange for the survey.

Thank you.

Regards,

Elaine Cheong
Executive (Motor Claims)
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Ardmore Road #16-00 Singapore 079909
Singapore 079909
Co. Reg. No. 2002083P
DID: 9 6530
Fax: 4 7478 / 62
Email: elaine.cheong@sg.cntaiping.com
Web: www.sg.cntaiping.com

From: taxiscs@stengg.com [mailto:taxiscs@stengg.com]
Sent: Thursday, 25 April 2019 2:23 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Ong Chin Kiat <chinkiat.ong@sg.cntaiping.com>; Elaine Cheong <elaine.cheong@sg.cntaiping.com>
Cc: Alfred Toh <alfred.toh@sg.cntaiping.com>; Angie Foo <angie.foo@sg.cntaiping.com>; Elaine Cheong <elaine.cheong@sg.cntaiping.com>; Wang Jia Wei <jiawei.wang@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; accounts@dingautomotive.com.sg; ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Claims@dingautomotive.com.sg; Dd hashim <dd.hashim@dingauto.sg>

Subject: Re: OUR REF: SNM19D201731 - GBD9618P -ACCIDENT INVOLVING SHA9556D AND GBD9618P ON 17/04/2019 ARRANGE SURVEY

Dear Officer ,

Kindly arrange surveyor to survey this vehicle (SHA9556D) as soon as possible due to place in workshop 4 days already .

Thank a lot

Best Regards
Ding Automotive Pte Ltd
ARC
Alex Khong
Hp : 96891857/ 62657130

From: Taxis Customer Service/KAS/CBG/ST Kinetics
To: "Angie Foo" <angie.foo@sg.cntaiping.com>
Cc: "Alfred Toh" <alfred.toh@sg.cntaiping.com>, "Elaine Cheong" <elaine.cheong@sg.cntaiping.com>, "Wang Jia Wei" <wjw.wang@sg.cntaiping.com>, "Chee So Chow" <sochow.chee@sg.cntaiping.com>
Sent: 24 Apr 2019 07:57:36
Subject: Re: OUR REF: SNM19D201731 - GBD9618P -ACCIDENT INVOLVING SHA9556D AND GBD9618P ON 17/04/2019 ARRANGE SURVEY

Dear Elaine ,

As spoken , We agree arrange Lkk Auto Consultants Pte Ltd come onto survey .

Please arrange ASAP
The vehicle already in workshop 3 days

Thank a lot

Best Regards
Ding Automotive Pte Ltd
ARC
Alex Khong
Hp : 83039588 / 62657130

From: "Angie Foo" <angie.foo@sg.cntaiping.com>
To: "Elaine Cheong" <elaine.cheong@sg.cntaiping.com>, Taxis Customer Service/KAS/CBG/ST Kinetics@ST Engineering, "Alfred Toh" <alfred.toh@sg.cntaiping.com>, "Chee So Chow" <sochow.chee@sg.cntaiping.com>
Cc: "Wang Jia Wei" <wjw.wang@sg.cntaiping.com>
Sent: Mon 22 Apr 2019 02:55:00M
Subject: OUR REF: SNM19D201731 - GBD9618P -ACCIDENT INVOLVING SHA9556D AND GBD9618P ON 17/04/2019 ARRANGE SURVEY

*****WARNING! This email and any attachments are UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO) and originates from OUTSIDE ST ENGINEERING.***

Dear Elaine,

Please conduct PRS -See attached for details (SNM19D201731 - GBD9618P-FILED WITH ELAINE)

Officer in Charge –Elaine

Regarded
Angie Foo

From: Claims Dept of CTI
Sent: Monday, April 22, 2019 8:46 AM
To: Angie Foo
Subject: FW: ACCIDENT INVOLVING SHA9556D AND GBD9618P ON 17/04/2019 ARRANGE SURVEY

From: [redacted] [mailto:[redacted]]
Sent: Saturday, 20 April 2019 11:44 AM
To: Claims Dept of CTI <[redacted]>; Ong Chin Kiat <chinkiat.ong@sg.cntaiping.com>
Cc: [redacted] <[redacted]>; Dd hashim <dd.hashim@dingauto.sg>;
[redacted] <[redacted]>
Subject: ACCIDENT INVOLVING SHA9556D AND GBD9618P ON 17/04/2019 ARRANGE SURVEY

Dear Officer ,

Please arrange surveyor come on to survey SHA9556D .

