22/03/2000

ASS. REC. BY: | REF: CS/NC1902089O/RIvd3n2 | Special Instruction:

Surveyor : Rasul

ASSIGNMENT (Office)

From (Person): Hanalysa Bt Ibrahim of INC Date/Time: 9.37am@26/11/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 2379P Insured: SJY9469Y

at Workshop m/s Ding Auto Tel: 96891857

of 31 Corporation Road

Policy No: Claim No: MT/107 2920-002

Sum Insured: Excess:

Make of Veh: D.O.A. 24/11/19
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 9.19am@26/11/19 Person Contacted: Velen Vehicle IN / OUT

Date/Time	Action/Instruction
	SHB 2379P-X
2/12/19	Final fig $3186.64 confirmed by email (Rcd 1034.60, 24/9

ASS. REC. BY: Rose | REF: INC | 8399

ASSIGNMENT

From: | Date: 26/11/19

Estimated Cost:

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

To Inspect Vehicle No: SHB 2379P

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

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: | 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 1up?

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHB 2379P | Yr Regn: 2019 / July

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

Truck / Trailer or

Make: Hyundai Aeionic 1.6 | c.c 1580

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

Sp.Reading 32849 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVKU164691

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: --

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

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	24/11/19	D.O.I.	26/11/19

Survey held at Ding Auto 2.43

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

O/S FRT

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

Date / Time	Action / Instruction

RECEIVED 02 DEC 2019

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 2/12 - typist

Days Of Repair: 3

Resurvey No. of Trip: 3

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

Survey Fee:

Transportation: S + RS SI

Photos

Others

250

TOTAL

Report Format : TP

Lump Sum / I.B.I: ($ 3186.64)

Nivitha (LKK Auto)

From: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Sent: Wednesday, 27 November 2019 9:49 AM
To: Admin-D (LKKAuto); assignments
Cc: Hazalysa Binte Ibrahim; SUR
Subject: RE: TP CASES FARMED OUT TO LKK ON 26/11/2019

Dear LKK,

Re-send with details.

Thank you.

Warmest Regards

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

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 26 November 2019 10:40 AM
To: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>; assignments <assignments@lkkauto.com>
Cc: Susan Ting <susan.ting@income.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: TP CASES FARMED OUT TO LKK ON 26/11/2019

Dear Hazalysa,

Thank you for the assignment.

Best Regards

G.NIVITHA
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Hazalysa Binte Ibrahim [mailto:hazalysa.ibrahim@income.com.sg]
Sent: Tuesday, 26 November 2019 9:37 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: Susan Ting <susan.ting@income.com.sg>; Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Subject: TP CASES FARMED OUT TO LKK ON 26/11/2019

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	Fiona Shen	MT/1072178-002	SJV8136E	CAR LIFE AUTO ENGINEERING SERVICES	BLK 1002 BUKIT MERAH LANE 3 #01-75	/ 62733810		GBG182Y	20/11/19	
2	Cyndiie Yong	MT/1072920-002	SHB2379P	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	VADIVELAN MOHAN / 62657130 / 96891857		SJY9469Y	24/11/19	
3	Cyndiie Yong	MT/1072650-002	SHA9526R	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	VADIVELAN MOHAN / / 62657130 / 96891857		SKB9548L	22/11/19	

4	Eng Huey Huey	MT/1072027-002	SCR784R	HIN LUNG WORKSHOP	BLK 1008 #01-20 BUKIT MERAH LANE 3 SINGAPORE 159722	Anna / 6858 3000	10:00-12:00	FZ4485A	18/11/19	
5	Juliana Lee	MT/1072062-002	FX7628X	LEONG SENG MOTOR PTE LTD	BLK 1006 #01-08 BUKIT MERAH LANE 2 SINGAPORE 159762	c s teo / 62737469	10:00-12:00	SJY6501G	16/11/19	will be on half day leave tomorrow afternoon**
6	Juliana Lee	MT/1072594-002	SLS6866L	MILLION AUTO SERVICE	4 PENJURU PLACE #01-12 2.8 PENJURU TECH HUB	Ms Chong / 82285020 / 62649091		SMN787K	21/11/19	
7	Chester Chong	MT/1072243-002	SKS711B	TRANS EUROKARS PTE LTD	27A TANJONG PERJURU SINGAPORE 609042	Jess Francis Carlos / 8128 9802	14:00-16:00	SGM751P	19/11/19	

