

ASS. REC. BY:

REF:

CS/NC19012574/T1/H/1302 Special Instruction:

Surveyor: Taufik

ASSIGNMENT (Office)

From (Person):

Hazalya

of

INC

Date/Time:

16.7.19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 567x

Insured:

GBE 3067M

at Workshop m/s

Ding Automotive

Tel:

96891857

of

31 Corporation Road

Policy No:

Claim No:

MT/1053293-002

Sum Insured:

Excess:

Make of Veh:

D.O.A.

12/7/2019.

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

16.7.19 526p.m

Person Contacted:

mohan

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 567X CS/FC116013077/Ath 3m2

Part by Part \$2967.75 ! (Red 1374.4a, 31%)

*Engr*

INC

SHC 567X

2019 April

(Taxi)

Hyundai Iony

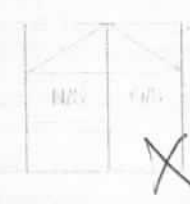
1580

Yellow

27062

KMH C881 CVK4141355

Year: 2019  
 Make: Hyundai  
 Model: Iony  
 Color: Yellow  
 VIN: 27062  
 License: KMH C881 CVK4141355  
 Condition: Good  
 Mileage: 1580  
 Remarks: The vehicle had commenced its repair at the time of inspection.



195/65R15  
 16/7/19 0353pm

Front	6	mm	Rear	6	mm
Left	6	mm	Right	6	mm
D.O.A.		D.O.A.		D.O.A.	

Ding Auto.  
 Rear o/s

RECEIVED 24 JUL 2019

23/7 Typast  
 TP  
 2967.75

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

<input type="checkbox"/> Trial Report <input checked="" type="checkbox"/> Final Report	Date of Repair: 23/7/19 Resurvey No. of Trip: 1	Survey No.: 290 Date of Survey: 23/7/19
---	--	--

## Catherine Chong (LKK Auto)

---

**From:** Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>  
**Sent:** Wednesday, 17 July, 2019 4:18 PM  
**To:** Admin-D (LKKAuto); assignments  
**Cc:** Hazalysa Binte Ibrahim  
**Subject:** FW: TP CASES FARMED OUT TO LKK ON 16/7/2019

Dear LKK,

Re-sent

Warmest Regards

**Hazalysa Bte Ibrahim**  
Admin Assistant  
Motor Department  
[www.income.com.sg](http://www.income.com.sg)



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yo

PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

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**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**Sent:** Tuesday, 16 July 2019 10:41 AM  
**To:** Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>; assignments <assignments@lkkauto.com>  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 16/7/2019

Dear Sir/Madam,

Thank you for the assignment.

Best Regards

**Celine Fong**

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Hazalysa Binte Ibrahim [mailto:hazalysa.ibrahim@income.com.sg]  
**Sent:** Tuesday, 16 July 2019 9:39 AM  
**To:** assignments <assignments@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Cc:** Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>  
**Subject:** TP CASES FARMED OUT TO LKK ON 16/7/2019

Dear LKK,

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

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	Chryllis Quah	MT/1052999-001	16/7/2019	YN4523L	CHENG AUTO BODYWORKS	5 SOON LEE STREET #01-62 PIONEER POINT	Rachel Lai / 86667775	14:00-16:00	XE4682U	06/07/19	
2	Quek Swee Keng	MT/1053280-001	16/7/2019	SHA0649D	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	VADIVELAN MOHAN / 96891857		SMH8282D	12/07/19	
3	Cyndie Yong	MT/1053293-002	16/7/2019	SHC567X	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	VADIVELAN MOHAN / 96891857		GBE3067M	12/07/19	
4	Eric Tang	MT/1049207-002	16/7/2019	GBC1456Y	SIN SHENG ENGINEERING SERVICES	NO 8 TUAS AVENUE 18 (LEVEL 5) SINGAPORE 638892	Susan / 68639595		YP2865C	14/06/19	
5	Charlotte Chew	MT/1052378-002	16/7/2019	PA9599K	CROWN ASIA BUS BUILDER PTE LTD	44 SUNGEI KADUT STREET 1 SINGAPORE 729349	Faika / 6966 9995		YK6341Y	07/07/19	
6	Eric Tang	MT/1052385-002	16/7/2019	SKW3944E	HUA HONG PTE LTD	25D SUNGEI KADUT STREET 1 SINGAPORE 729332	Jerleen Tang / 6661 9688	10:00-12:00	SME7385M	07/07/19	
7	Muhammad Airwan	MT/1053422-002	16/7/2019	XE2401C	WOON MENG MOTOR PTE LTD	42 SUNGEI KADUT AVE SINGAPORE 739666	HENG SEW SOW / 63161131		XE3314P	13/07/19	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Warmest Regards