This vehicle SHA9556D already in 31 Corporation Road 649825 .

Thank a lot

Best Regards
Ding Automotive Pte Ltd
ARC
Alex Khong
Hp : 83039588 / 62657110

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For more information please visit <http://www.symanteccloud.com>

Shiau Chan (LKKAuto)

From: taxiscs@stengg.com
Sent: Monday, 6 May 2019 2:20 PM
To: SUR; Taufikh (LKKAuto)
Cc: CS A Team; Admin A; Asher Sng (LKKAuto); accounts@dingautomotive.com.sg; ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Claims@dingautomotive.com.sg; Dd hashim
Subject: 50111578-SHA9556D - Finalize Amount & After Repair Photo & Estimate
Attachments: bf 25.jpg; bf 24.jpg; b4.jpeg; b4 23.jpeg; b4 22.jpeg; b4 21.jpeg; b4 20.jpeg; b4 19.jpeg; b4 18.jpeg; b4 17.jpeg; b4 16.jpeg; b4 15.jpeg; b4 14.jpeg; b4 13.jpeg; b4 12.jpeg; b4 11.jpeg; b4 10.jpeg; b4 9.jpeg; b4 8.jpeg; b4 7.jpeg; b4 6.jpeg; b4 5.jpeg; b4 4.jpeg; b4 3.jpeg; b4 2.jpeg; b4 1.jpeg

Dear Officer ,

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

Please refer below attachment & estimate & after paint for **SHA9556D**

Total Repair - 4 Days

Lump Sum Repair

LABOUR = \$1010

S/N = \$395

PARTS AFTER AAA -25% =\$1704.53

TOTAL (L+S+P) = \$3109.53-20% lump sum

FINALIZE AMOUNT = \$2487.62

Thank You

Best Regards
Ding Automotive Pte Ltd
ARC
Alex Khong
Hp : 96891857 / 62657130

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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	17/04/2019 13:29
Date Of Accident	17/04/2019 10:30
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9558D
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	CHAN SIEW KONG
NRIC No	S1732154D
Date Of Birth	26/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96546441
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

APT BLK 728 CLEMENTI WEST STREET 2 #06-408
SINGAPORE

Postcode

120728

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 CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by
ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)
soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH STATEMENT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE NOT SUITABLE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD9618P

Vehicle Make/Model/Colour NISSAN CABSTAR

Details Of Properties FRONT

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA6687G
Vehicle Make/Model/Colour VW
Details Of Properties REAR
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHAN SIEW KONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHA9556D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHA9556D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

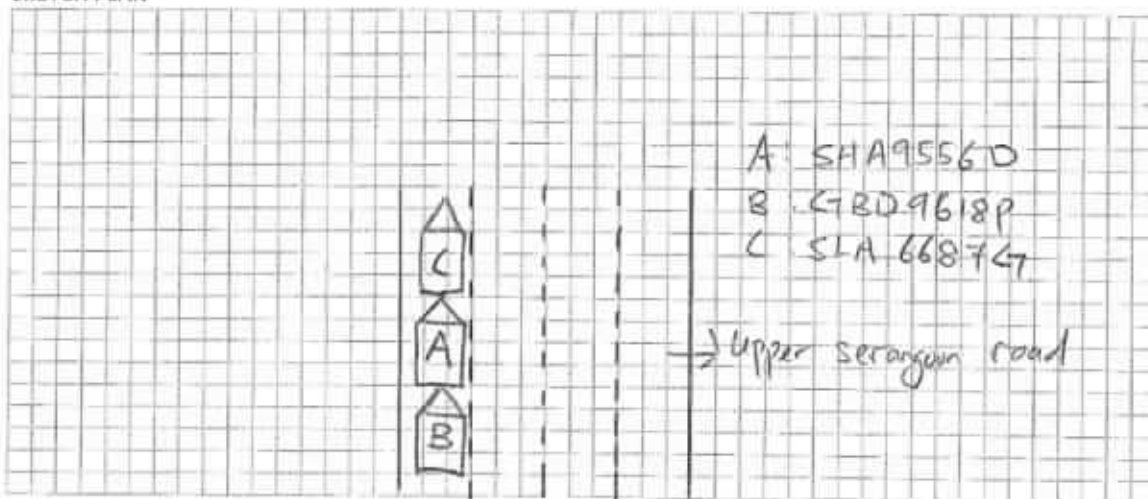
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

