

REC BY:

REP:

es/FCI/9015159/R1td302k

Special Instruction:

Summary: Rasul

CWS

ASSIGNMENT (Office)

From (Person): Jason Tea

of

FCI

Date/Time:

1:59pm @ 27/8/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 9730S

Insured:

SHD 3598G

at Workshop m/s

Ding Automotive

Tel:

9146 2029.

of

Blk 10 Sin Ming Ind. Est. Sec C #01-20

Policy No:

Claim No:

D19005473MPst

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/08/2019

CA / REV / REP. / REV 24 HRS

14p)

H.O.D. Endorsement:

Date/Time:

10:55am @ 28/8/19

Person Contacted:

William

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction

10:55am

Insp: 31 Corporation Road

SHA 9730S - X

SHD 3598G - X

29/8 @ 2:10pm - Revised preli advise via merimen

Part by Part \$2265.32 (Red: 4074.77; 64%)

ASSIGNMENT

From:

Date:

28/08/2019

Veh No:

SHA 9730S

Yr Regn: 2019 / APR

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 9730S

Make:

HYUNDAI BE 10412 1.6 DLT C.C. 1580

at Workshop m/s

Dine Automotive

Colour:

yellow

A/C: Insured / Std / NI / NA

of

31 Corporation Road

Sp. Reading

68738

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

KMHC851CVK4140062

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

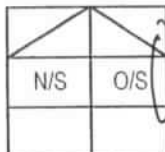
Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

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



Tyre Size:

F:

195/65R15

R:

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.

23/08/19

D.O.I.

28/08/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

DINE AUTO

CA / REV / REP. / 24 HRS

lup

Vehicle: IN / OUT

Date:

Person Contacted:

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

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

Date / Time

Action / Instruction

RECEIVED 05 SEP 2019

Date/Time, File Pass to?



: Preli. Report

1) 519 Typist



: Final Report

Date/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Report Format:

TP

Lump Sum / L.S. (\$)

2265.32

145

50

50

44

289

MOTOR SURVEY ASSIGNMENT

Date	26-08-2019	Our Ref No. D19005473MFSH
Accident Date	23-08-2019	Claim Type. Third Party
Insured Vehicle	SHD3598G	Third Party Vehicle. SHA9730S
Survey Location	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C#01-20	
Contact Person.	WILLIAM TAN	
Contact No.	62657130/ 91462029	Fax No. 0
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR: EACH PARTY ALLEGED THE OTHER PARTY CHANGE LANE	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	DING AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JASON TEA CHEE KIAT	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
 This is a computer generated letter, no signature required.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Thursday, 29 August 2019 2:05 PM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments
Cc: 'Jason Tea'; SUR
Subject: RE: SURVEY ASSESSMENT - D19005473MFSH/1
Attachments: PRELI ADVISED OF SHA 9730S.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SHA 9730S**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Sent: Wednesday, 28 August 2019 10:57 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Jason Tea' <JasonTea@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19005473MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA

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: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Tuesday, 27 August 2019 4:59 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19005473MFSH/1

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

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

Your Ref: D19005473MFSH

Date: 29/8/2019

Our Ref: CS/FCI19015159/R1td3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

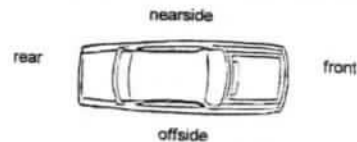
INITIAL INSPECTION REPORT OF VEHICLE NO. SHA 9730S

Please be informed that we had conducted the inspection of the abovementioned vehicle 28/8/2019 at the premises of M/s Ding Automotive have the following to report: -

Workshop Estimate Amount	: S\$ <u>6,340.10</u>
Revised Estimate Amount	: S\$ <u>2,265.33</u>
"Check" Items Amount	: S\$ <u>1,626.48</u>
Market Value	: S\$ <u> </u>
LTA Reimbursement Value	: S\$ <u> </u>
Nett Value	: S\$ <u> </u>

Description of Damage:

The vehicle sustained damages at the o/s portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Rasul

Automotive Assessor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	24/08/2019 13:38
Date Of Accident	23/08/2019 20:15
Exact Location Of Accident	ALONG KEONG SAIK ROAD TOWARDS NEIL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9730S
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	AE IONIQ HEV-1.6 (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	GAVIN CHONG HIN TECK
NRIC No	S7430203C
Date Of Birth	26/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82238056
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK COMMONWEALTH DRIVE #08-253 SINGAPORE
Postcode	140063
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	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 ATTACHMENT -POLICE REPORT (T/20190824/2053)

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	SHD3598G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI

Name of Driver
NRIC/Passport Number
Contact Number 97651428
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 2

SKETCH PLAN

A - SH197305
B - SHD35486

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT T/20190824/2053

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

24/09/19
01:36pm.

