

ASS. REC. BY

REF: CS/AGI19019627/ES03

Special Instruction:

Salvage: Rain

ASSIGNMENT (Office)

From (Person): Ivy Rabilla

of

AGIDate/Time: 6/11/19 @ 12:18pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 9053M

Insured:

3KZ 9478D

at Workshop m/s

Comfort Delgro

Tel:

6214 8348

of

sa laying Drive

Policy No:

Claim No:

C10004444/LA

Sum Insured:

Excess:

Make of Veh:

D.O.A. 30/10/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2:21pm @ 6/11/19

Person Contacted:

Mr. JimVehicle IN/OUT

Date/Time

Action/Instruction

EstimateSHA 9053M - CS/AGI10009116/Fn/1292DOA: 9/5/20103KZ 9478D - CS/AGI18020015/Kgbr2DOA: 27/10/2018

ASS. REC. BY Ram

REF

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop: _____
 of _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Claim 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 Report: Consistent? Yes or No

GIA / PR Spent: Consistent? Yes or No

Est. Repairs: days Res. Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 9053M Yr Bgn: 10/07 2014Type: M/Car / M/Cycle / Bus / Van / Lorry (Taxi / Prime Mover)

Truck / Trailer or:

Make: Hyundai i40 cc: 1685Colour: Yellow A/C: Insured / Std / Nil / NASp. Reading: NO Key T/Ratio: Insured / Std / Nil / NA

Eng/No: -

C/No: KMHLEBA10MEV057890Gen. Cond: Good (Fair) / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16

R: -

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

TOYO / YOKO or WESTLAK

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 30/10/19 D.O.I. 6/11/19Survey held at comfortdelgro (toyong)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFrt & O/S front & N/S front

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

Date / Time

Action / Instruction

RamPls work out repair limit.AGIL/S

Basic Value

AV: \$40013.86PV: \$25549NV: \$14464.8619/11/19 Submit total loss as unsafe to repair. 8/11

RECEIVED 19 NOV 2019

Ram (U/C)

Date/Time: Two Pages to 7

19/11/19Typ. st

Date/Time: Two Pages to 7

☐: Prelim. Report☒: Final ReportDays Of Repair: 6Resurvey No. of Trip: 1Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)Report Format: Total Loss

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

Survey Fee: 450

Transportation

3 + 105: 34

Photos

Others

TOTAL

12/11/2019

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Wednesday, 6 November 2019 12:48 PM
To: Admin-D (LKKAuto)
Cc: SUR; Loganathan Agoram
Subject: FW: TPPD Survey: Claim ref:C10004444/LA || OI- SKZ9478D (White) TP- SHA9053M
|| Est:\$39474.88 || ComforDelgo
Attachments: Estimates.pdf

Hi Team,

We would like to arrange TP Survey for SHA9053M.

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg

**Budget
Direct**
insurance

Gold
Trusted
Service
Award
★★★★★
2019 leelo™

Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg

auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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From: Lim Tien Siong <limts@cde.com.sg>
Sent: Wednesday, 6 November 2019 10:42 AM
To: Claims <claims@budgetdirect.com.sg>
Cc: Derrick Quok <derrick.q@budgetdirect.com.sg>
Subject: Accident involving SHA9053M and your insured SKZ9478D dated 30.10.19

Officer in charge,

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156



Think Before Printing

From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>
Sent: Tuesday, 5 November 2019 2:51 PM
To: Lim Tien Siong
Subject: Scan Image

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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CityCab Pte Ltd
Vehicle NSW for Fleet Safety Division
AS AT 30.09.2019