**Hazalya Bte Ibrahim**  
Admin Assistant  
Motor Department  
T +65 6430 7902  
[www.income.com.sg](http://www.income.com.sg)

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made different



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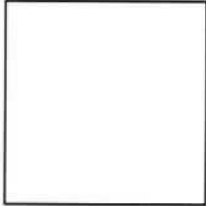
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yo

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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.

## Denise Tay (LKKAUTO)

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**From:** claims@dingautomotive.com.sg  
**Sent:** Tuesday, 23 July 2019 3:35 PM  
**To:** Denise Tay (LKKAUTO); 'Taxis Customer Service'; Taufikh (LKKAUTO)  
**Cc:** dd.hashim@dingauto.sg; kelly.ding@dingauto.sg; SUR; Asher Sng (LKKAUTO); CS A Team; Admin A  
**Subject:** RE: 50111841 / SHC567X - Finalize Amount & Before Paint & After Repair Photo .

Dear Denise,

We accept this finalize amount and would submit LOD soonest.

Thank you.

Best Regards,  
**Hailey**  
Motor Claims Department  
Ding Automotive Pte Ltd  
DID: 81203490

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**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Tuesday, 23 July 2019 3:24 PM  
**To:** Taxis Customer Service; Taufikh (LKKAUTO)  
**Cc:** dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; SUR; Asher Sng (LKKAUTO); CS A Team; Admin A  
**Subject:** RE: 50111841 / SHC567X - Finalize Amount & Before Paint & After Repair Photo .

Dear Guang,

Confirm final figure at \$2967.75, 4 Days

Best Regards,  
**Denise Tay** | Case Handler  
**LKK Auto Consultants Pte Ltd**  
Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Taxis Customer Service <taxiscs@stengg.com>  
**Sent:** Friday, 19 July 2019 11:11 AM  
**To:** Taufikh (LKKAUTO) <Taufikh@lkkauto.com>  
**Cc:** dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; SUR <sur@lkkauto.com>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>  
**Subject:** 50111841 / SHC567X - Finalize Amount & Before Paint & After Repair Photo .

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for SHC567X

## 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	13/07/2019 11:00
Date Of Accident	12/07/2019 21:35
Exact Location Of Accident	ALONG COMPASSVALE ST SE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC567X
<b>Insured/Policyholder</b>	
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	IONIQ HYBRID-1.6 GLS DCT (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	LIM TSE HAI
NRIC No	S2569459G
Date Of Birth	05/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1982
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94233588
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

APT BLK 459 JURONG WEST STREET 41 #04-686  
SINGAPORE

Postcode

640459

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)

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 ATTACHMENT

#### 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

GBE3067M

Vehicle Make/Model/Colour

LORRY

Details Of Properties

FRONT

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAN KIEN SEIN

NRIC/Passport Number

S1848587G

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.

