

Assigner: RdSu1

ASSIGNMENT (Office)

From (Person): Annie Koh

of

INC

Date/Time:

9:45am @ 17/9/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 4588P

Insured:

GZ 4035D

at Workshop m/s

Ding Auto

Tel:

9689 1857

of

31 Corporation Road

Policy No:

Claim No:

MT/10062707-001

Sum Insured:

Excess:

D.O.A.

16/9/19

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:01am @ 17/9/19

Person Contacted:

VeelenVehicle: IN OUT

Date/Time

Action/Instruction

Initials /SHB 4588P - CS/FC/8022027/RLvd2Dot 5/12/2018GZ 4035D-X24/9/19Confirmed LS \$3600 by email (Ref 3083.96, 4670)

ASS. REC. BY:

REF:

8396

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHB 4588P

at Workshop m/s DINK AUTO

of 31, CORPORATION RD

Insured: INC

Policy No.

Claims No.

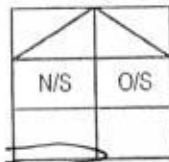
Sum Insured: Excess:

(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: 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 4588P Yr Regn: 2017 / JAN

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

Truck / Trailer or

Make: Hyundai I40 1.7 C.C. 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp Reading: 453878 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMH4698352

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: 1.

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

TOYO / YOKO or TRIANGLE

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 16/09/19 D.O.I. 17/09/19

Survey held at DINK AUTO 2.09

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

Rear N/S

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

Date / Time Action / Instruction

RECEIVED 24 SEP 2019

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: 3

Date/Time, File Return to?

2) 24/9 - typist

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Office

TOTAL

250

Report Format: TP

Lump Sum / L.P.I. 3600/2

Nivitha (LKK Auto)

From: Annie Koh <annie.koh@income.com.sg>
Sent: Tuesday, 17 September 2019 11:43 AM
To: 'assignments@lkkauto.com'; Admin-D (LKKAuto)
Subject: RE: TP CASES FARMED OUT TO LKK ON 17/09/2019

Re-send

Warmest Regards

Annie Koh
Senior Admin,
Motor Insurance
T +65 64307899
www.income.com.sg



From: Annie Koh
Sent: Tuesday, 17 September 2019 9:48 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>; 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>
Cc: Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 17/09/2019

Dear LKK,

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

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
----	-----	-----------	---------	---------------	------------------	------------------	-------------	--------	-----	--------------------

1	Quek Swee Keng	MT/1062704-001	SHC7550Y	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	vadivelan mohan / 96891857		FBK5883D	16/9/19	
2	Cyndie Yong	MT/1062707-001	SHB4588P	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	vadivelan mohan / 96891857		GZ4035D	16/9/19	avoid lunch time 12-1pm OWNER WANT VEH TO BE SURVEYED AT 10AM.
3	Jared Liu	MT/1053631-001	SLK9697E	EUROKARS SERVICES PTE LTD	27A TANJONG PENJURU SINGAPORE 609042	samuel / 63310697	10:00-12:00	SMD1685S	6/7/19	
4	David Phua	MT/1062351-002	G8B3166B	MILLION AUTO SERVICE	4 PENJURU PLACE #01-12 2.8 PENJURU TECH HUB	Ms Chong / 62649091	10:00-12:00	SGU2459D	12/9/19	82285020
5	Alice Low	MT/1062478-001	SLL7112J	PEGASUS ENGINEERING & TRADING PTE LTD	74 KIAN TECK ROAD SINGAPORE 628800	KALA / 65137748	10:00-12:00	GBJ4486D	14/9/19	

6	Jared Liu	MT/1062601-001	SLJ2693S	PEGASUS ENGINEERING & TRADING PTE LTD	74 KIAN TECK ROAD SINGAPORE 628800	chern /	SGT4453L	14/9/19	
7	Serene Lim	MT/1062510-001	SKC878M	TRIDENTE AUTOMOBILI PTE LTD	30 LENG KEE ROAD, UNIT 01-02	JOSEPH TEE / 64752168	FBG1984T	9/9/19	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Annie Koh

Senior Admin Assistant, Motor Insurance

T +65 6430 7899

www.income.com.sg



Veron Chen (LKKAUTO)

From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Tuesday, 24 September 2019 10:24 AM
To: Veron Chen (LKKAUTO); Rasul (LKKAUTO)
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; Asher Sng (LKKAUTO); SUR; CS A Team; Admin A
Subject: RE: 50112022 / SHB4588P - Finalize Amount & After Repair Photo & Question Mark Item . (DOA:16/09/2019)

Dear Veron,

We accept this finalize amount.