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

2

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190824/2053

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

1 of 4

Report No. T/20190824/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 11:13		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: GAVIN CHONG HIN TECK			Address: APT BLK 63 COMMONWEALTH DRIVE #08-253 SINGAPORE 140063		
ID Type / ID No.: NRIC NO / S7430203C			Contact No.: Home/Office: Mobile: 82238056		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 26/09/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2019 20:15	Type of Location: Straight Road
Location: Along Road 1 KEONG SAIK ROAD towards Neil Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHA9730S	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT		Slightly Damaged	2
SHD3598G	Car	HYUNDAI	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG		Slightly Damaged	0

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190824/2053

2 of 4

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

Report No. T/20190824/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAVIN CHONG HIN TECK	ID No.	S7430203C
Related Vehicle	SHA9730S (Car)	Contact No.	82238056
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	-	ID No.	NIL
Related Vehicle	SHD3598G (Car)	Contact No.	97651428
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 23/08/2019 at about 2015hrs, I was driving my taxi along Keong Saik Road towards Neil Road. I had 2 passengers and they were heading to a restaurant at the Keong Saik Road. At the cross junction of Keong Saik Road and Kereta Ayer Road, I had stopped the taxi as there were 2 cars in front of me at the stop line waiting for traffic to clear. Subsequently, the first car moved off however the taxi in front of my car remained still for a while. As such I honked once at the said taxi. There was no response.

The taxi then moved forward but it stopped for no apparent reason which caused my taxi to be stuck in the middle of the junction. I honked at the taxi again and only some time, the taxi moved slowly and I managed to get my taxi out of the junction. I saw an opportunity to overtake the taxi safely and I overtook the taxi. The taxi driver honked at me and suddenly wanted to overtake my taxi even though there was no space in front of my taxi.

The taxi driver still went on to overtake me and thus side swipe my taxi on the front right. We both stopped and we both agreed to go to another area to settle the accident issue as there was a jam building up at the back. My passengers alighted from the taxi. I drove my taxi to another small road to meet up the other taxi driver. We both agreed to lodge our separate cases with our company (Comfort Delgro) for the damage claims. We exchanged phone numbers and took each other taxi no.

I wished to state that I believed the other driver might be unhappy with me from honking at him twice and drove in such a way to get back at me. The damage to both taxi is minimal. No one was injured.



**SINGAPORE
POLICE FORCE**



T/20190824/2053

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

3 of 4

Report No. T/20190824/2053

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190824/2053

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

4 of 4

Report No. T/20190824/2053

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 /

Sr Staff Sgt MUHAMAD RIZMAN BIN SAMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/08/2019 11:13

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

761116

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

26/08/2019 9:08

OWNER'S PARTICULARS

JOB-NO: 50111968

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA9730S

TRANS: AUTO

CHASSIS: KMHCB51CVKU140062

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 D

ENGINE: G4LEJU186535

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 CHECK WIRING SYS	1.00	120.00	0.00	120.00		Y	30
2 DIAGNOSTIC & REPROGRAMMED ELECTRICAL SYS	1.00	200.00	0.00	200.00		Y	80
3 STRAIGHTEN, PANEL BEAT RHS PORTION & ACCIDENT AREA	1.00	1,000.00	0.00	1,000.00		Y	300
4 SPRAY FRT BUMPER	1.00	250.00	0.00	250.00		Y	200
5 SPRAY RHF FENDER	1.00	250.00	0.00	250.00		Y	200
6 SPRAY RHF DOOR PROTECTOR PAD	1.00	250.00	0.00	250.00		Y	
7 SPRAY RHR DOOR PROTECTOR PAD	1.00	250.00	0.00	250.00		Y	
TOTAL:		2,320.00	0.00	2,320.00			
MATERIALS							
1 FRT BUMPER	1.00	999.68	199.94	799.74	L	Y	
2 FRT BUMPER CTR MOULDING (BLACK)	1.00	378.20	75.64	302.56	L	Y	
3 FRT BUMPER RETAINER RH	1.00	62.32	12.46	49.86	L	Y	
4 RHF FENDER	1.00	857.35	171.47	685.88	L	Y	
5 H/LAMP RHS	1.00	1,908.10	381.62	1,526.48	L	Y	
6 RHF DOOR LOWER PROTECTOR	1.00	285.89	57.18	228.71	L	Y	
7 RHR DOOR LOWER PROTECTOR	1.00	268.39	53.68	214.71	L	Y	
8 RHF WHEEL CAP	1.00	265.20	53.04	212.16	L	Y	
TOTAL:		5,025.13	1,005.03	4,020.10			
TOTAL PARTS & LABOUR:		7,345.13	1,005.03	6,340.10			

EXCESS/LOADING: \$ 0.00

No. Of Day:

RE-SURVEY BEFORE AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 28 108 119 @ 1400

SURVEYED BY:

CONTACT NO:

FAX NO:

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

DAuto002

Ding Auto User 2

Part BY Part

Labour = \$ 810

S/N = \$ 0

Parts = \$ 1455.32

Lfs+fp = \$ 2265.32

Final Amount = \$ 2265.32

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

26/08/2019 9:08

JOB-NO: 50111968

OWNER'S PARTICULARSNAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0CONTACT: 65533880
64739522