USER ID : CTPN3X03
PAGE : 1

Asset No	SN No	Bal. Dep. Mths	Per. Mth. Dep	Bal. Dep. Value	Asset Description 1	Cost	Op. Acc. Dep	Cur. Year Dep	Accum. Dep	Net Book Value	Scrap value/Estimated P&SF Refund
			\$	\$		\$	\$	\$	\$	\$	\$
10009668	0	027	277.77	7,499.79	S949053M H40 10.07.2014 BASIC QEST W AIRBEN	25,000.00	14,999.40	2,499.90	17,499.30	7,500.70	1.00
10009668	1	027	41.35	1,116.45	S949053M H40 10.07.2014 IMPRT DUTY 204MWS1860B	3,721.51	2,232.90	372.15	2,605.05	1,116.46	0.00
10009668	2	027	49.38	1,333.26	S949053M H40 10.07.2014 ARF 1000MWS1860B-CRVS7500	11,108.00	2,666.40	444.40	3,110.80	7,997.20	5,664.00
10009668	3	027	591.88	15,980.76	S949053M H40 10.07.2014 CDE 80%	53,269.00	31,961.40	5,326.90	37,288.30	15,980.70	0.00
10009668	4	000	0.00	0.00	S949053M H40 10.07.2014 CDE TOP UP	0.00	0.00	0.00	0.00	0.00	0.00
10009668	5	027	0.00	0.00	S949053M H40 10.07.2014 AIR CIRCUTONER	0.00	0.00	0.00	0.00	0.00	0.00
10009668	6	027	0.00	0.00	S949053M H40 10.07.2014 PRINTER DIGITALX THER9FL	0.00	0.00	0.00	0.00	0.00	0.00
10009668	7	027	0.00	0.00	S949053M H40 10.07.2014 TAXIMETER DIGITALX FL	0.00	0.00	0.00	0.00	0.00	0.00
10009668	8	027	1.56	42.12	S949053M H40 10.07.2014 VEH REG FSE	340.00	84.01	14.00	98.01	41.99	0.00
			961.94	25,872.38		93,238.51	51,944.11	8,657.35	60,601.46	32,637.05	

COE	591.88	15,980.76
vehicle	370.06	9,991.62
	961.94	25,972.38

Vehicle : Without T/M & ODE
Vehicle : Without T/M, With ODE
Taximeter

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305345959

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO.: SHA9053M	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 30.10.2019 00:30
	YR OF MANU 10.07.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU057890	COMPLETION DATE/TIME

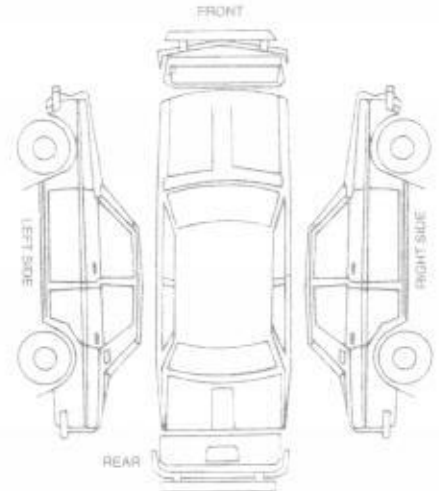
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 30.10.2019

NATURE: TP/3P 30.10.19/C *Traffic Pound*

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA9053M LIMITS

Vehicle No.: SHA9053M

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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	02/11/2019 08:29
Date Of Accident	30/10/2019 00:30
Exact Location Of Accident	QUEENSWAY X PORTSDOWN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9053M
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

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	YEOW BEE HOCK
NRIC No	S1402787D
Date Of Birth	22/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1991
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93219981
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 176 BOON LAY DRIVE #07-352
Postcode	640176
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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 ON COLLISION
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG WEST N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20191030/2208 / Type Of Accident : HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ9478D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Nature Of Damage	WHOLE RIGHT SIDE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEOW BEE HOCK
Approximate Age	59
Injuries Sustain	SWOLLEN WRIST, ARM INJURY, LOWER BACK NOSE BRIDGE CUT .ON 7 DAYS MC
Injured person in which vehicle?	SHA9053M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

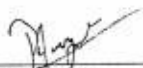
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

CITYCAR PTE LTD
CO. REG. NO. 192902839G

Policyholder's Signature
Date & Time: 01.11.2019


Driver's Signature
(If driver is not the policyholder)
Date & Time: 01.11.2019@15:45hrs

