

22/03/2011

ASS. REC. BY:

REF: CS/INC19020827 / RLSd302

Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Hazalya Bt Ibrahim

INC

Date/Time: 9:33am @ 25/11/11

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 971SL

Insured:

SFS 5072M

at Workshop m/s

Ding Auto

Tel:

96891857

of

31 Corporation Road

Policy No:

Claim No:

MT/1072662-002

Sum Insured:

Excess:

Make of Veh:

D.O.A.

22/11/2011

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:43am @ 25/11/11

Person Contacted:

velan

Vehicle IN / OUT

Date/Time	Action/Instruction
	Estimated ✓
	SHA 971SL-X
	SFS 5072M-X

ASS. REC. BY: *Rasm*

REF: INC

8356

ASSIGNMENT

From: _____ Date: 25/11/19

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 9715L

at Workshop m/s Ding Auto

of 31 Corporation Road

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Velan @ 96891857

Veh No: SHA 9715L Yr Regn: 2019 / Aug

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

Truck / Trailer or _____

Make: HYUNDAI AG 10N1Q1.6 C.C. 1580

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

Sp. Reading: 50667 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVKU165049

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

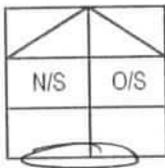
Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

(Policy Condition)

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



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

TOYO / YOKO or _____

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 lup

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front 6 mm R/Bal. 6 mm

Rear 6 mm R/Bal. 6 mm

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

D.O.A. 22/11/19 D.O.I. 25/11/19

Survey held at DING AUTO 0146PM

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
	Rasul Confirmed P/P \$ 860.20 @ 2days with Guang (\$ 1,736.32 Red - 67%)
	<i>[Signature]</i> 13/12/2019
	RECEIVED 16 DEC 2019

Date/Time, File Pass to? 16/12/19

1) Typist

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum (L.S.): \$ 860.20 P/P

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$) _____

Interview (\$) _____

Tech. Invs (\$) _____

Weekend (\$) _____

Survey Fee:	<u>250</u>
Transportation:	_____
S+RS: SI	_____
Photos	_____
Others	_____
TOTAL	<u>250</u>

Nivitha (LKK Auto)

From: Hazalya Binte Ibrahim <hazalya.ibrahim@income.com.sg>
Sent: Monday, 25 November 2019 10:53 AM
To: Admin-D (LKKAuto); assignments
Cc: Hazalya Binte Ibrahim
Subject: RE: TP CASES FARMED OUT TO LKK ON 25/11/2019

Dear LKK,

Re-send with details.

Thank you.

Warmest Regards

Hazalya Bte Ibrahim
Admin Assistant
Operations, Motor & Personal Lines (PL)
www.income.com.sg

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IN with you

From: Hazalya Binte Ibrahim
Sent: Monday, 25 November 2019 9:33 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: Susan Ting <susan.ting@income.com.sg>; Hazalya Binte Ibrahim <hazalya.ibrahim@income.com.sg>
Subject: TP CASES FARMED OUT TO LKK ON 25/11/2019

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	Cyndie Yong	MT/1072662-002	SHA9715L	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	VADIVELAN MOHAN / 62657130 / 96891857		SF55072M	22/11/19	
2	Azhari	MT/1071788-002	SLS2782X	PREMIUM AUTOCARE CENTRE	281 ALEXANDRA ROAD SINGAPORE 159938	George Wong / 6690 0293	10:00-12:00	SFZ2800L	17/11/19	
3	Jeff Lin	MT/1071968-002	SJU122C	PREMIUM AUTOCARE CENTRE	281 ALEXANDRA ROAD SINGAPORE 159938	George Wong / 6690 0293	10:00-12:00	SLP8141Y	16/11/19	
4	Jeff Lin	MT/1072687-001	GBB7630B	SIN SHENG ENGINEERING SERVICES	NO 8 TUAS AVENUE 18, (LEVEL 5) SINGAPORE 638892	Pei Jin / 6863 9595		GZ1445Z	19/06/17	
5	Charlotte Chew	MT/1072051-002	PA6434Y	WOODLANDS TRANSPORT SERVICE PTE LTD	8 GUL CIRCLE SINGAPORE 629564	Kenji Lee / Mr Chan / 9299 4122 / 6559 8984	16:15-17:00	FBL7412L	18/11/19	6559 8988/ 6559 8954 (workshop insisted to survey after 4pm due to client only available after 4pm)

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Warmest Regards

Hazalya Bte Ibrahim
Admin Assistant
Motor Department
T +65 6430 7902
www.income.com.sg



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you

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Shirley Hiew (LKK Auto)

From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Thursday, 28 November 2019 10:30 am
To: Rasul (LKKAuto)
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg;
Shirley Hiew (LKK Auto)
Subject: RE: 50112222 / SHA9715L - Finalize Amount & After Repair Photo . (DOA:22/11/2019)

Dear Rasul,

Noted.