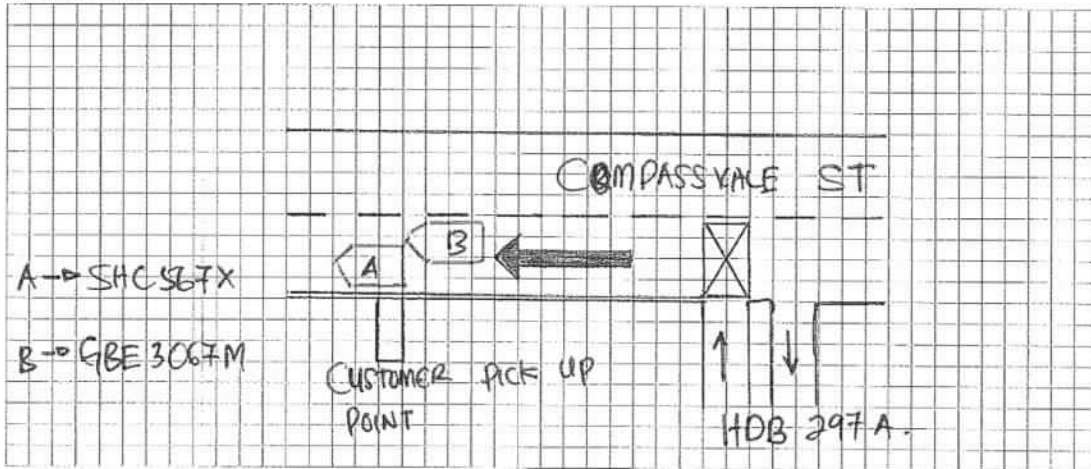
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 13/7/19 10:55 am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 JULY 2019 ABOUT 21:38 HOURS I WAS TRAVELING TO FETCH PASSENGER WITH MY TAXI (SHC 567X). ALONG CROSSVALE ST NEAR LRT SE1. DURING MY PASSENGER GET IN INSIDE VEHICLE SUDDENLY I FEEL BIG IMPACT CAME FROM BEHIND. AFTER A MINUTE I REALIZED MY VEHICLE HAD COLLISION. A LORRY (GBE 3067M) COLLIDED ON MY REAR RHS BUMPER. WE EXCHANGED PARTICULARS FOR ACCIDENT CLAIM PURPOSE.

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: 13/7/19 10:55am

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

# DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575645

Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

15/07/2019 19:05

JOB-NO: 50111841

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE

64739522

SINGAPORE 575717 0

**VEHICLE DETAILS**

LICENSE NO: SHC0567X

TRANS: AUTO

CHASSIS: KMHCB51CVKU141355

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 D

ENGINE: G4LEJU191264

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
<b>LABOUR</b>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	900.00	0.00	900.00		Y	600.
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	30.
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	30.
4 R&R REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	30.
5 RECORDING & RESSETTING TAIL LAMP (LED)	1.00	150.00	0.00	150.00		Y	X in.
6 DIAGNOSTIC (CLEAR FAULT CODE)	1.00	180.00	0.00	180.00		Y	120.
7 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200.
8 RESPRAY REAR BUMPER CENTER GARNISH	1.00	250.00	0.00	250.00		Y	100.
9 RESPRAY REAR FENDER RH	1.00	250.00	0.00	250.00		Y	200.
TOTAL:		2,190.00	0.00	2,190.00			
<b>MATERIALS</b>							
1 REAR BUMPER	1.00	759.40	151.88	607.52	L	Y	de
2 REAR BUMPER CENTER GARNISH	1.00	486.86	97.37	389.49	L	Y	45 X R X
3 REAR BUMPER RETAINER RH	1.00	42.89	8.58	34.31	L	Y	key
4 TAIL LAMP RH	1.00	957.40	191.48	765.92	L	Y	cut
5 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	30. Y	key
6 REAR FENDER ADS STICKER LH	1.00	150.00	0.00	150.00	S	100. Y	key
7 REAR FENDER ADS STICKER RH	1.00	150.00	0.00	150.00	S	100. Y	key
8 REPAIR REAR FENDER RH	1.00	0.00	0.00	0.00	S	Y	
9 TAIL LAMP HOLD GUIDE CLIP SET RH	1.00	20.00	0.00	20.00	S	Y	key
TOTAL:		2,601.55	449.31	2,152.24			
TOTAL PARTS & LABOUR :		4,791.55	449.31	4,342.24			

EXCESS/LOADING:S\$ 0.00

No. Of Day: 4

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

DATE OF SURVEY: 16 / 7 / 19

SURVEYED BY: Tanpin

CONTACT NO: 97495449

FAX NO:

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

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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:**

## DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575645

Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/07/2019 19:05

JOB-NO: 50111841

## OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE

64739522

SINGAPORE 575717 0

## VEHICLE DETAILS

LICENSE NO: SHC0567X

TRANS: AUTO

CHASSIS: KMHC851CVKU141355

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEJU191264

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
<b>LABOUR</b>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	900.00	0.00	900.00		Y	600.
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	30
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	30
4 R&R REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	30
5 RECORDING & RESSETTING TAIL LAMP (LED)	1.00	150.00	0.00	150.00		Y	X
6 DIAGNOSTIC (CLEAR FAULT CODE)	1.00	180.00	0.00	180.00		Y	120
7 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200.
8 RESPRAY REAR BUMPER CENTER GARNISH	1.00	250.00	0.00	250.00		Y	100.
9 RESPRAY REAR FENDER RH	1.00	250.00	0.00	250.00		Y	200.
TOTAL:		2,190.00	0.00	2,190.00			
<b>MATERIALS</b>							
1 REAR BUMPER	1.00	759.40	151.88	607.52	L	Y	de
2 REAR BUMPER CENTER GARNISH	1.00	486.86	97.37	389.49	L	Y	apx R
3 REAR BUMPER RETAINER RH	1.00	42.89	8.58	34.31	L	Y	nt
4 TAIL LAMP RH	1.00	957.40	191.48	765.92	L	Y	cut
5 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	30. Y	de
6 REAR FENDER ADS STICKER LH	1.00	150.00	0.00	150.00	S	100. Y	de
7 REAR FENDER ADS STICKER RH	1.00	150.00	0.00	150.00	S	100. Y	nt
8 REPAIR REAR FENDER RH	1.00	0.00	0.00	0.00	S	Y	
9 TAIL LAMP HOLD GUIDE CLIP SET RH	1.00	20.00	0.00	20.00	S	Y	nt
TOTAL:		2,601.55	449.31	2,152.24			
TOTAL PARTS & LABOUR:		4,791.55	449.31	4,342.24			

EXCESS/LOADING:SS 0.00

No. Of Day: 4

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

DATE OF SURVEY: 16, 17, 19

SURVEYED BY: Teuph

CONTACT NO: 97445449

FAX NO:

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

G-STAR-WI-ET-001-02-Rev00



DESCRIPTION

QTY

COSTS

IND SURDISP

PRICE

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Parts BY part

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Labour = \$ 1310

S/N = \$ 250

Parts = \$ 1407.75

LtstP = \$ 2967.75

Final Amount = \$ 2967.75



## 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/INC19012574/T1tf3e2

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 01-08-2019



ATTN : CYNDIE YONG

Code: INC

#### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 3067M	Veh. Inspected	SHC 567X
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1053293-002	Excess (\$)	0.00
Assign From	HAZALYSA	Assign Date	16/07/2019

#### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU141355	Colour	YELLOW
Odometer	27062 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

#### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	6 mm
L/H Front Tyre	195/65 R15	MICHELIN	6 mm
R/H Rear Tyre	195/65 R15	MICHELIN	6 mm
L/H Rear Tyre	195/65 R15	MICHELIN	6 mm

#### 4. Description of Damages

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

#### 5. General Information

Accident Date	12/07/2019	Inspect Date / Time	16/07/2019 ( 03:53 PM )
Survey held at	31 CORPORATION ROAD		
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:	4 Working Days
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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 567X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	759.40	759.40
1	REAR BUMPER CENTER GARNISH	TO REPAIR SEE LABOUR	486.86	-
1	REAR BUMPER RETAINER RH	NECESSARY	42.89	42.89
1	TAIL LAMP RH	CUT	957.40	957.40
	LESS 20% DISCOUNT		-449.31	-351.94
			1,797.24	1,407.75
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SUNDRIES (SN)	NECESSARY	50.00	30.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	35.00	30.00
1	REAR FENDER ADS STICKER LH (SN)	NECESSARY	150.00	100.00
1	REAR FENDER ADS STICKER RH (SN)	NECESSARY	150.00	100.00
1	SET TAIL LAMP HOLD GUIDE CLIP RH (SN)	NECESSARY	20.00	20.00
			405.00	280.00
<b><u>LABOUR</u></b>				
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF REAR BUMPER CENTER GARNISH.		900.00	600.00
	RUST PROOFING.		80.00	30.00
	R&R REVERSE SENSOR.		80.00	30.00
	RECORDING & RESETTING TAIL LAMP (LED).	NOT NECESSARY	150.00	-
	DIAGNOSTIC (CLEAR FAULT CODE).		180.00	120.00
	RESPRAY REAR BUMPER.		250.00	200.00
	RESPRAY REAR BUMPER CENTER GARNISH.		250.00	100.00
	RESPRAY REAR FENDER RH.		250.00	200.00
	REPAIR REAR FENDER RH. (NPA)	NOT NECESSARY	-	-
			-	-
			-	-
			2,140.00	1,280.00
<b>GRAND TOTAL</b>			<b>4,342.24</b>	<b>2,967.75</b>

Report Ref No. CS/INC19012574/T1tf3e2



RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,967.75
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Report Ref No. CS/INC19012574/T1tf3e2

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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