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

100

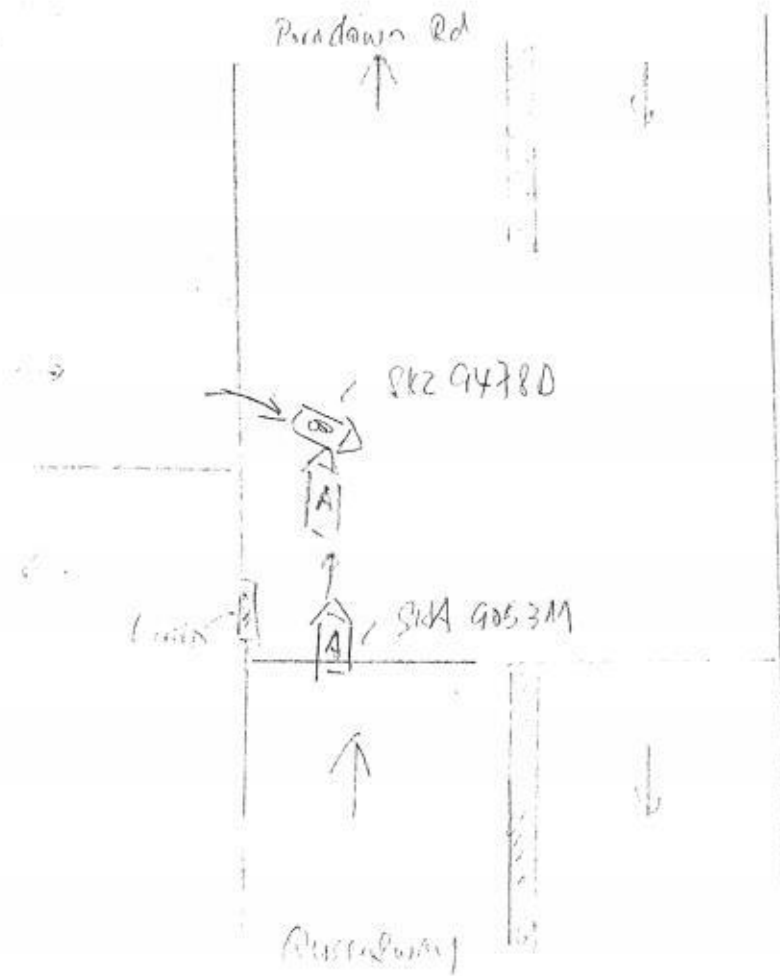
R) SKZ 9478D

As attached Police Report: T/20191030/2208

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

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

Sketch Plan Pg. 3



[Signature]
01/11/19

[Signature]
S R Moorthy
CSO
1/11/19



**SINGAPORE
POLICE FORCE**



T/20191030/2208

1 of 3

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

Report No. T/20191030/2208

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 23:58	Vide Report No.:	Station Diary No.: 198
--	------------------	---------------------------

Informant's Particulars

Name of Informant: YEOW BEE HOCK			Address: APT BLK 176 BOON LAY DRIVE #07-352 SINGAPORE 640176		
ID Type / ID No.: NRIC NO / S1402787D			Contact No.: Home/Office: Mobile: 93219981		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 22/09/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/10/2019 00:30	Type of Location: T-Junction
Location: Along Road 1 QUEENSWAY				
At T-Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9053M	Car				Seriously Damaged	0
SKZ9478D	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191030/2208

2 of 3

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

Report No. T/20191030/2208

CONTINUATION OF REPORT

Driver			
Name	YEOW BEE HOCK	ID No.	S1402787D
Related Vehicle	SHA9053M (Car)	Contact No.	93219981
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/10/2019	Date Discharge	30/10/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 30/10/2019 at about 0030hrs, I was driving along Queensway. As I was approaching the T junction towards Portsdown road, I noticed that the traffic light was green and it was in my favour. Subsequently, another white vehicle that was coming on from my left beat the red light and come into the junction. I saw the car coming and I jammed break. However, it was not enough and thus I collided onto the car's driver's door in the junction itself. Ambulance and Traffic Police then came to scene and I was conveyed to National University Hospital. I had a swollen right wrist and arm injury and lower back pain and a small cut on my nose bridge, I was given 7 days MC. I have an in car camera that was recording.