Thank You

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

From: Rasul (LKKAuto) <Rasul@lkkauto.com>
Sent: Thursday, November 28, 2019 10:15 AM
To: Taxis Customer Service <taxiscs@stengg.com>
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Subject: RE: 50112222 / SHA9715L - Finalize Amount & After Repair Photo . (DOA:22/11/2019)

*****WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.*****

Hi Guang,

Finalised amount confirmed

Best Regards,
Rasul | Assessor
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

 *Save the Earth. Print only when necessary.*

From: Taxis Customer Service [<mailto:taxiscs@stengg.com>]
Sent: Wednesday, 27 November, 2019 11:35 AM
To: Rasul (LKKAuto)
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; CS A Team; Asher Sng

(LKKAuto); SUR; Admin A

Subject: 50112222 / SHA9715L - Finalize Amount & After Repair Photo . (DOA:22/11/2019)

Dear Rasul,

Please see below for the finalize according to our conversion to finalize for SHA9715L

Please refer attachment Estimate & After Paint for SHA9715L

Part By Part

Total Repair - 02 Days

Labour = \$560

S/n = \$35

Parts = \$265.20

L+S+P = \$860.20

Total Finalize amount = \$860.20

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	22/11/2019 17:29
Date Of Accident	22/11/2019 09:00
Exact Location Of Accident	ALONG MARINA BOULEVARD TOWARDS MARINA VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9715L
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	YEAP HOOK TAI
NRIC No	S2503691C
Date Of Birth	12/01/1950
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1977
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92426689
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 669D JURONG WEST STREET 64 #16-50 SINGAPORE
Postcode	644669
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (T/20191122/2114)

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	SFS5072M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LIM TEW GHARM
NRIC/Passport Number	S0188674F

Contact Number 88680492
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEAP HOOK TAI
Approximate Age 69
Injuries Sustain 5 DAYS MC
Injured person in which vehicle? SHA9715L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address APT BLK 669D JURONG WEST STREET 64
#16-50 SINGAPORE
Postcode 644669

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

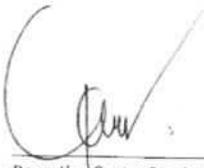
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

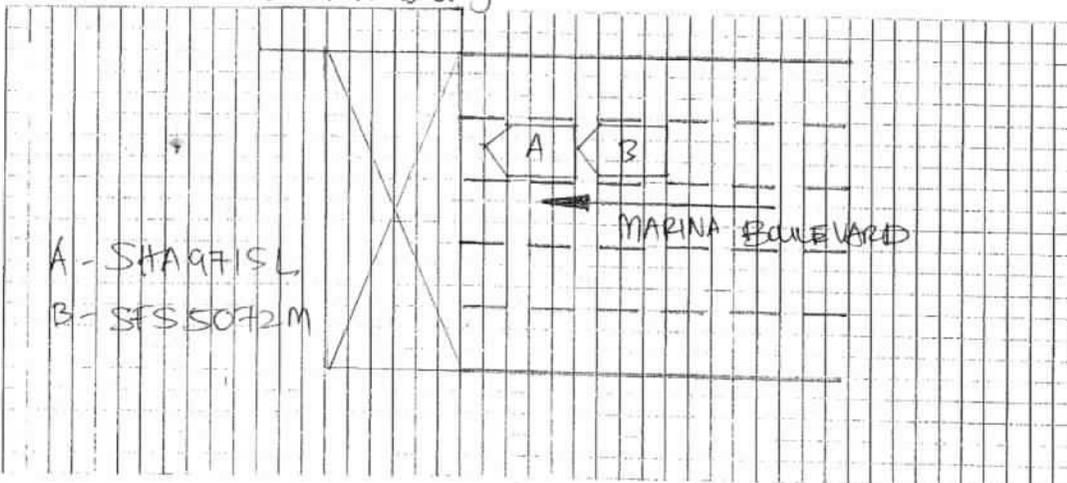

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan Pg. 2

SKETCH PLAN

ONE RAPIDS QUAY.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT - (T/20191122/2114)

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: *WST*
NRIC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191122/2114