On 17/04/2019 at 10:30am, while I was travelling along the slip road of Upper Serangoon Road toward City. I was driving in my lane, suddenly vehicle (C) e-brake in front of me. I managed stop on time. After few seconds the rear vehicle (B) hit onto my car which caused my car to hit onto front vehicle (A). With that my car was damaged both in the front and rear portion.

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.:

DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575545

Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

22/04/2019 9:23

JOB-NO: 50111578

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 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	1,200.00	0.00	1,200.00		Y	400 ✓
2 RUST PROOFING	1.00	80.00	0.00	80.00		Y	X n n ✓
3 SUNDRIES	1.00	50.00	0.00	50.00		Y	20 ✓
4 R&R SPARE TYRE / BOARD / TRIM / CARPET & ETC	1.00	180.00	0.00	180.00		Y	X n n ✓
5 R&R REAR REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	30 ✓
6 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200 ✓
7 RESPRAY REAR BUMPER DIFFUSER	1.00	180.00	0.00	180.00		Y	100 ✓
8 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200 ✓
9 CHECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC (CLEAR FAULT CODE)	1.00	200.00	0.00	200.00		Y	20 ✓
10 RESPRAY REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	30? ✓
TOTAL:		2,550.00	0.00	2,550.00			1010
MATERIALS							
1 REAR BUMPER	1.00	599.68	119.94	479.74	L	Y	de ✓
2 REAR BUMPER DIFFUSER	1.00	228.40	45.68	182.72	L	Y	an ✓
3 REAR BUMPER RETAINER LH	1.00	42.63	8.53	34.10	L	Y	X ✓
4 REAR BUMPER RETAINER RH	1.00	42.63	8.53	34.10	L	Y	X ✓
5 REAR BUMPER REINFORCEMENT	1.00	484.40	96.88	387.52	L	Y	? X ✓
6 REAR BUMPER REINFORCEMENT BRACKET LH	1.00	98.63	19.73	78.90	L	Y	? X ✓
7 REAR BUMPER REINFORCEMENT BRACKET RH	1.00	98.63	19.73	78.90	L	Y	? X ✓
8 REAR BUMPER REINFORCEMENT SPONGE	1.00	89.62	17.92	71.70	L	Y	nde ✓
9 REAR END PANEL	1.00	626.95	125.39	501.56	L	Y	X n n ✓
10 BOOTLID LOCK	1.00	228.80	45.76	183.04	L	Y	X n n ✓
11 FRONT BUMPER	1.00	599.63	119.93	479.70	L	Y	R ✓
12 FRONT BUMPER RADIATOR GRILLE	1.00	1,113.10	222.62	890.48	L	Y	Can ✓
13 FRONT BUMPER REINFORCEMENT SPONGE	1.00	99.86	19.97	79.89	L	Y	? de ✓
14 FRONT BUMPER RETAINER LH	1.00	42.32	8.46	33.86	L	Y	X ✓
15 FRONT BUMPER RETAINER RH	1.00	42.32	8.46	33.86	L	Y	X ✓
16 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	Y	X ✓
17 REAR BUMPER REVERSE SENSOR SET	1.00	230.00	0.00	230.00	S	Y	200? ✓
18 REAR BUMPER RUBBER PROTECTOR PAD	1.00	150.00	0.00	150.00	S	Y	R n n ✓
19 REAR END PANEL SEALANT	1.00	50.00	0.00	50.00	S	Y	X n n ✓
20 FRONT NUMBER PLATE	1.00	40.00	0.00	40.00	S	Y	45 ✓
21 FRONT NUMBER PLATE CHASING	1.00	30.00	0.00	30.00	S	Y	45 ✓