Thanks

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

From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Tuesday, September 24, 2019 9:36 AM
To: Taxis Customer Service <taxiscs@stengg.com>; Rasul (LKKAUTO) <Rasul@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: RE: 50112022 / SHB4588P - Finalize Amount & After Repair Photo & Question Mark Item . (DOA:16/09/2019)

WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.

Dear Guang,

WITHOUT PREJUDICE

Offer Lump Sum \$3600 @ 4 working days.

Please check and confirm

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: Monday, 23 September 2019 7:27 PM

To: Rasul (LKKAUTO) <Rasul@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: 50112022 / SHB4588P - Finalize Amount & After Repair Photo & Question Mark Item . (DOA:16/09/2019)

Dear Rasul ,

Please see below for the finalize according to our conversion to finalize for SHB4588P

Please refer attachment Estimate & After Paint & Question Mark Item in estimate (No.3 & No.4 & No.5) for SHB4588P

Remark : Item No.8 in estimate price change to (S/N \$200)

Lump Sum Repair

Total Repair - 04 Days

Labour = \$1440

S/n = \$375

Parts after discount - 20% = \$2705.78

L+S+P = \$4520.78 - 20 % lump sum

Total Finalize amount = \$3616.62

Thank You

Best Regards ,

Guang
Ding Automotive Pte Ltd
Hp : 93299929 / 62657130

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	16/09/2019 13:47
Date Of Accident	16/09/2019 09:05
Exact Location Of Accident	ALONG PIE EXPRESSWAY TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4588P
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	ONG TWEE WAN
NRIC No	S0166732G
Date Of Birth	15/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1968
Driving Experience	50 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93978544
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 24 TEBAN GARDENS ROAD #07-163 SINGAPORE
Postcode	600024
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	GZ4035D
Vehicle Make/Model/Colour	
Details Of Properties	LORRY
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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: Wooi.
NRIC/FIN No.:

SKETCH PLAN

TOWARDS CHANGI

PIE EXPRESSWAY

A B

A - SHB4588P

B - GZ4035D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16 SEPT 2019 ABOUT 09:05 HOURS I WAS TRAVELLING ALONG PIE TOWARDS CHANGI WITH MY TAXI (SHB4588P) AT TIME 1 PASSENGER ON BOARD. ALSO THE TRAFFIC WAS HEAVY AND SLOW MOVING. SUDDENLY I FELT BIG IMPACT FROM MY VEHICLE REAR. AFTER WHILE I REALIZED 1 LORRY (GZ4035D) COLLIDED ON MY BACK OF VEHICLE. WE EXCHANGE PARTICULARS FOR ACCIDENT REPORTING 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:

Reporting Centre Personnel's Signature
Name: VAD1.
NRIC/FIN No.:

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

17/09/2019 11:39

JOB-NO: 50112022

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: SHB4588P

TRANS: AUTO

CHASSIS: KMHLB41UMHU098352

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDGU707360

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 2

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,000.00	0.00	1,000.00		Y	500
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	40
4 R&R REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	60
5 R&R SPARE TYRE / TRIM / CARPET / BOARD & ETC	1.00	150.00	0.00	150.00		Y	60
6 R&R BOOTLID COMPONENTS	1.00	150.00	0.00	150.00		Y	60
7 CHECK WIRING & LIGHTING SYSTEM	1.00	120.00	0.00	120.00		Y	X 110
8 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
9 RESPRAY REAR BUMPER DIFFUSER	1.00	200.00	0.00	200.00		Y	100
10 RESPRAY REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	X
11 RESPRAY BOOTLID	1.00	250.00	0.00	250.00		Y	200
12 RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	200
TOTAL:		2,660.00	0.00	2,660.00			
MATERIALS							
1 REAR BUMPER	1.00	599.68	119.94	479.74	L	Y	
2 REAR BUMPER DIFFUSER	1.00	228.40	45.68	182.72	L	Y	
3 REAR BUMPER REINFORCEMENT	1.00	484.40	96.88	387.52	L	Y	
4 REAR BUMPER REINFORCEMENT SPONGE	1.00	89.62	17.92	71.70	L	Y	
5 REAR BUMPER REINFORCEMENT ARM LH	1.00	98.63	19.73	78.90	L	Y	
6 REAR BUMPER REINFORCEMENT ARM RH	1.00	98.63	19.73	78.90	L	Y	
7 REAR BUMPER RETAINER LH	1.00	42.63	8.53	34.10	L	Y	
8 REAR REVERSE SENSOR SET	1.00	42.63	8.53	34.10	L	Y	
9 BOOTLID	1.00	1,949.50	389.90	1,559.60	L	Y	
10 BOOTLID EMBLEM-LOGO	1.00	39.67	7.93	31.74	L	Y	
11 BOOTLID EMBLEM-I40	1.00	38.55	7.71	30.84	L	Y	
12 BOOTLID EMBLEM-CRDI	1.00	39.55	7.91	31.64	L	Y	
13 REAR END PANEL	1.00	626.95	125.39	501.56	L	Y	
14 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	Y	35
15 REAR BUMPER RUBBER PROTECTOR PAD	1.00	150.00	0.00	150.00	S	Y	80
16 BOOTLID STICKER-COMFORT DELGRO	1.00	60.00	0.00	60.00	S	Y	30
17 BOOTLID STICKER-65521111	1.00	60.00	0.00	60.00	S	Y	30
18 REAR END PANEL SEALANT	1.00	50.00	0.00	50.00	S	Y	X
TOTAL:		4,733.84	875.78	3,858.06			
TOTAL PARTS & LABOUR :		7,393.84	875.78	6,518.06			

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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EXCESS/LOADING:SS 0.00

No. Of Day:

4 daysRE-SURVEY: BEFORE AFTER PAINTINGPART-BY-PART OR LUMP SUM SSDATE OF SURVEY: 17/09/19 @ 1420

SURVEYED BY:

Ryan

CONTACT NO:

90010068

FAX NO:

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:



LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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/INC19016440/R1vd3n2

73 BRAS BASAH ROAD

Date: 26-09-2019

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556



ATTN: CYNDIE YONG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GZ 4035D	Veh. Inspected	SHB 4588P
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1062707-001	Excess (\$)	0.00
Assign From	ANNIE KOH	Assign Date	17/09/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40 1.7	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098352	Colour	YELLOW
Odometer	453878 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

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 N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	16/09/2019	Inspect Date / Time	17/09/2019 (02:09 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
-------------------------------------	----------------



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4588P

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	CRACKED	484.40	484.40
1	REAR BUMPER REINFORCEMENT SPONGE	CRACKED	89.62	89.62
1	REAR BUMPER REINFORCEMENT ARM LH	BENT	98.63	98.63
1	REAR BUMPER REINFORCEMENT ARM RH	SERVICEABLE	98.63	-
1	REAR BUMPER RETAINER LH	NECESSARY	42.63	42.63
1	BOOTLID	BENT	1,949.50	1,949.50
1	BOOTLID EMBLEM-LOGO	NECESSARY	39.67	39.67
1	BOOTLID EMBLEM-I40	NECESSARY	38.55	38.55
1	BOOTLID EMBLEM-CRDI	NECESSARY	39.55	39.55
1	REAR END PANEL	TO REPAIR SEE LABOUR	626.95	-
	LESS 20% DISCOUNT		-867.24	-676.45
			3,468.97	2,705.78
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	35.00	35.00
1	REAR BUMPER RUBBER PROTECTOR PAD (SN)	NECESSARY	150.00	80.00
1	BOOTLID STICKER-COMFORT DELGRO (SN)	NECESSARY	60.00	30.00
1	BOOTLID STICKER-65521111 (SN)	NECESSARY	60.00	30.00
1	REAR END PANEL SEALANT (SN)	NOT NECESSARY	50.00	-
1	SET REAR REVERSE SENSOR (SN)	NOT WORKING	200.00	200.00
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
			605.00	395.00
LABOUR				
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS.INCLUSIVE OF THE REPAIR OF REAR BUMPER DIFFUSER AND REAR END PANEL.		1,000.00	500.00
	RUST PROOFING.		80.00	40.00
	R&R REVERSE SENSOR.		80.00	60.00



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	R&R SPARE TYRE/TRIM/CARPET/BOARD & ETC.		150.00	60.00
	R&R BOOTLID COMPONENTS.		150.00	60.00
	CHECK WIRING & LIGHTING SYSTEM.	NOT NECESSARY	120.00	-
	RESPRAY REAR BUMPER.		250.00	200.00
	RESPRAY REAR BUMPER DIFFUSER		200.00	100.00
	RESPRAY REVERSE SENSOR.	NOT NECESSARY	80.00	-
	RESPRAY BOOTLID.		250.00	200.00
	RESPRAY REAR END PANEL.		250.00	200.00
			2,610.00	1,420.00
GRAND TOTAL			6,683.97	4,520.78
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,600.00

Report Ref No. CS/INC19016440/R1vd3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, 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 relying on this Report, in whole or in part, does so at his or her own risk.