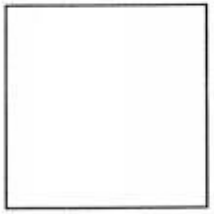
Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Warmest Regards

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



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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 2 December 2019 3:02 PM
To: Taxis Customer Service; Rasul (LKKAuto)
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; CS A Team; Asher Sng (LKKAuto); SUR; Admin A; SUR
Subject: RE: 50112229 / SHB2379P - Finalize Amount & Before Paint & After Repair Photo & Question Mark Item Photo . (DOA:24/11/2019)

Dear Guang,

WITHOUT PREJUDICE

Confirmed finalize amount $3186.64 before GST @ 3 working days.

Kindly send Final invoice and all supporting documents directly to NTUC INCOME

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: Saturday, 30 November 2019 10:06 AM
To: Rasul (LKKAuto) <Rasul@lkkauto.com>
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; CS A Team <cs-a@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>; SUR <sur@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: 50112229 / SHB2379P - Finalize Amount & Before Paint & After Repair Photo & Question Mark Item Photo . (DOA:24/11/2019)

Dear Rasul,

Please see below for the finalize according to our conversion to finalize for SHB2379P

Please refer attachment Estimate & Before Paint & After Paint & Question Mark Item in estimate No.2 for SHB2379P

Part By Part

Total Repair - 03 Days

Labour = $630

S/n = $30

Parts = $2526.64

L+S+P = $3186.64

Total Finalize amount = $3186.64

Thank You

Best Regards ,

Guang
Ding Automotive Pte Ltd
Hp : 93299929 / 62657130

MSK119155501 / ST Engineering Land Systems Ltd - HQ
ENTRY DATE & TIME: 25/11/2019 15:54
SUBMITTED BY: WONG SIEW KEONG

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 witholding 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	25/11/2019 15:54
Date Of Accident	24/11/2019 09:50
Exact Location Of Accident	WATERWAY POINT ENTRY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB2379P
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	MOHAMMAD YUSMAN BIN RAHMAN
NRIC No	S1705896G
Date Of Birth	07/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87549226
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 688C CHOA CHU KANG CRESCENT #08-120 SINGAPORE
Postcode	683688
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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	SJY9469Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SNG TECK KIANG (SUN DEQIANG)
NRIC/Passport Number	S7432139I
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.

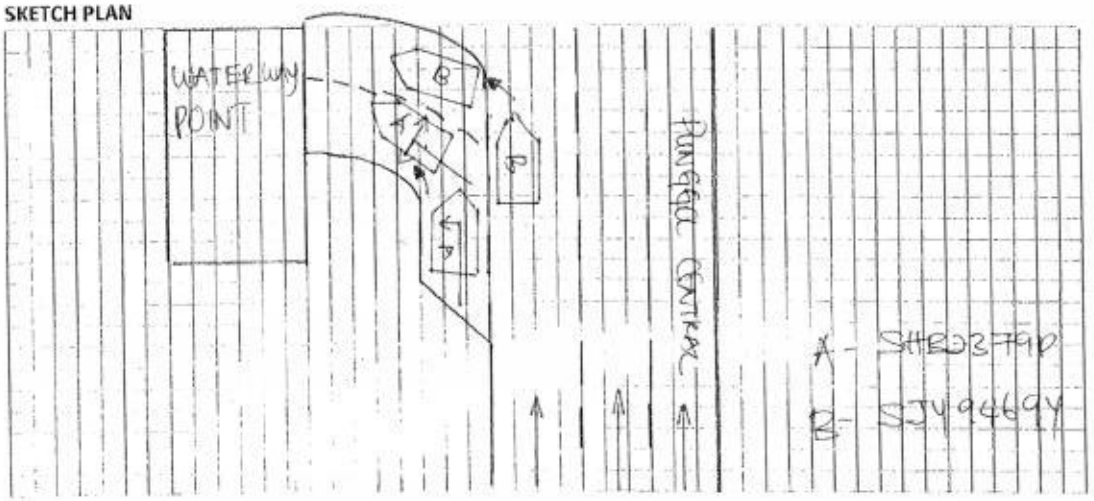
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 25/11/19 1550 hrs.	Reporting Centre Personnel's Signature Name: [illegible] NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24 NOVEMBER 2019 ABOUT 09:50 HOURS I WAS DRIVING MY TAXI (SHB3379P) TOWARDS WATERWAY POINT TO PICK UP BOOKING CUSTOMERS. BEFORE TURNING WATERWAY POINT, I TOOK MOST LEFT LANE WHICH ALLOWED TO MAKE TURNING TO WATERWAY POINT. WHILE MAKE TURNING SUDDENLY 1 VEHICLE (SJ9469Y) MADE TURING FROM OUTER LANE WHICH PROCEEDING STRAIGHT. DUE TO HIS SUDDEN CUT LANE, HIS VEHICLE COLLIDED INTO MY VEHICLE. MY FRONT RHS BODY HAD DAMAGED. ROAD DIRECTION CLEARLY STATED THOSE VEHICLE INTEND TO MAKE LEFT TURN, MUST USE LEFT LANE FOR TURNING TOWARDS WATERWAY POINT. I TOOK SCENE PHOTOS AND EXCHANGED PARTICULARS FOR INSURANCE REPORTING PURPOSE. NO INJURY WAS INVOLVED AT TIME.

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: 25/11/19 1550 hrs	Reporting Centre Personnel's Signature Name: VERO NRIC/FIN No.:

GLASMC Sketch Plan Form V3

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

25/11/2019 18:44

JOB-NO: 50112229

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880
64739522

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHB2379P TRANS: AUTO CHASSIS: KMHC851CVKU164691

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 D ENGINE: G4LEKU297757

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	800.00	0.00	800.00		Y	300
2 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
3 RESPRAY FRONT BUMPER GARNISH (BLACK)	1.00	200.00	0.00	200.00		Y	100
4 CHECK WIRING & LIGHTING SYSTEM & RE-POSITION HEADLAMP	1.00	120.00	0.00	120.00		Y	30
5 RESPRAY FRONT RHS FENDER	1.00	200.00	0.00	200.00		Y	XNA
TOTAL:		1,570.00	0.00	1,570.00			
MATERIALS							
1 FRONT BUMPER SCR	1.00	799.68	159.94	639.74	L	Y	
2 FRONT BUMPER RETAINER RH ? CA	1.00	62.32	12.46	49.86	L	Y	
3 FRONT RHS HEADLAMP ASSY SCR	1.00	1,908.10	381.62	1,526.48	L	Y	
4 FRONT BUMPER GARNISH BLACK SCR	1.00	388.20	77.64	310.56	L	Y	
5 FRONT RHS DAYLIGHT COVER (BLACK) ? X	1.00	49.50	9.90	39.60	L	Y	
6 FRONT RHS FENDER (REPAIR) X	1.00	0.00	0.00	0.00	L	Y	
7 FRONT BUMPER CLIPS NE	1.00	45.00	0.00	~~45.00~~ 20	S	Y	
8 FRONT BUMPER RIVET SET NE	1.00	40.00	0.00	~~40.00~~ 10	S	Y	
TOTAL:		3,292.80	641.56	2,651.24			
TOTAL PARTS & LABOUR :		4,862.80	641.56	4,221.24			

EXCESS/LOADING:S$ 0.00

No. Of Day: 3 days 27/11/19

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART/OR LUMP SUM: S$ _____

DATE OF SURVEY: 26 / 11 / 19 @1440

SURVEYED BY: RAJA

CONTACT NO: 90010068 FAX NO: _____

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

DAuto001

Ding Auto User 1

ESTIMATOR

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer
Signature:
Date:

CLAIM DETAILS

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

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

25/11/2019 18:44

JOB-NO: 50112229

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880
64739522

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHB2379P TRANS: AUTO CHASSIS: KMHC851CVKU164691

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 D ENGINE: G4LEKU297757

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	800.00	0.00	800.00		Y	300
2 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
3 RESPRAY FRONT BUMPER GARNISH (BLACK)	1.00	200.00	0.00	200.00		Y	100
4 CHECK WIRING & LIGHTING SYSTEM & RE-POSITION HEADLAMP	1.00	120.00	0.00	120.00		Y	30
5 RESPRAY FRONT RHS FENDER	1.00	200.00	0.00	200.00		Y	X
TOTAL:		1,570.00	0.00	1,570.00			
MATERIALS							
1 FRONT BUMPER SCR	1.00	799.68	159.94	639.74	L	Y	
2 FRONT BUMPER RETAINER RH	1.00	62.32	12.46	49.86	L	Y	V
3 FRONT RHS HEADLAMP ASSY SCR	1.00	1,908.10	381.62	1,526.48	L	Y	
4 FRONT BUMPER GARNISH BLACK SCR	1.00	388.20	77.64	310.56	L	Y	
5 FRONT RHS DAYLIGHT COVER (BLACK)	1.00	49.50	9.90	39.60	L	Y	
6 FRONT RHS FENDER (REPAIR) X	1.00	0.00	0.00	0.00	L	Y	
7 FRONT BUMPER CLIPS RE	1.00	45.00	0.00	~~45.00~~ 20	S	Y	
8 FRONT BUMPER RIVET SET RE	1.00	40.00	0.00	~~40.00~~ 10	S	Y	
TOTAL:		3,292.80	641.56	2,651.24			
TOTAL PARTS & LABOUR :		4,862.80	641.56	4,221.24			

EXCESS/LOADING-S$ 0.00

No. Of Day: 3 days

RE-SURVEY (BEFORE) / AFTER PAINTING

(PART-BY-PART) / OR LUMP SUM: S$

DATE OF SURVEY: 26 / 11 / 19 @1440

SURVEYED BY: RAHIL

CONTACT NO: 90010068 FAX NO:

Part By Part
Labour = $630
S/N = $30
Parts = $2526.64
Lump = $3186.64
Final Amount = $3186.64

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

DAuto001
Ding Auto User 1

ESTIMATOR

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
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556
ATTN: CYNDIIE YONG

Ref: CS/INC19020890/R1vd3n2
Date: 03-12-2019
Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJY 9469Y	**Veh. Inspected**	SHB 2379P
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1072920-002	**Excess ($)**	0.00
	Assign From	HAZALYSA BINTI IBRAHIM	**Assign Date**	26/11/2019

2. Vehicle Particulars & Condition

	Make & Model	HYUNDAI AE IONIQ 1.6	**c.c**	1580
	Engine No.	HIDDEN	**Year of Reg.**	2019
	Chassis No.	KMHC851CVKU164691	**Colour**	YELLOW
	Odometer	32849 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	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 O/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	24/11/2019	**Inspect Date / Time**	26/11/2019 (02:43 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: **3 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 2379P

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	SCRATCHED	799.68	799.68
1	FRONT BUMPER RETAINER RH	CRACKED	62.32	62.32
1	FRONT RHS HEADLAMP ASSY	SCRATCHED	1,908.10	1,908.10
1	FRONT BUMPER GARNISH BLACK	SCRATCHED	388.20	388.20
1	FRONT RHS DAYLIGHT COVER (BLACK)	NOT NECESSARY	49.50	-
1	FRONT RHS FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-641.56	-631.66
			2,566.24	2,526.64
	SPECIAL NETT ITEMS			
1	FRONT BUMPER CLIPS (SN)	NECESSARY	45.00	20.00
1	SET FRONT BUMPER RIVET (SN)	NECESSARY	40.00	10.00
			85.00	30.00
	LABOUR			
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS.INCLUSIVE OF THE REPAIR OF FRONT RHS FENDER.		800.00	300.00
	RESPRAY FRONT BUMPER.		250.00	200.00
	RESPRAY FRONT BUMPER GARNISH (BLACK).		200.00	100.00
	CHECK WIRING & LIGHTING SYSTEM & RE-POSITION HEADLAMP.		120.00	30.00
	RESPRAY FRONT RHS FENDER.	NOT NECESSARY	200.00	-
			1,570.00	630.00
	GRAND TOTAL		**4,221.24**	**3,186.64**
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			**3,186.64**

Report Ref No. CS/INC19020890/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