

ASS. REC. BY:

REF: (S / NC / 90 / 2575 / TIV f30) Special Instruction:

Survivor: Taufik

ASSIGNMENT (Office)

From (Person):

Hanzlysa

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:

SHA 6490

Insured:

SMH 82820

at Workshop m/s

Ding Automotive

Tel:

96891857

of

31 Corporation Road

Policy No:

Claim No:

MT / 1053280 - 001

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12.7.19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

16.7.19 5.22p.m

Person Contacted:

mohan

Vehicle IN / OUT

Date/Time

Action/Instruction (V) Estimate

SH-1A 66490 X

19/7/19

LS \$ 1350 Confirmed by email (Recd 2237.76, 62%)

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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
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PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

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 | 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

income
made different



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Find out more at Income.com.sg/careers

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

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.



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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.

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	12/07/2019 09:15
Date Of Accident	12/07/2019 00:45
Exact Location Of Accident	ALONG NICOLL HIGHWAY TOWARDS GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA649D
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	KOH SOON SIAN
NRIC No	S0090492I
Date Of Birth	11/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1975
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86845940
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 523 BEDOK NORTH STREET 3 #05-346 SINGAPORE
Postcode	460523
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?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
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	SMH8282D
-----------------------------	----------

Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	FABIAN HUI WEI HOW
NRIC/Passport Number	S9710707F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH SOON SIAN
Approximate Age	65
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SHA649D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 523 BEDOK NORTH STREET 3 #05-346 SINGAPORE
Postcode	460523

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:

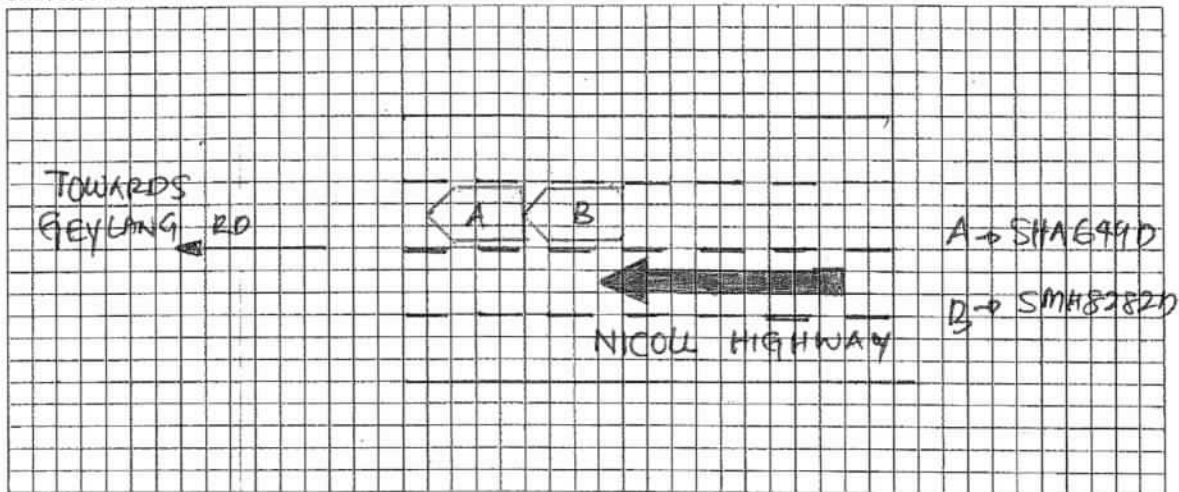
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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: VAD
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 JULY 2019 ABOUT 00:43 HOURS I WAS TRAVELING WITH MY TAXI (SHA649D) WITH 3 PASSENGER TOWARDS GEYLANG RD. WHILE ON WAY, I WAS STOPPED AT TRAFFIC LIGHT TURN TO GREEN. SUDDENLY I FEEL BIG IMPACT FROM REAR. AFTER A SECOND, I REALIZED 1 VEHICLE (SMH8282D) COLLIDED ON MY VEHICLE. AFTER ACCIDENT, I FEEL DISCOMFORT AND WILL SEEK DOCTOR TREATMENT.

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: VAD1.
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190712/2076

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20190712/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2019 13:50		Vide Report No.:		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: KOH SOON SIAN			Address: APT BLK 523 BEDOK NORTH STREET 3 #05-346 SINGAPORE 460523		
ID Type / ID No.: NRIC NO / S00904921			Contact No.: Home/Office: Mobile: 86845940		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 11/03/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2019 00:40	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 NICOLL HIGHWAY GEYLANG ROAD BEFORE MARRIOTT HOTEL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA649D	TAXI	HYUNDAI	i40	Yellow		3
SMH8282D	Car	MERCEDES BENZ		White		4

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190712/2076

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20190712/2076

CONTINUATION OF REPORT

Driver			
Name	KOH SOON SIAN	ID No.	S0090492I
Related Vehicle	SHA649D (TAXI)	Contact No.	86845940
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/07/2019	Date Discharge	12/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	FABIAN HUI WEI HOW	ID No.	S9710707F
Related Vehicle	NIL	Contact No.	96680716
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 12/07/2019 at about 0042hrs, I was travelling with my taxi (SHA649D) with 3 passengers towards Geylang Road. While on my way, I had stopped at the cross junction as the traffic light was red. Suddenly I felt an impact coming from the rear of my taxi. When I came down to make a check, I saw that there is another vehicle (SMH8282D) had collided onto my taxi. There is passengers inside my taxi but my passengers are not injured. After I end my work, I felt discomfort due to the accident and went for medical treatment. I received 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190712/2076

3 of 3

Report No. T/20190712/2076

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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:
G /
Sr Staff Sgt MUHAMMAD AZREEN BIN ALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/07/2019 13:50

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168



DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575045

TO :

Tel: 6452 1208 Fax: 6452 0614

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/07/2019 18:43

JOB-NO: 50111838

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: SHA0649D

TRANS: AUTO

CHASSIS: KMHLB41UMGU093622

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDGU672446

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	600.00	0.00	600.00		Y	250
2 R&R REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	30
3 R&R SPARE TYRE CARPET / TRIM / BOARD	1.00	80.00	0.00	80.00		Y	X n
4 RUST PROOFING	1.00	80.00	0.00	80.00		Y	X n
5 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
6 CHECK WIRING & DIAGNOSTIC (CLEAR FAULT CODE)	1.00	120.00	0.00	120.00		Y	80
7 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
8 RESPRAY REAR BUMPER DIFFUSER	1.00	200.00	0.00	200.00		Y	100
9 RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	X n
10 RESPRAY REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	30
TOTAL:		1,790.00	0.00	1,790.00			
MATERIALS							
1 REAR BUMPER	1.00	599.68	119.94	479.74	L	Y	del
2 REAR BUMPER DIFFUSER	1.00	228.40	45.68	182.72	L	Y	Rx
3 REAR BUMPER REINFORCEMENT	1.00	484.40	96.88	387.52	L	Y	X
4 REAR BUMPER REINFORCEMENT ARM LH	1.00	98.63	19.73	78.90	L	Y	X
5 REAR BUMPER REINFORCEMENT ARM RH	1.00	98.63	19.73	78.90	L	Y	X
6 REAR BUMPER REINFORCEMENT SPONGE	1.00	89.62	17.92	71.70	L	Y	del
7 REAR BUMPER REFLECTOR LH	1.00	43.85	8.77	35.08	L	Y	del
8 REAR BUMPER RETAINER LH	1.00	42.63	8.53	34.10	L	Y	del
9 REAR BUMPER RETAINER RH	1.00	42.63	8.53	34.10	L	Y	del
10 REAR REVERSE SENSOR SET	1.00	230.00	0.00	230.00	S	Y	200 n
11 REAR BUMPER RUBBER PROTECTOR PAD	1.00	150.00	0.00	150.00	S	Y	100 n
12 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	Y	30 n
13-REPAIR REAR END PANEL R	1.00	0.00	0.00	0.00	S	Y	
TOTAL:		2,143.47	345.71	1,797.76			
TOTAL PARTS & LABOUR :		3,933.47	345.71	3,587.76			

EXCESS/LOADING:S\$ 0.00

No. Of Day: 2

RE-SURVEY: BEFORE/AFTER PAINTING

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

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
DATE OF SURVEY: <u>16 / 7 / 19</u>							
SURVEYED BY:		<u>Tanphm</u>		<u>Sun Chikunom</u>			
CONTACT NO:		<u>97445719</u>		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 repair is completed
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications are allowed
- Supplementary items 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

TO :

Tel: 6452 1208 Fax: 6452 0614

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/07/2019 18:43

JOB-NO: 50111838

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: SHA0649D

TRANS: AUTO

CHASSIS: KMHLB41JMGU093622

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDGU672446

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	600.00	0.00	600.00	Y		250
2 R&R REVERSE SENSOR	1.00	80.00	0.00	80.00	Y		30
3 R&R SPARE TYRE CARPET / TRIM / BOARD	1.00	80.00	0.00	80.00	Y		X
4 RUST PROOFING	1.00	80.00	0.00	80.00	Y		X
5 SUNDRIES	1.00	50.00	0.00	50.00	Y		20
6 CHECK WIRING & DIAGNOSTIC (CLEAR FAULT CODE)	1.00	120.00	0.00	120.00	Y		80
7 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	Y		200
8 RESPRAY REAR BUMPER DIFFUSER	1.00	200.00	0.00	200.00	Y		100
9 RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	Y		X
10 RESPRAY REVERSE SENSOR	1.00	80.00	0.00	80.00	Y		30
TOTAL:		1,790.00	0.00	1,790.00			

MATERIALS

1 REAR BUMPER	1.00	599.68	119.94	479.74	L	Y	40
2 REAR BUMPER DIFFUSER	1.00	228.40	45.68	182.72	L	Y	Rx
3 REAR BUMPER REINFORCEMENT	1.00	484.40	96.88	387.52	L	Y	X
4 REAR BUMPER REINFORCEMENT ARM LH	1.00	98.63	19.73	78.90	L	Y	X
5 REAR BUMPER REINFORCEMENT ARM RH	1.00	98.63	19.73	78.90	L	Y	X
6 REAR BUMPER REINFORCEMENT SPONGE	1.00	89.62	17.92	71.70	L	Y	X
7 REAR BUMPER REFLECTOR LH	1.00	43.85	8.77	35.08	L	Y	Ref
8 REAR BUMPER RETAINER LH	1.00	42.63	8.53	34.10	L	Y	NW
9 REAR BUMPER RETAINER RH	1.00	42.63	8.53	34.10	L	Y	NW
10 REAR REVERSE SENSOR SET	1.00	230.00	0.00	230.00	S	Y	200 NW
11 REAR BUMPER RUBBER PROTECTOR PAD	1.00	150.00	0.00	150.00	S	Y	100 NW
12 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	Y	30 NW
13 REPAIR REAR END PANEL	1.00	0.00	0.00	0.00	S	Y	
TOTAL:		2,143.47	345.71	1,797.76			

TOTAL PARTS & LABOUR : 3,933.47 345.71 3,587.76

EXCESS/LOADING: S\$ 0.00

No. Of Day: 2

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

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
DATE OF SURVEY:	16	17	17				
SURVEYED BY:		Tanaka					sun@lkl.com
CONTACT NO:		9744549					
FAX NO:							

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Lump Sum

Labour = \$ 710

S/N = \$ 330

Parts = \$ 654.72

 $L + S + P = \$ 1694.72 - 20\% \text{ L/S}$
 $= \$ 1355.78$

Final Amount = \$ 1355.78

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 19 July 2019 9:52 AM
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: 50111838 / SHA649D - Finalize Amount & After Repair Photo & Question Mark Item Photo .

Dear Guang,

WITHOUT PREJUDICE

Confirmed Lump Sum \$1350/- @ 2 working days.

Kindly send Final invoice and all supporting documents directly to NTUC INCOME

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Thursday, 18 July 2019 9:09 PM
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: 50111838 / SHA649D - Finalize Amount & After Repair Photo & Question Mark Item Photo .

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for SHA649D

Please refer attachment Estimate & After Paint & Question Mark Item In Estimate (No.6) for SHA649D

Lump Sum Repair

Total Repair - 02 Days

Labour = \$710

S/n = \$330

Parts after discount - 20% = \$654.72

L+S+P = \$1694.72 -20 % lump sum

Total Finalize amount = \$1355.78

Thank You

Best Regards ,

Guang
Ding Automotive Pte Ltd
Hp : 93299929 / 62657130



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/INC19012575/T1vf3e2

73 BRAS BASAH ROAD

Date: 22-07-2019

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556



ATTN : QUEK SWEE KENG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMH 8282D	Veh. Inspected	SHA 649D
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1053280-001	Excess (\$)	0.00
Assign From	HAZALYSA	Assign Date	16/07/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093622	Colour	YELLOW
Odometer	322343 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/07/2019	Inspect Date / Time	16/07/2019 (04:00 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:	2 Working Days
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LKK Auto Consultants Pte Ltd

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

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 649D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	599.68	599.68
1	REAR BUMPER DIFFUSER	TO REPAIR SEE LABOUR	228.40	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	484.40	-
1	REAR BUMPER REINFORCEMENT ARM LH	NOT NECESSARY	98.63	-
1	REAR BUMPER REINFORCEMENT ARM RH	NOT NECESSARY	98.63	-
1	REAR BUMPER REINFORCEMENT SPONGE	DEFORMED	89.62	89.62
1	REAR BUMPER REFLECTOR LH	CUT	43.85	43.85
1	REAR BUMPER RETAINER LH	NECESSARY	42.63	42.63
1	REAR BUMPER RETAINER RH	NECESSARY	42.63	42.63
	LESS 20% DISCOUNT		-345.69	-163.68
			1,382.78	654.73
SPECIAL NETT ITEMS				
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	SET REAR REVERSE SENSOR (SN)	NOT WORKING	230.00	200.00
1	REAR BUMPER RUBBER PROTECTOR PAD (SN)	NECESSARY	150.00	100.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	35.00	30.00
1	REAR END PANEL (SN) (NPA)	TO REPAIR SEE LABOUR	-	-
			465.00	350.00
LABOUR				
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF REAR BUMPER DIFFUSER AND REAR END PANEL.		600.00	250.00
	R&R REVERSE SENSOR.		80.00	30.00
	R&R SPARE TYRE CARPET / TRIM / BOARD.	NOT NECESSARY	80.00	-
	RUST PROOFING.	NOT NECESSARY	80.00	-
	CHECK WIRING & DIAGNOSTIC (CLEAR FAULT CODE)		120.00	80.00
	RESPRAY REAR BUMPER.		250.00	200.00
	RESPRAY REAR BUMPER DIFFUSER.		200.00	100.00
	RESPRAY REAR END PANEL.	NOT NECESSARY	250.00	-

Report Ref No. CS/INC19012575/T1vf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	RESPRAY REVERSE SENSOR.		80.00	30.00
			1,740.00	690.00
GRAND TOTAL			3,587.78	1,694.73
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,350.00

Report Ref No. CS/INC19012575/T1vf3e2

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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