Page 1 of 2

VEHICLE DETAILSLICENSE NO: SHA9730S TRANS: AUTO
MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 Di
OWNER'S INSURER: MS First Capital Insurance Limited
JOB-CODE: TP SA: Ding Auto User 2CHASSIS: KMHCB851CVKU140062
ENGINE: G4LEJU186535**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 CHECK WIRING SYS	1.00	120.00	0.00	120.00		Y	30
2 DIAGNOSTIC & REPROGRAMMED ELECTRICAL SYS	1.00	200.00	0.00	200.00		Y	80
3 STRIAGHTEN, PANEL BEAT RHS PORTION & ACCIDENT AREA.	1.00	1,000.00	0.00	1,000.00		Y	300
4 SPRAY FRT BUMPER	1.00	250.00	0.00	250.00		Y	200
5 SPRAY RHF FENDER	1.00	250.00	0.00	250.00		Y	200
6 SPRAY RHF DOOR PROTECTOR PAD	1.00	250.00	0.00	250.00		Y	
7 SPRAY RHR DOOR PROTECTOR PAD	1.00	250.00	0.00	250.00		Y	
TOTAL:		2,320.00	0.00	2,320.00			
MATERIALS							
1 FRT BUMPER	1.00	999.68	199.94	799.74	L	Y	
2 FRT BUMPER CTR MOULDING (BLACK)	1.00	378.20	75.64	302.56	L	Y	
3 FRT BUMPER RETAINER RH	1.00	62.32	12.46	49.86	L	Y	
4 RHF FENDER	1.00	857.35	171.47	685.88	L	Y	
5 H/LAMP RHS	1.00	1,908.10	381.62	1,526.48	L	Y	
6 RHF DOOR LOWER PROTECTOR	1.00	285.89	57.18	228.71	L	Y	
7 RHR DOOR LOWER PROTECTOR	1.00	268.39	53.68	214.71	L	Y	
8 RHF WHEEL CAP	1.00	265.20	53.04	212.16	L	Y	
TOTAL:		5,025.13	1,005.03	4,020.10			
TOTAL PARTS & LABOUR :		7,345.13	1,005.03	6,340.10			

EXCESS/LOADING: S\$ 0.00

No. Of Day: 3

RE-SURVEY: BEFORE AFTER PAINTING

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

DATE OF SURVEY: 28 / 08 / 19 @ 1400

SURVEYED BY: RASUL

CONTACT NO: 900 10068 FAX NO:

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

DAuto002

Ding Auto User 2

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 DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
ESTIMATOR							
STA AUTOCENTRE							
TEL:		FAX:					

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MS FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI19015159/R1td3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 20-09-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 3598G	Veh. Inspected	SHA 9730S
Policy No.		Coverage (\$)	0.00
Claim No.	D19005473MFSH	Excess (\$)	0.00
Assign From	JASON TEA	Assign Date	27/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI AE IONIQ HEV 1.6 DCT	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU140062	Colour	YELLOW
Odometer	68738	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	23/08/2019	Inspection Date	28/08/2019
Survey held at	31 CORPORATION ROAD		
Repairer	DING AUTO PTE LTD		

5a. Remarks

A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9730S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRT BUMPER	SCRATCHED	999.68	999.68
1	FRT BUMPER CTR MOULDING (BLACK	SERVICEABLE	378.20	-
1	FRT BUMPER RETAINER RH	SERVICEABLE	62.32	-
1	RHF FENDER	TO REPAIR SEE LABOUR	857.35	-
1	H/LAMP RHS	SERVICEABLE	1,908.10	-
1	RHF DOOR LOWER PROTECTOR	SCRATCHED	285.89	285.89
1	RHR DOOR LOWER PROTECTOR	SCRATCHED	268.39	268.39
1	RHF WHEEL CAP	SCRATCHED	265.20	265.20
	LESS 20% DISCOUNT		-1,005.03	-363.84
			4,020.10	1,455.32
LABOUR				
	CHECK WIRING SYS.		120.00	30.00
	DIAGNOSTIC & REPROGRAMMED ELECTRICAL SYS.		200.00	80.00
	STRAIGHTEN, PANEL BEAT RHS PORTION & ACCIDENT AREA. INCLUSIVE OF THE REPAIR OF RHF FENDER.		1,000.00	300.00
	SPRAY FRT BUMPER.		250.00	200.00
	SPRAY RHF FENDER.		250.00	200.00
	SPRAY RHF DOOR PROTECTOR PAD.	NOT NECESSARY	250.00	-
	SPRAY RHR DOOR PROTECTOR PAD.	NOT NECESSARY	250.00	-
			2,320.00	810.00
GRAND TOTAL			6,340.10	2,265.32
RECOMMENDED COST OF REPAIRS				2,265.32

Report Ref No. CS/FCI19015159/R1td3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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