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
TOTAL:		4,972.60	887.53	4,085.07			
TOTAL PARTS & LABOUR:		7,522.60	887.53	6,635.07			
EXCESS/LOADING: \$	0.00						
No. Of Day:	4						
RE-SURVEY: BEFORE/AFTER PAINTING PART-BY-PART OR LUMP SUM: \$							
DATE OF SURVEY:	25 / 4 / 19						
SURVEYED BY:	Tamara						
CONTACT NO:	97495749						
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:

...CLAIM SUBFOLDER...(Pending for Survey Report)













































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 Apr 2019		25 Apr 2019 17:50 Edit Adj Rpt	\$2,450.00 Edit Estimates	\$2,450.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by Insurer]									
Insured:	- ID: -								
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G								
Vehicle Reg. No.:	SHA9556D	Date of Loss:	17/04/2019 10:00 - :59 [27 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM19D201731C02	Policy/Cover Note No.:	-						
Vehicle Reg. No. (Insured):	GBD9618P	Policy No. (Claimant):	D-18088937MFSH						
		Excess:	\$40.00						
Repairer:	Ding Automotive Pte Ltd (SIN MING) BLK 10 #01-20 SIN MING, IND EST SEC C, 575645 Sin Ming - Tel:								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]								
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 07/05/2019]								
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.									









Claim Documents

*SHA9556D (SNM19D201731C02)
[GBD9618P]
TP
CITYCAB PTE LTD
Apr 17 2019 10:00AM
[-]
Ding Automotive Pte Ltd

Upload Documents		Upload Photos	Compose New Letter	View View in Browser	
Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Singapore Technologies Kinetics Ltd (Jalan Boon Lay)		Thumbnail	Print
1	17/04/19 13:49	Accident Statement	1	Load HTM	
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Singapore Technologies Kinetics Ltd (Jalan Boon Lay)		Thumbnail	Print
1	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
2	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
3	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
4	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
5	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
6	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
7	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
8	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
9	17/04/19 13:45	Accident Photo [Linked Accident Report Documents]	1	Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	08/05/19 10:58	Odometer Reading	1	Load JPG	<input checked="" type="checkbox"/>
2	08/05/19 10:58	Chassis Number	1	Load JPG	<input checked="" type="checkbox"/>
3	08/05/19 10:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	08/05/19 10:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	08/05/19 10:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
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19	08/05/19 10:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
20	08/05/19 10:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
21	08/05/19 10:58	General View	1	Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Singapore Technologies Kinetics Ltd (Jalan Boon Lay)	Thumbnail	Print
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25	08/05/19 10:58	General View		<input checked="" type="checkbox"/>
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31	08/05/19 10:58	General View		<input checked="" type="checkbox"/>
32	08/05/19 10:58	General View		<input checked="" type="checkbox"/>
33	08/05/19 10:58	General View		<input checked="" type="checkbox"/>
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62	08/05/19 10:58	Reinspection Photo		<input checked="" type="checkbox"/>
63	08/05/19 10:58	Reinspection Photo		<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Singapore Technologies Kinetics Ltd (Jalan Boon Lay)	Thumbnail	Print
1	17/04/19 13:43	Accident Sketch Plan <small>[Linked Accident Report Documents]</small>		<input type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	25/04/19 17:51	PRS - SHA9556D		<input type="checkbox"/>

Linked Accident Report Documents

			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Singapore Technologies Kinetics Ltd (Jalan Boon Lay)	Thumbnail	Print
1	17/04/19 13:49	Accident Statement	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Singapore Technologies Kinetics Ltd (Jalan Boon Lay)	Thumbnail	Print
1	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
2	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
3	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
4	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
5	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
6	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
7	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
8	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
9	17/04/19 13:45	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Singapore Technologies Kinetics Ltd (Jalan Boon Lay)	Thumbnail	Print
1	17/04/19 13:43	Accident Sketch Plan	 Load TIF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/CT19007352/T1QD3Q2