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

1 of 3

Report No. T/20191122/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2019 16:03	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: YEAP HOOK TAI		Address: APT BLK 669D JURONG WEST STREET 64 #16-50 SINGAPORE 644669	
ID Type / ID No.: NRIC NO / S2503691C		Contact No.: Home/Office: Mobile: 92426689	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 12/01/1950	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 MARINA BOULEVARD Towards Marina View				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS5072M	Car	TOYOTA		Silver	Slightly Damaged	1
SHA9715L	Car	HYUNDAI		Yellow	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20191122/2114

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

2 of 3

Report No. T/20191122/2114

CONTINUATION OF REPORT

Driver			
Name	YEAP HOOK TAI		ID No. S2503691C
Related Vehicle	SHA9715L (Car)		Contact No. 92426689
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/11/2019	Date Discharge	22/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 22/11/2019 at about 0900hrs, I was driving my vehicle, SHA9715L, along Marina Boulevard towards Marina View. A vehicle in front slowed down, subsequently I slowed down too almost coming to a stop when suddenly I felt a hard jerk from the rear. I made a check, I discovered that a vehicle bearing plate number SFS5072M, had collided into my rear. No Police or ambulance were at scene. I felt pain in my back, subsequently I went to a clinic and got 05 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20191122/2114

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

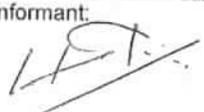
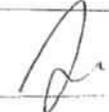
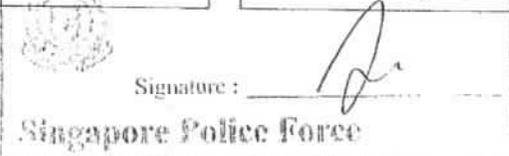
3 of 3
Report No. T/20191122/2114

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: D / Sgt 2 FAIZUL BIN NENWARI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2019 16:03
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	Signature :  

MEDICAL CERTIFICATE Pg. 1

A Life Clinic Pte. Ltd.
10, Sinaran Drive, #09-21,
Novena Medical Center, Singapore 307506
Business Regn. No. 201104850M
Tel: 67372283
Fax: 62561328

Medical Certificate

Date of Visit: 22-Nov-2019

MC No.: MC1911220216

This is to certify that

Name: YEAP HOOK TAI

NRIC: S2503691C

is Unfit for Work

for 5 day(s) from 22-Nov-2019 to 26-Nov-2019

Remarks:

Dr Choo Kay Wee
M.D.D.S. (Singapore), M.C.G.P. (Singapore)
MCR 03806G

Doctor Name: Kay Wee Choo
MCR: M03806G

A LIFE CLINIC PTE LTD
10, Sinaran Drive #09-21
Novena Medical Centre
Singapore 307506
Tel: 6737 2283 Fax: 6256 1328
Co. Regn. No. 201104850M

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Printed on 22 Nov 2019 14:31:57 by Kay Wee Choo

Page 1 of 1

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

25/11/2019 14:04

JOB-NO: 50112222

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: SHA9715L

TRANS: AUTO

CHASSIS: KMHC851CVKU165049

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEKU298753

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	450.00	0.00	450.00	Y		450 200
2 RESPRAY REAR BUMPER CENTER MOULDING (BLACK)	1.00	200.00	0.00	200.00	Y		100
3 RESPRAY REVERSE SENSOR SET	1.00	80.00	0.00	80.00	Y		X
4 R&R REVERSE SENSOR & CHECK WIRING	1.00	100.00	0.00	100.00	Y		60
5 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	Y		200
6 DIAGNOSTIC (CLEAR FAULT CODE) & RESETTING BLIND DETECTION SENSOR	1.00	180.00	0.00	180.00	Y		X
TOTAL:		1,260.00	0.00	1,260.00			
MATERIALS							
1 REAR BUMPER CENTER MOULDING (BLACK) <i>repair</i>	1.00	325.60	65.12	260.48	L	Y	R
2 REAR BUMPER REINFORCEMENT <i>X SVC</i>	1.00	494.80	98.96	395.84	L	Y	X
3 REAR BUMPER FOG LAMP ASSY <i>ca</i>	1.00	331.50	66.30	265.20	L	Y	ca
4 REAR NUMBER PLATE WITH FRAME <i>ca</i>	1.00	120.00	0.00	120.00	S	Y	35
5 REVERSE SENSOR SET	1.00	260.00	0.00	260.00	S	Y	X SVC
6 REAR BUMPER CLIPS	1.00	35.00	0.00	35.00	S	Y	X SVC
TOTAL:		1,566.90	230.38	1,336.52			
TOTAL PARTS & LABOUR :		2,826.90	230.38	2,596.52			

EXCESS/LOADING:\$ 0.00

No. Of Day: 2 days

RE-SURVEY: BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 25 / 11 / 19

SURVEYED BY: RABUL

CONTACT NO: 90010068 FAX NO: _____

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

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

Signature: _____
Date: _____

CLAIM DETAILS

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

Winkley

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

25/11/2019 14:04

OWNER'S PARTICULARS

JOB-NO: 50112222

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA9715L

TRANS: AUTO

CHASSIS: KMHC851CVKU165049

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEKU298753

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	450.00	0.00	450.00	Y		450 200
2 RESPRAY REAR BUMPER CENTER MOULDING (BLACK)	1.00	200.00	0.00	200.00	Y		100
3 RESPRAY REVERSE SENSOR SET	1.00	80.00	0.00	80.00	Y		X
4 R&R REVERSE SENSOR & CHECK WIRING	1.00	100.00	0.00	100.00	Y		60
5 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	Y		200
6 DIAGNOSTIC (CLEAR FAULT CODE) & RESETTING BLIND DETECTION SENSOR	1.00	180.00	0.00	180.00	Y		X
TOTAL:		1,260.00	0.00	1,260.00			
MATERIALS							
1 REAR BUMPER CENTER MOULDING (BLACK) <i>repair</i>	1.00	325.60	65.12	260.48	L	Y	R
2 REAR BUMPER REINFORCEMENT <i>Xsvc</i>	1.00	494.80	98.96	395.84	L	Y	X
3 REAR BUMPER FOG LAMP ASSY <i>ca</i>	1.00	331.50	66.30	265.20	L	Y	ca
4 REAR NUMBER PLATE WITH FRAME <i>ca</i>	1.00	120.00	0.00	120.00	S	Y	35
5 REVERSE SENSOR SET <i>Xsvc</i>	1.00	260.00	0.00	260.00	S	Y	X
6 REAR BUMPER CLIPS <i>Xsvc</i>	1.00	35.00	0.00	35.00	S	Y	X
TOTAL:		1,566.90	230.38	1,336.52			
TOTAL PARTS & LABOUR :		2,826.90	230.38	2,596.52			

560

EXCESS/LOADING: \$\$ 0.00

No. Of Day: 2 days

RE-SURVEY: ~~BEFORE~~ AFTER PAINTING

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

DATE OF SURVEY: 25 / 11 / 19

SURVEYED BY: Rahul

CONTACT NO: 9000068 FAX NO: _____

Part By Part
 Labour = \$ 560
 S/N = \$ 35
 Parts = \$ 265.20
 L+S+P = \$ 860.20
 Final Amount = \$ 860.20

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

2 days
 = P/P



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/INC19020827/R1sd3e2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 18-12-2019



ATTN : CYNDIIE YONG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFS 5072M	Veh. Inspected	SHA 9715L
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1072662-002	Excess (\$)	0.00
Assign From	HAZALYSA BINTI IBRAHIM	Assign Date	25/11/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI AE IONIQ 1.6	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU165049	Colour	YELLOW
Odometer	50667 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

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

4. Description of Damages

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

5. General Information

Accident Date	22/11/2019	Inspect Date / Time	25/11/2019 (01:46 PM)
Survey held at	31 CORPORATION ROAD		
Repairer	DING AUTO PTE LTD		

5a. Remarks

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

5b. Estimate Days of Repair

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



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. SHA 9715L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER CENTER MOULDING (BLACK)	TO REPAIR SEE LABOUR	325.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	494.80	-
1	REAR BUMPER FOG LAMP ASSY	CRACKED	331.50	331.50
	LESS 20% DISCOUNT		-230.38	-66.30
			921.52	265.20
<u>SPECIAL NETT ITEMS</u>				
1	REAR NUMBER PLATE WITH FRAME (SN)	CRACKED	120.00	35.00
1	SET REVERSE SENSOR (SN)	SERVICEABLE	260.00	-
1	REAR BUMPER CLIPS (SN)	SERVICEABLE	35.00	-
			415.00	35.00
<u>LABOUR</u>				
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF REAR BUMPER CENTER MOULDING (BLACK).		450.00	200.00
	RESPRAY REAR BUMPER CENTER MOULDING (BLACK).		200.00	100.00
	RESPRAY REVERSE SENSOR SET.	NOT NECESSARY	80.00	-
	R&R REVERSE SENSOR & CHECK WIRING.		100.00	60.00
	RESPRAY REAR BUMPER.		250.00	200.00
	DIAGNOSTIC (CLEAR FAULT CODE) & RESETTING BLIND DETECTION SENSOR.	NOT NECESSARY	180.00	-
			1,260.00	560.00
GRAND TOTAL			2,596.52	860.20
RECOMMENDED COST OF REPAIRS (CONFIRMED)				860.20

Report Ref No. CS/INC19020827/R1sd3e2

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

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