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

17/09/2019 11:39

JOB-NO: 50112022

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: SHB4588P

TRANS: AUTO

CHASSIS: KMHLB41UMHU098352

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDGU707360

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
<u>LABOUR</u>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,000.00	0.00	1,000.00		Y	500
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	40
4 R&R REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	60
5 R&R SPARE TYRE / TRIM / CARPET / BOARD & ETC	1.00	150.00	0.00	150.00		Y	60
6 R&R BOOTLID COMPONENTS	1.00	150.00	0.00	150.00		Y	60
7 CHECK WIRING & LIGHTING SYSTEM	1.00	120.00	0.00	120.00		Y	X
8 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
9 RESPRAY REAR BUMPER DIFFUSER	1.00	200.00	0.00	200.00		Y	100
10 RESPRAY REVERSE SENSOR	1.00	80.00	0.00	80.00		Y	X
11 RESPRAY BOOTLID	1.00	250.00	0.00	250.00		Y	200
12 RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	200
TOTAL:		2,660.00	0.00	2,660.00			

MATERIALS

1 REAR BUMPER <i>du</i>	1.00	599.68	119.94	479.74	L	Y	
2 REAR BUMPER DIFFUSER <i>repair</i>	1.00	228.40	45.68	182.72	L	Y	
3 REAR BUMPER REINFORCEMENT <i>?</i>	1.00	484.40	96.88	387.52	L	Y	<i>✓</i>
4 REAR BUMPER REINFORCEMENT SPONGE <i>?</i>	1.00	89.62	17.92	71.70	L	Y	<i>✓</i>
5 REAR BUMPER REINFORCEMENT ARM LH <i>?</i>	1.00	98.63	19.73	78.90	L	Y	<i>✓</i>
6 REAR BUMPER REINFORCEMENT ARM RH <i>X</i>	1.00	98.63	19.73	78.90	L	Y	
7 REAR BUMPER RETAINER LH <i>re</i>	1.00	42.63	8.53	34.10	L	Y	
8 REAR REVERSE SENSOR SET <i>re s/n</i>	1.00	200	8.53	200	<i>3/4</i>	Y	
9 BOOTLID <i>st</i>	1.00	1,949.50	389.90	1,559.60	L	Y	
10 BOOTLID EMBLEM-LOGO <i>re</i>	1.00	39.67	7.93	31.74	L	Y	
11 BOOTLID EMBLEM-I40 <i>re</i>	1.00	38.55	7.71	30.84	L	Y	
12 BOOTLID EMBLEM-CRDI <i>re</i>	1.00	39.55	7.91	31.64	L	Y	
13 REAR END PANEL <i>repair</i>	1.00	626.95	125.39	501.56	L	Y	
14 REAR BUMPER CLIP SET <i>re</i>	1.00	35.00	0.00	35.00	S	Y	35
15 REAR BUMPER RUBBER PROTECTOR PAD <i>re</i>	1.00	150.00	0.00	150.00	S	Y	80
16 BOOTLID STICKER-COMFORT DELGRO <i>re</i>	1.00	60.00	0.00	60.00	S	Y	30
17 BOOTLID STICKER-65521111 <i>re</i>	1.00	60.00	0.00	60.00	S	Y	30
18 REAR END PANEL SEALANT <i>X</i>	1.00	50.00	0.00	50.00	S	Y	X
TOTAL:		4,733.84	875.78	3,858.06			

TOTAL PARTS & LABOUR :

7,393.84

875.78

6,518.06

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
EXCESS/LOADING:\$		0.00					
No. Of Day:		<u>4 days</u>					
RE-SURVEY: BEFORE/		<u>AFTER PAINTING</u>					
PART-BY-PART OR		<u>LUMP SUM</u> S\$					
DATE OF SURVEY:		<u>17, 109, 19 @ 1420</u>					
SURVEYED BY:		<u>Rogers</u>					
CONTACT NO:		<u>90020068</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:					

Lump Sum

Labour = \$ 1440

S/N = \$ 375

Parts = \$ 2705.78

Ltsp = \$ 4520.78 - 20 % L/S

= \$ 3616.62

Final Amount = \$ 3616.62