Date: 14/05/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	-
Claimant Vehicle No:	SHA9556D	Insured Vehicle No:	GBD9618P
Date of Loss:	17/04/2019	Nature of Claim:	TP
		Claim No:	SNM19D201731C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA9556D	Engine No:	D4FDGU700975
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMHU097792
Reg. Date:	22/12/2016 (Man. Year: 2016)	Odometer:	246695 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:	205/60 R16	Rear Tyre Size:	205/60 R16
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	4,135.08	2,119.53	2,015.55	48.74
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,500.00	990.00	1,510.00	60.40
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,635.08	3,109.53	3,525.55	53.14
Approved Total (Overridden) (S\$)		2,450.00		
(S\$)	6,635.08	2,450.00	4,185.08	63.08
+ GST 7.00/7.00% (S\$)	464.46	171.50	292.96	63.08
Nett Amount (S\$)	7,099.54	2,621.50	4,478.04	63.08

INSPECTION

Date of Assignment:	25/04/2019	
Date Inspected:	25/04/2019 Inspected At:	Ding Automotive Pte Ltd (SIN MING) BLK 10 #01-20 SIN MING, IND EST SEC C Singapore 575645
Estimated Period of Repair:	4.0 days	

Adjuster: MOHD TAUFIKH BIN HAMID**Manager:** SHIAU CHAN

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: 13 May 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 SHA9556D)	
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		*REAR BUMPER	Deformed	599.68 FL	*599.68 FL
2	1		*REAR BUMPER DIFFUSER	Cracked	228.40 FL	*228.40 FL
3	1		*REAR BUMPER RETAINER LH	Not Necessary	42.63 FL	*- FL
4	1		*REAR BUMPER RETAINER RH	Not Necessary	42.63 FL	*- FL
5	1		*REAR BUMPER REINFORCEMENT	Not Necessary	484.40 FL	*- FL
6	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Not Necessary	98.63 FL	*- FL
7	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Not Necessary	98.63 FL	*- FL
8	1		*REAR BUMPER REINFORCEMENT SPONGE	Deformed	89.62 FL	*89.62 FL
9	1		*REAR END PANEL	Not Necessary	626.95 FL	*- FL
10	1		*BOOTLID LOCK	Not Necessary	228.80 FL	*- FL
11	1		*FRONT BUMPER	Repair	599.63 FL	*- FL
12	1		*FRONT BUMPER RADIATOR GRILLE	Cracked	1,113.10 FL	*1,113.10 FL
13	1		*FRONT BUMPER REINFORCEMENT SPONGE	Deformed	99.86 FL	*99.86 FL
14	1		*FRONT BUMPER RETAINER LH	Not Necessary	42.32 FL	*- FL
15	1		*FRONT BUMPER RETAINER RH	Not Necessary	42.32 FL	*- FL
16	1		*SET REAR BUMPER CLIP	Not Necessary	35.00 FS	*- FS
17	1		*SET REAR BUMPER REVERSE SENSOR	Not Working	230.00 FS	*200.00 FS
18	1		*REAR BUMPER RUBBER PROTECTOR PAD	Necessary	150.00 FS	*150.00 FS
19	1		*REAR END PANEL SEALANT	Not Necessary	50.00 FS	*- FS
20	1		*FRONT NUMBER PLATE	Cracked	40.00 FS	*45.00 FS
)			
21	1		*FRONT NUMBER PLATE CHASING	Cracked	30.00 FS	*- FS
)			
22	1		*SUNDRIES	Necessary	50.00 FS	*20.00 FS
					Sub Total (\$\$)	5,022.60 2,545.66
					- List Item Discount on L Items 20.00/20.00% (\$\$)	887.52 426.13
					Total Parts (\$\$)	4,135.08 2,119.53

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

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	1,200.00	400.00
2	RUST PROOFING	New	80.00	0.00
3	R&R SPARE TYRE /BOARD /TRIM /CARPET & ETC	New	180.00	0.00
4	R&R REAR REVERSE SENSOR	New	80.00	30.00
5	RESPRAY REAR BUMPER	New	250.00	200.00
6	RESPRAY REAR BUMPER DIFFUSER	New	180.00	100.00
7	RESPRAY FRONT BUMPER	New	250.00	200.00
8	CHECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC (CLEAR FAULT CODE)	New	200.00	30.00
9	RESPRAY REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			2,500.00	990.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >