

22/05/2002

ASS. REC. BY:

REF: CS/PC119015749/129 f3⁵²

Special Instruction:

Surveyor: Taufik ASSIGNMENT (Office)From (Person): Mervin Chai San Sun of FC1 Date/Time: 5.9.19 4pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 3682G Insured: SHC 0844xat Workshop m/s Ding Automotiva Tel: 93299929of BIC 10 sin ming Industrial Estate Sector C #01-20Policy No: Claim No: B19005167MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 7.8.2019(Client's Record) mp'' 6.9.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 5.9.19 4.18 p.m Person Contacted: Guang Vehicle: IN/OUT

H.O.D. Endorsement:

Date/Time Action/Instruction (✓) Estimate Inspection: 31 Corporation Road

SHB 3682G - CC3/LCR 13m 10 3/4/19 342 ROA - 14/04/2016

SHC 0844X - X

09/9/19 @ 3.30pm revised to Medina by email.

11/9/19 @ 12.12pm confirmed with Guang is \$1600, 2 days.

(Red to 1988.52, 55%.)

Surveyor

Taylor

REF: FCI

ASSIGNMENT

From:

Date:

6.9.2019

Estimated Cost:

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

To Inspect Vehicle No: SHB 36826

at Workshop m/s Ding Automotive
of 31 Corporation Road

Insured:

Policy No:

Claims No:

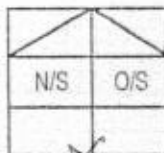
Sum Insured:

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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHB 36826

Yr Regn:

2014, Oct

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

Truck / Trailer or

Make:

Hyundai 140

c.c

1688

Colour:

Yellow

A/C: Insured / Std / NI / NA

Sp.Reading:

686875

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM HLB41 km F4 661822

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

6/9/19 310 pm

Survey held at

Ding Auto

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 11 SEP 2019

Date/Time, File Pass to?



Preli. Report

1) 11/9 11:15



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format:

TP

Lump Sum / L.B.I. (\$)

1600

130

50

16

146

MOTOR SURVEY ASSIGNMENT

Date	08-08-2019	Our Ref No. D19005167MFSH
Accident Date	07-08-2019	Claim Type. Third Party
Insured Vehicle	SHC0844X	Third Party Vehicle. SHB3682G
Survey Location	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C#01-20	
Contact Person.	GUANG	
Contact No.	62657130/ 93299929	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	MERINA CHIA SAN SAN	

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.

Shiau Chan (LKKAUTO)

From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Wednesday, 11 September 2019 12:12 PM
To: Shiau Chan (LKKAUTO)
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg;
SUR
Subject: RE: 50111956 / SHB3682G - Finalize Amount & After Repair Photo .
(DOA:07/08/2019)

Dear Shiau Chan,

We accept this finalize amount.

Thanks

Best Regards,
Guang
Ding Automotive Pte Ltd
Hp : 93299929 / 62657130

From: Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Sent: Wednesday, September 11, 2019 11:46 AM
To: Taxis Customer Service <taxiscs@stengg.com>
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; SUR <sur@lkkauto.com>
Subject: RE: 50111956 / SHB3682G - Finalize Amount & After Repair Photo . (DOA:07/08/2019)

WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.

Dear Guang,

WITHOUT PREJUDICE

Offer Lump Sum \$1,600.00 before GST and 2 repair days.

Kindly confirm.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Monday, 9 September 2019 7:11 PM
To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: 50111956 / SHB3682G - Finalize Amount & After Repair Photo . (DOA:07/08/2019)

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for SHB3682G

Please refer attachment Estimate & After Paint for SHB3682G

Lump Sum Repair

Total Repair - 02 Days

Labour = \$530

S/n = \$730

Parts after discount - 20% = \$790

L+S+P = \$2050.00 - 20 % lump sum

Total Finalize amount = \$1640.00

Thank You

Best Regards ,

Guang
Ding Automotive Pte Ltd
Hp : 93299929 / 62657130

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 9 September 2019 3:30 PM
To: 'CWS Motor Claims'; assignments; SUR
Cc: 'Merina Chia'
Subject: RE: SURVEY ASSESSMENT - D19005167MFSH/1
Attachments: CSFCI19015749T1qf3.pdf

Dear Merina,

Enclosed herewith preliminary advice of SHB 3682G.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Sent: Thursday, 5 September 2019 4:19 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19005167MFSH/1

Dear Sir/Madam,

Thank you for your assignment.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Thursday, 5 September, 2019 4:00 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia <MerinaChia@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19005167MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,



Auto
Consultants
Pte Ltd

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

Your Ref: D19005167MFSH

Date: 09 September 2019

Our Ref: CS/FCI19015749/T1qf3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

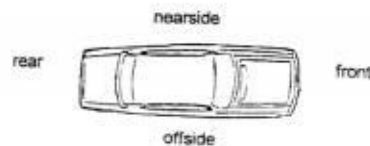
INITIAL INSPECTION REPORT OF VEHICLE NO. SHB 3682G

Please be informed that we had conducted the inspection of the abovementioned vehicle on 05/09/2019 at the premises of M/s DING AUTOMOTIVE, and have the following to report:-

Workshop Estimate Amount	: S\$ 3,588.52 .
Revised Estimate Amount	: S\$ 2,050.00 .
"Check" Items Amount	: S\$ 390.72 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages at the rear portion.



Yours faithfully

Taufikh
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	07/08/2019 16:01
Date Of Accident	07/08/2019 13:50
Exact Location Of Accident	ALONG AYE EXIT LOWER DELTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3682G
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	LIM YOUNG CHONG
NRIC No	S6830269B
Date Of Birth	09/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1990
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90126000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 807C CHOA CHU KANG AVENUE 1 #15-548 SINGAPORE
Postcode	683807
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	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	SHC844X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
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:

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

SKETCH PLAN

A - SHB36829

B - SHC844X

AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7/8/19 ABOUT 13:30 HRS I WAS TRAVELING WITH MY TAXI (SHB36829) ALONG AVE. AT THE TIME I HAD 1 PASSENGER ON BOARD. NEARLY EXIT LONAR DELTA TRAFFIC WAS SLOW SO I STOPPED WHILE SLOWLY. SUDDENLY 1 TAXI (SHC844X) COLLIDED ON MY REAR VEHICLE. NO INJURY WAS INVOLVED.

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: Verni
NRIC/FIN No.:

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

23/08/2019 14:00

JOB-NO: 50111956

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: SHB3682G

TRANS: AUTO

CHASSIS: KMHLB41UMFU061822

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDDU395095

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 ELECTRICAL	1.00	200.00	0.00	200.00		Y	100 ✓
3 STRIAGHTEN, PANEL BEAT REAR PORTION & ACCIDENT AREA.	1.00	800.00	0.00	800.00		Y	200 ✓
4 SPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200 ✓
TOTAL:		1,370.00	0.00	1,370.00			
MATERIALS							
1 REAR BUMPER LOWER SPOILER	1.00	318.00	63.60	254.40	L	Y	de ✓
2 Rear Bumper	1.00	669.50	133.90	535.60	L	Y	de ✓
3 REAR BUMPER REINFORCEMENT	1.00	488.40	97.68	390.72	L	Y	gun ✓
4 REAR BUMPER RETAINER RH	1.00	48.63	9.73	38.90	L	Y	X un ✓
5 REAR BUMPER RETAINER LH	1.00	48.63	9.73	38.90	L	Y	X un ✓
6 REAR BUMPER CLIPS	1.00	100.00	0.00	100.00	S	Y	30 ne ✓
7 RHR FENDER STICKER	1.00	180.00	0.00	180.00	S	Y	150 ne ✓
8 LHR FENDER STICKER	1.00	180.00	0.00	180.00	S	Y	150 ne ✓
9 REAR BUMPER STICKER	1.00	150.00	0.00	150.00	S	Y	100 ne ✓
10 REAR BUMPER TOP PADDING	1.00	150.00	0.00	150.00	S	Y	100 ne ✓
11 REVERSE SENSOR	1.00	200.00	0.00	200.00	S	Y	AW ✓
TOTAL:		2,533.16	314.64	2,218.52			
TOTAL PARTS & LABOUR :		3,903.16	314.64	3,588.52			

EXCESS/LOADING:\$ 0.00

No. Of Day: 2

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

DATE OF SURVEY: 6, 9, 19

SURVEYED BY: Tan Jiah

CONTACT NO: 97495749

FAX NO:

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

DAuto002

Ding Auto User 2

CLAIM DETAILS

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

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

23/08/2019 14:00

JOB-NO: 50111956

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: SH83682G

TRANS: AUTO

CHASSIS: KMHLE41UMFU061822

MAKE / MODEL: HYUNDAI / I40

ENGINE: D4FDDU395095

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 ELECTRICAL	1.00	200.00	0.00	200.00		Y	100
3 STRAIGHTEN, PANEL BEAT REAR PORTION & ACCIDENT AREA	1.00	800.00	0.00	800.00		Y	200
4 SPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
TOTAL:		1,370.00	0.00	1,370.00			
MATERIALS							
1 REAR BUMPER LOWER SPOILER	1.00	318.00	63.60	254.40	L	Y	de
2 Rear Bumper	1.00	669.50	133.90	535.60	L	Y	de
3 REAR BUMPER REINFORCEMENT	1.00	488.40	97.68	390.72	L	Y	X
4 REAR BUMPER RETAINER RH	1.00	48.63	9.73	38.90	L	Y	X
5 REAR BUMPER RETAINER LH	1.00	48.63	9.73	38.90	L	Y	X
6 REAR BUMPER CLIPS	1.00	100.00	0.00	100.00	S	Y	30 new
7 RHR FENDER STICKER	1.00	180.00	0.00	180.00	S	Y	150 new
8 LHR FENDER STICKER	1.00	180.00	0.00	180.00	S	Y	150 new
9 REAR BUMPER STICKER	1.00	150.00	0.00	150.00	S	Y	100 new
10 REAR BUMPER TOP PADDING	1.00	150.00	0.00	150.00	S	Y	100 new
11 REVERSE SENSOR	1.00	200.00	0.00	200.00	S	Y	AW
TOTAL:		2,533.16	314.64	2,218.52			
TOTAL PARTS & LABOUR:		3,903.16	314.64	3,588.52			

EXCESS/LOADING: \$ 0.00

No. Of Day: 2

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 6, 9, 19

SURVEYED BY: Tan Jiah

CONTACT NO: 97495709

FAX NO:

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

DAuto002

Ding Auto User 2

Lump Sum

Labour = \$ 530

SA = \$ 730

Parts = \$ 790

LTS = \$ 2050 - 20% L/S

= \$ 1640

Final Amount = \$ 1640.00

sur@kkhant.com

Resurvey after repair



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/FCI19015749/T1qf3s2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 16-09-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 844X	Veh. Inspected	SHB 3682G
Policy No.		Coverage (\$)	0.00
Claim No.	D19005167MFSH	Excess (\$)	0.00
Assign From	MERINA CHIA SAN SAN	Assign Date	05/09/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMFU061822	Colour	YELLOW
Odometer	686875	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

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

4. Description of Damages

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

5. General Information

Accident Date	07/08/2019	Inspection Date	06/09/2019
Survey held at	31 CORPORATION ROAD		
Repairer	DING AUTO PTE LTD		

5a. Remarks

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

5b. Estimate Days of Repair

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

**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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3682G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER LOWER SPOILER	DEFORMED	318.00	318.00
1	REAR BUMPER	DEFORMED	669.50	669.50
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	488.40	-
1	REAR BUMPER RETAINER RH	NOT NECESSARY	48.63	-
1	REAR BUMPER RETAINER LH	NOT NECESSARY	48.63	-
	LESS 20% DISCOUNT		-314.64	-197.50
			1,258.52	790.00
SPECIAL NETT ITEMS				
1	REAR BUMPER CLIPS (SN)	NECESSARY	100.00	30.00
1	RHR FENDER STICKER	NECESSARY	180.00	150.00
1	LHR FENDER STICKER	NECESSARY	180.00	150.00
1	REAR BUMPER STICKER (SN)	NECESSARY	150.00	100.00
1	REAR BUMPER TOP PADDING (SN)	NECESSARY	150.00	100.00
1	REVERSE SENSOR (SN)	NOT WORKING	200.00	200.00
			960.00	730.00
LABOUR				
	CHECK WIRING SYS.		120.00	30.00
	DIAGNOSTIC & REPROGRAMMED ELECTRICAL ELECTRICAL.		200.00	100.00
	STRAIGHTEN,PANEL BEAT REAR PORTION & ACCIDENT AREA.		800.00	200.00
	SPRAY REAR BUMPER.		250.00	200.00
			1,370.00	530.00
GRAND TOTAL			3,588.52	2,050.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,600.00

Report Ref No. CS/FCI19015749/T1qf3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.