**SINGAPORE
POLICE FORCE**



T/20191030/2208

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

3 of 3

Report No. T/20191030/2208

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 /
Sgt 2 NIFAIL HADI BIN NORMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/10/2019 23:58

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168

SN 126

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

839G

Vehicle Details

Vehicle No.:

SHA9053M

Vehicle to be Exported:

Yes

Intended Deregistration Date:

08 Nov 2019

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7L CRDI AT ABS AIRBAG 4DR

Primary Colour:

Yellow

Manufacturing Year:

2014

Engine No.:

D4FDEU440370

Chassis No.:

KMHLB41UMEU057890

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$18,608.00

Original Registration Date:

10 Jul 2014

First Registration Date:

10 Jul 2014

Transfer Count:

0

Actual ARF Paid:

\$11,108.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

09 Jul 2022

PARF Rebate Amount:

\$7,775.00

Intended COE Rebate Details

COE Expiry Date:

09 Jul 2022

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$53,269.00

COE Rebate Amount:

\$17,774.00

Total Rebate Amount:

\$25,549.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Nov 2019

① Cost of ~~taxi~~ taxi: \$93238.51 OK

ARF 70% = \$18608 × 70% = \$13025.60

Depri : \$93238.51 - \$13025.60 = \$80212.91

\$80212.91 ÷ 96 = \$835.55

② Book value : (\$835.55 × 32.3) + \$13025.60

= \$40013.86

③ Net value : \$40013.86 - \$25549 = \$14464.86

2y 8m 10d 32.3

11/11/19

Ran (Lier)

CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 9053M

MAKE :

MODEL : HYUNDAI i40

Auto & General Insurance . TS
(L/S)

DATE 6/11/2019

(P1/2) 1100

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet BUC			\$ 2,265.90
	Bonnet Hinge (LH/RH) Bt		\$ 41.00	\$ 82.00
	Bonnet Lock Bt			\$ 36.90
	Bonnet Insulator cru			\$ 196.50
	Bonnet Insulator Clips nec			\$ 8.40
	Radiator Grille cra			\$ 251.00
	Radiator Grille H Emblem nec			\$ 27.50
	Front Bumper Cover cra			\$ 544.50
	Front Bumper Sponge cra			\$ 99.20
	Front Bumper Reinforcement Bt			\$ 402.10
	Front Bumper Grille (LH/RH) LHX RH(mis)	\$	41.60	\$ 83.20
	Front Bumper Centre Grille cra			\$ 178.60
	Front Bumper Centre Grille Top Garnish cra	\$	80.00	\$ 160.00
	Front Bumper Bracket Top (LH/RH) nec	\$	22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) nec	\$	24.60	\$ 49.20
	Headlamp Support Top Cover cra			\$ 222.60
	Headlamp Support Panel Assy Br			\$ 907.40
	Headlamp (LH/RH) Br	\$	1,388.00	\$ 2,776.00
	Radiator Bt			\$ 698.30
	Radiator Fan Blade, Cowling, Motor Assy Br			\$ 792.95
	Radiator Bracket (RH/LH) cra	\$	6.50	\$ 13.00
	Radiator Hose Upper xnn			\$ 36.50
	Radiator Hose Lower xnn			\$ 36.50
	Radiator Guard cra	\$	20.00	\$ 40.00
	Horn Unit (LH/RH) ?	\$	73.80	\$ 147.60
	Horn Wire ?			\$ 156.50
	Air Cleaner Bottom Assy xnn			\$ 325.00
	Front Fender (LH) xnn			\$ 566.30
	Front Fender Shield (LH) xnn			\$ 174.90
	Front Fender Retainer xnn			\$ 24.60
	Aircon Condenser Bt			\$ 927.50
	Aircon Compressor x ?			\$ 2,578.00
	Front Windscreen Moulding xnn(R)			\$ 113.30
	Front Windscreen Pillar Outer(RH) xnn(R)			\$ 1,745.50
	Wiper Container Br			\$ 61.90
	Wiper Container Motor ?			\$ 75.00
	Front Wheel Rim (/RH) xnn			\$ 325.30
	Front Wheel Hub Cap (RH) xnn			\$ 107.10
	Front Wheel Bearing ?			\$ 540.50
	Front Shock Absorber (Assy) (RH) ?			\$ 342.20
	Front Shock Absorber Mounting (RH) ?			\$ 108.80
	Front Drive Shaft (RH) ?			\$ 1,030.80
	Rack & Pinion Assy ?			\$ 969.60
	STG Tie End ?			\$ 62.60
	Front Suspension Lower Arm (RH) ?			\$ 529.30

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Chasis Member ?		\$ 1,060.70	\$ 2,121.40
	Knuckle Arm (RH) ?			\$ 552.00
	Engine Under Cover <i>cr</i>			\$ 334.60
	Engine Crossmember			\$ 2,094.40
	Inter Cooler ?			\$ 1,032.50
	Inter Cooler Mounting (2 PCS) ?			\$ 25.90
	Hose B To Inter Cooler ?			\$ 229.70
	Hose C To Inter Cooler Inlet ?			\$ 294.50
	Wiring-Engine <i>xnn</i>			\$ 3,326.00
	Airbag Complete <i>rec</i>			\$ 2,948.50
	Airbag Control Module <i>rec</i>			\$ 1,140.40
	Steering Angle Assy <i>BUS</i>			\$ 1,150.60
	Sensor Assy Impact -Frt Impact <i>rec</i>			\$ 1,180.50
	Airbag Sensor <i>rec</i>		\$ 580.00	\$ 1,160.00
	Electric Power Steering <i>xnn</i>			\$ 3,641.00
	SUB TOTAL			\$ 42,097.35
	LESS 20%			\$ 8,419.47
	DISCOUNTED TOTAL			\$ 33,677.88
	Front Number Plate <i>rec</i>			\$ 25.00 Nett
	Front No Plate Trim Cover <i>rec</i>			\$ 30.00 Nett
	Front Fender Advertisement Logo (LH) <i>rec</i>			\$ 100.00 Nett
	Front Windscreen Sealant <i>xnn</i>			\$ 46.00 Nett
	Front Tyre (RH) ?			\$ 216.00 Nett
				\$ 417.00
	Labour Charge			
	Panel Beating			\$ 2,000.00 <i>\$1680</i>
	Spray Painting Charge			\$ 1,000.00 <i>\$800</i>
	Wiring Charge			\$ 50.00 <i>\$20</i>
	Tuff Kote			\$ 50.00 <i>\$20</i>
	Towing Charge			\$ 60.00 <i>—</i>
	Front Chassis Alignment Charge			\$ 400.00 <i>?</i>
	Remove/Refix Undercarriage (FRT)			\$ 200.00 <i>?</i>
	FRT Wheel Alignment			\$ 80.00 <i>\$50</i>
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>\$80</i>
	Remove/Refix Dashboard			\$ 450.00 <i>xnn</i>
	Remove/Refix Fuse Box			\$ 180.00 <i>xnn</i>
	Remove/Refix Front Windscreen Glass			\$ 120.00 <i>xnn</i>
	Remove/Refix Cushion & Upholstery Front			\$ 90.00 <i>xnn</i>
	Re-programme Air Bag & Safety Belt System			\$ 550.00 <i>xnn</i>
	TOTAL LABOUR			\$ 5,380.00
	ESTIMATE TOTAL			\$ 39,474.88

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:

Ram (LKK)

6/11/19

150m/s

88622778

Perasiram@LKKAuto.com

Repair day

unsafe to repair

Request for book value.

Dismantle Required

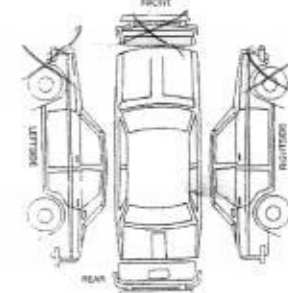
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Dr towed taxi basic

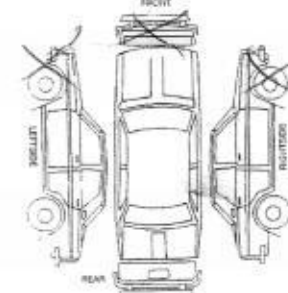
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>4-11-19</u> Time Received: <u>1400</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR YEOW</u> Contact No. : <u>9329981</u> Vehicle No. : <u>SHA 9053M</u> Make / Model / Colour : <u>I-40</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: <u>TP</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:			

10. Odometer Reading : _____	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p><u>[Signature]</u> Signature of Customer</p>
Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING		 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p><u>[Signature]</u> Signature of Customer</p>
Name of Driver : <u>Kent</u>		
Vehicle No. : <u>GBA 3862A</u>		
Time Dispatch : <u>1420</u>		
Time of Arrival : <u>1440</u>		
Time Completed : <u>1440</u>		

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

4-11-19

1420

Date

Time

[Signature]
Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY