ASS. REC. BY: | REF: CS/INC1902841/R&D3M2 Special Instruction:

Surveyor: ROSU1

ASSIGNMENT (Office)

From (Person): Herzalysa Binti 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: SHA 9526R Insured: SKB9548L

at Workshop m/s Ding Auto Tel: 96891857

of 31 corporation Road

Policy No: Claim No: MT/1072650-002

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 22/11/19

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

Date/Time: 9:49am @ 26/11/19 Person Contacted: velan Vehicle IN / OUT

Date/Time	Action/Instruction
	Informed ✓
	SHA 9526R – NS/INC1902841/CA DOA: 22/11/2019
01/12/19 @ 2:35pm	confirmed with Guang Final fig 3273.75, 4 days. cled @ 2833.30, 46%)

ASS. REC. BY: Rosa REF: INC

ASSIGNMENT

From: Date: 26/11/19

Estimated Cost:

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

To Inspect Vehicle No: SHA 9526R

at Workshop m/s Ding Auto

of 31 Corporation Road

Insured:

Policy No.

Claims No.

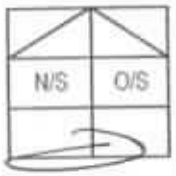
Sum Insured: Excess:

(Client's Record)

Make of Veh: Velar

(Policy Condition)

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



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 lup

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 9526R Yr Regn: 2019 / FEB

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

Make: HYUNDAI AELON 1.6 c.c 1580

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

Sp.Reading 106666 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVKU131981

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: 195/55R15

R: ~

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.	22/11/19	D.O.I.	26/11/19 2.51 pm

Survey held at DING AUTO

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

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

Date / Time	Action / Instruction

RECEIVED 04 DEC 2019

Date/Time, File Pass to? 1) 04/12 Thurs

Date/Time, File Return to? 2)

3)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / LE.D.I : 3273.73

Survey Fee:	
Transportation:	
___$ + RS ___$	
Photos	
Other:	
TOTAL	250

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	

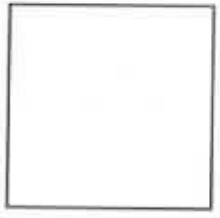
Please contact workshops.

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.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Monday, 2 December 2019 2:35 PM
To: Taxis Customer Service; Rasul (LKKAuto)
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; SUR
Subject: RE: 50112224 / SHA9526R - Finalize Amount & Before Paint & After Repair Photo . (DOA:22/11/2019)

Dear Guang,

WITHOUT PREJUDICE

Confirm final fig $3,273.79 before GST and 4 repair days.

Kindly send the relevant documents to NTUC Insurance company.

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

From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Saturday, 30 November 2019 10:34 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: 50112224 / SHA9526R - Finalize Amount & Before Paint & After Repair Photo . (DOA:22/11/2019)

Dear Rasul,

Please see below for the finalize according to our conversion to finalize for SHA9526R

Please refer attachment Estimate & Before Paint & After Paint for SHA9526R

Part By Part

Total Repair - 04 Days

Labour = $1030

S/n = $345

Parts = $1898.79

L+S+P = $3273.79

Total Finalize amount = $3273.79

Thank You

MSK119154628 / ST Engineering Land Systems Ltd - HQ
ENTRY DATE & TIME: 23/11/2019 09:06
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 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	23/11/2019 09:06
Date Of Accident	22/11/2019 19:30
Exact Location Of Accident	ALONG AIRPORT BOULEVARD TOWARDS T1 3RD LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA9526R
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	WONG KEE HUEN
NRIC No	S1258304D
Date Of Birth	25/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1977
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96750170
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 170 BUKIT BATOK WEST AVENUE 8 #25-369 SINGAPORE
Postcode	650170
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: NO. 92 BOON LAY WAY , **POSTCODE**: 609962 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-8999999 - **FAX NO**: 66655791
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER POLICE REPORT -T/20191123/2019

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	SKB9548L
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KENNEDY WONG MING THAI
NRIC/Passport Number	S9739668Z

Contact Number	98343883
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG KEE HUEN
Approximate Age	62
Injuries Sustain	3 DAYS MC
Injured person in which vehicle?	SHA9526R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 170 BUKIT BATOK WEST AVENUE 8 #25-369 SINGAPORE
Postcode	650170

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 any 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.

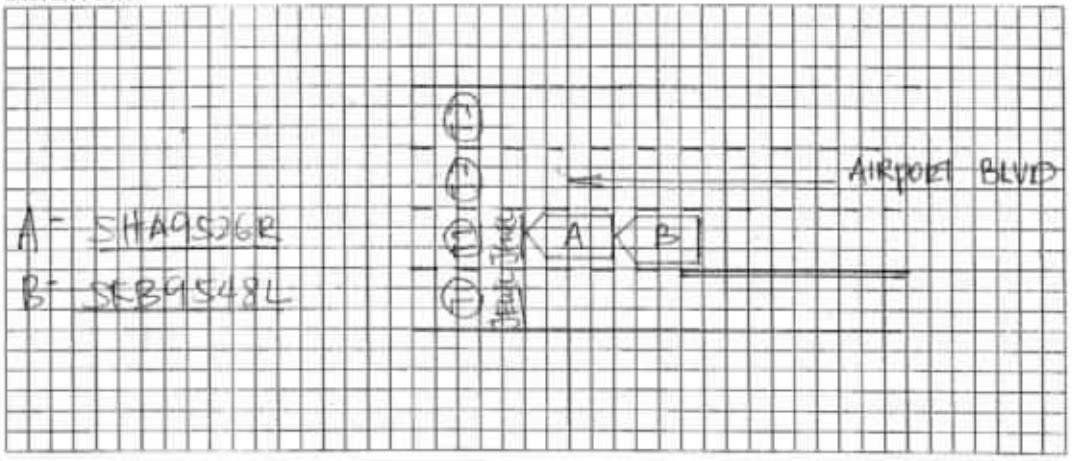
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 28/6/19 09:10 hrs	Reporting Centre Personnel's Signature Name: WHO! NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT → (T/20191123/2019)

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: 23/11/19 09:10 Hrs.	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Ng Teng Fong General Hospital

A member of the NUHS

MEDICAL CERTIFICATE (Ref:62345487) **ORIGINAL**

NAME: WONG KEE HUEN **NRIC:** S1258304D

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

The above named is unfit for duty from **23/11/2019** to **25/11/2019** inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **22/11/2019 23:50** to **23/11/2019 05:16.**

23/11/2019
Date

Dr. Yang Jing Wilena LEE (62977D)
Issued by

Signature

Location: NTFGH EMERGENCY

SINGAPORE POLICE FORCE

T/20191123/2019

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No. 1800-8999999

Report No. T/20191123/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/11/2019 06:11		19

Informant's Particulars

Name of Informant: WONG KEE HUEN			Address: APT BLK 170 BUKIT BATOK WEST AVENUE 8 #25-369 SINGAPORE 650170	
ID Type / ID No.: NRIC NO / S1258304D			Contact No.: Home/Office:	Mobile: 96750170
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 25/06/1957	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2019 19:30	Type of Location: Straight Road

Location:
Along Road 1
AIRPORT BOULEVARD

Along Airport Boulevard towards Terminal 1, third lane out of four lane

Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h
Traffic Flow: One Way	Traffic Control: Not Controlled	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
SHA9526R	Car	HYUNDAI		Yellow	Seriously Damaged	1
SKB9548L	Car	BMW		Blue	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/20191123/2019

Report No. T/20191123/2019

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No. 1800-8999999

CONTINUATION OF REPORT

Driver					
Name	WONG KEE HUEN			ID No.	S1258304D
Related Vehicle	SHA9526R (Car)			Contact No.	96750170
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	23/11/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Driver					
Name	KENNEDY WONG MING THAI			ID No.	S9739668Z
Related Vehicle	SKB9548L (Car)			Contact No.	98343883
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 22/11/2019 at about 1930hrs, I was driving my company 'Citycab' bearing license plate SHA9526R along Airport Boulevard towards Changi Airport Terminal One with a passenger. It was a four lane road, with two lanes going towards Terminal Two (lanes 1 and 2) . I was on the third lane and there was a long queue to enter Terminal One. My vehicle was travelling at about 50km/hrs and I noticed that the vehicles in-front was coming to a stop. I then applied brakes to stop my vehicle. All of a sudden, a dark blue BMW (SKB9548L) collided into the rear of my vehicle.

Upon collision, I alighted from my vehicle to make a check and discovered that my rear bumper was badly damaged while the other vehicle's front bumper was badly damaged. However, as no one was injured at the point of time, I exchanged particulars with the driver and we left the scene. On 22/11/2019 at about 2100hrs, I felt discomfort on my neck and shoulder area. Hence, I proceeded to 'Central 24hr clinic' located at Blk 492 Jurong West St 41 #01-54 to see a doctor and I was referred to Ng Teng Fong General Hospital. I then proceeded to Ng Teng Fong General Hospital and I received three days of medical leave from 23/11/2019 to 25/11/2019. I wish to state that I have in-car camera installed in my vehicle.

SINGAPORE POLICE FORCE

T/20191123/2019

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Report No. T/20191123/2019

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 3 LEONG HIN CHI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2019 06:11
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

23/11/2019 14:46

JOB-NO: 50112224

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880

ADDRESS: 383 SIN MING DRIVE 64739522
SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHA9526R TRANS: AUTO CHASSIS: KMHC851CVKU131981

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI ENGINE: G4LEJU164958

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	1,400.00	0.00	1,400.00		Y	450
2	RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
3	RESPRAY REAR BUMPER CENTER MOULDING (BLACK)	1.00	200.00	0.00	200.00		Y	100
4	RESPRAY REVERSE SENSOR SET	1.00	60.00	0.00	60.00		Y	X NA
5	RESPRAY END PANEL INNER&OUTER	1.00	250.00	0.00	250.00		Y	200
6	R&R REVERSE SENSOR & CHECK WIRING AND CONNECTION & CLEAR FAULT CODE	1.00	150.00	0.00	150.00		Y	60
7	SUNDRIES NEW	1.00	60.00	0.00	60.00		Y	20
	TOTAL:		2,370.00	0.00	2,370.00			
MATERIALS								
1	REAR BUMPER ASSY tow	1.00	659.40	131.88	527.52	L	Y	
2	REAR BUMPER REINFORCEMENT CR	1.00	494.80	98.96	395.84	L	Y	
3	REAR BUMPER CENTER MOULDING (BLACK) CR	1.00	325.60	65.12	260.48	L	Y	
4	REAR LHS TOWING CAP Cut	1.00	39.63	7.93	31.70	L	Y	
5	REAR BUMPER LOWER LIP MOULDING SUR	1.00	119.70	23.94	95.76	L	Y	
6	REAR NUMBER PLATE LIGHT ASSY LHS X SUR	1.00	153.56	30.71	122.85	L	Y	
7	REAR NUMBER PLATE LIGHT ASSY RHS X SUR	1.00	153.56	30.71	122.85	L	Y	
8	REAR BUMPER REFLECTOR RHS X SUR	1.00	38.68	7.74	30.94	L	Y	
9	REAR BUMPER REFLECTOR LHS X SUR	1.00	38.68	7.74	30.94	L	Y	
10	REAR BUMPER SPOT LIGHT CR	1.00	346.30	69.26	277.04	L	Y	
11	REAR END PANEL repair	1.00	632.20	126.44	505.76	L	Y	
12	REAR BUMPER REINFORCEMENT ARM RH X SUR	1.00	203.10	40.62	162.48	L	Y	
13	REAR BUMPER REINFORCEMENT ARM LH X SUR	1.00	203.10	40.62	162.48	L	Y	
14	REAR BUMPER UNDERCARRIAGE COVER CENTER CR	1.00	129.30	25.86	103.44	L	Y	
15	REAR BUMPER UNDERCARRIAGE COVER LHS CR	1.00	89.90	17.98	71.92	L	Y	
16	REAR BUMPER CLIPS NEW	1.00	45.00	0.00	45.00 20	S	Y	20
17	REAR BUMPER PROTECTOR PAD (HYUNDAI) Cut	1.00	150.00	0.00	150.00 60	S	Y	60
18	REVERSE SENSOR SET NEW	1.00	260.00	0.00	260.00	S	Y	220
19	REAR END PANEL SEALANT X NA	1.00	80.00	0.00	80.00	S	Y	X NA
20	REAR NUMBER PLATE WITH FRAME MIS	1.00	120.00	0.00	120.00	S	Y	35
21	REAR BUMPER UNDERCARRIAGE COVER CLIPS NEW	1.00	45.00	0.00	45.00 10	S	Y	10
	TOTAL:		4,327.51	725.51	3,602.00			

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
TOTAL PARTS & LABOUR :		6,697.51	725.51	5,972.00			

EXCESS/LOADING:S$ 0.00

No. Of Day: 4 days

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: S$

DATE OF SURVEY: 26 / 11 / 19 @ 1455

SURVEYED BY: BASIL

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

TEL: FAX:

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

23/11/2019 14:46

JOB-NO: 50112224

OWNER'S PARTICULARS

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

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHA9526R TRANS: AUTO CHASSIS: KMHC851CVKU131981

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI ENGINE: G4LEJU164958

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	1,400.00	0.00	1,400.00		Y	450
2	RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
3	RESPRAY REAR BUMPER CENTER MOULDING (BLACK)	1.00	200.00	0.00	200.00		Y	100
4	RESPRAY REVERSE SENSOR SET	1.00	60.00	0.00	60.00		Y	X
5	RESPRAY END PANEL INNER&OUTER	1.00	250.00	0.00	250.00		Y	200
6	R&R REVERSE SENSOR & CHECK WIRING AND CONNECTION & CLEAR FAULT CODE	1.00	150.00	0.00	150.00		Y	60
7	SUNDRIES	1.00	60.00	0.00	60.00		Y	20
	TOTAL:		2,370.00	0.00	2,370.00			
	MATERIALS							
1	REAR BUMPER ASSY form /	1.00	659.40	131.88	527.52	L	Y	
2	REAR BUMPER REINFORCEMENT CM /	1.00	494.80	98.96	395.84	L	Y	
3	REAR BUMPER CENTER MOULDING (BLACK) CM /	1.00	325.60	65.12	260.48	L	Y	
4	REAR LHS TOWING CAP Cut /	1.00	39.63	7.93	31.70	L	Y	
5	REAR BUMPER LOWER LIP MOULDING SUR /	1.00	119.70	23.94	95.76	L	Y	
6	REAR NUMBER PLATE LIGHT ASSY LHS X	1.00	153.56	30.71	122.85	L	Y	
7	REAR NUMBER PLATE LIGHT ASSY RHS X	1.00	153.56	30.71	122.85	L	Y	
8	REAR BUMPER REFLECTOR RHS X	1.00	38.68	7.74	30.94	L	Y	
9	REAR BUMPER REFLECTOR LHS X	1.00	38.68	7.74	30.94	L	Y	
10	REAR BUMPER SPOT LIGHT CM /	1.00	346.30	69.26	277.04	L	Y	
11	REAR END PANEL repair	1.00	632.20	126.44	505.76	L	Y	
12	REAR BUMPER REINFORCEMENT ARM RH X	1.00	203.10	40.62	162.48	L	Y	
13	REAR BUMPER REINFORCEMENT ARM LH X	1.00	203.10	40.62	162.48	L	Y	
14	REAR BUMPER UNDERCARRIAGE COVER CENTER CM /	1.00	129.30	25.86	103.44	L	Y	
15	REAR BUMPER UNDERCARRIAGE COVER LHS CM /	1.00	89.90	17.98	71.92	L	Y	
16	REAR BUMPER CLIPS NE /	1.00	45.00	0.00	45.00 20	S	Y	20
17	REAR BUMPER PROTECTOR PAD (HYUNDAI) Cut /	1.00	150.00	0.00	150.00 60	S	Y	60
18	REVERSE SENSOR SET NM /	1.00	260.00	0.00	260.00	S	Y	220
19	REAR END PANEL SEALANT X	1.00	80.00	0.00	80.00	S	Y	X
20	REAR NUMBER PLATE WITH FRAME MIS /	1.00	120.00	0.00	120.00	S	Y	35
21	REAR BUMPER UNDERCARRIAGE COVER CLIPS NE /	1.00	45.00	0.00	45.00 20 10	S	Y	10
	TOTAL:		4,327.51	725.51	3,602.00			

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
TOTAL PARTS & LABOUR :		6,697.51	725.51	5,972.00			

EXCESS/LOADING:S$ 0.00

No. Of Day: 4 days

RE-SURVEY (BEFORE) AFTER PAINTING

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

DATE OF SURVEY: 26 / 11 / 19 @ 1455

SURVEYED BY: RASUL

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

TEL: FAX:

DING AUTOMOTIVE PTE LTD

Blk 10, #01-20
Sin Ming Industrial Est. Sec C
Singapore 575645
Tel: 6452 1208
Fax: 6452 0614

Vehicle:	SHA8526R
Model:	HYUNDAI IONIQ
Chassis:	KMHC851CVKU131981

PARTS SUPPLEMENTARY & QUOTATION FORM

NO	DESCRIPION	QTY	LIST	DISC	PRICE	SURVEYORS MARKING
1	REAR BUMPER SMART KEY ATENNA Cra	1	$ 168.86	20%	$ 135.09	✓
				PARTS	$ 135.09	

Repair

PARTS	$ 135.09	
TOTAL	$ 135.09	

Part By Part

Labour = $ 1030
S/N = $ 345
Parts = $ 1898.79
Less GP = $ 327379
Final Amount = $ 327379

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

Ref: CS/INC19020891/R1qd3n2

Date: 04-12-2019

ATTN: CYNDIIE YONG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SKB 9548L	**Veh. Inspected**	SHA 9526R
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1072650-002	**Excess ($)**	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.	KMHC851CVKU131981	**Colour**	YELLOW
	Odometer	106666 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	FAIR		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	195/55 R15	TRIANGLE	6 mm
	L/H Front Tyre	195/55 R15	TRIANGLE	6 mm
	R/H Rear Tyre	195/55 R15	TRIANGLE	6 mm
	L/H Rear Tyre	195/55 R15	TRIANGLE	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**	26/11/2019 (02:51 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9526R

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER ASSY	TORN	659.40	659.40
1	REAR BUMPER REINFORCEMENT	CRACKED	494.80	494.80
1	REAR BUMPER CENTER MOULDING (BLACK)	CRACKED	325.60	325.60
1	REAR LHS TOWING CAP	CUT	39.63	39.63
1	REAR BUMPER LOWER LIP MOULDING	SCRATCHED	119.70	119.70
1	REAR NUMBER PLATE LIGHT ASSY LHS	SERVICEABLE	153.56	-
1	REAR NUMBER PLATE LIGHT ASSY RHS	SERVICEABLE	153.56	-
1	REAR BUMPER REFLECTOR RHS	SERVICEABLE	38.68	-
1	REAR BUMPER REFLECTOR LHS	SERVICEABLE	38.68	-
1	REAR BUMPER SPOT LIGHT	CRACKED	346.30	346.30
1	REAR END PANEL	TO REPAIR SEE LABOUR	632.20	-
1	REAR BUMPER REINFORCEMENT ARM RH	SERVICEABLE	203.10	-
1	REAR BUMPER REINFORCEMENT ARM LH	SERVICEABLE	203.10	-
1	REAR BUMPER UNDERCARRIAGE COVER CENTER	CRACKED	129.30	129.30
1	REAR BUMPER UNDERCARRIAGE COVER LHS	CRACKED	89.90	89.90
1	REAR BUMPER SMART KEY ANTENNA (ADDITIONAL)	CRACKED	168.86	168.86
	LESS 20% DISCOUNT		-759.27	-474.70
			3,037.10	1,898.79
	SPECIAL NETT ITEMS			
1	REAR BUMPER CLIPS (SN)	NECESSARY	45.00	20.00
1	REAR BUMPER PROTECTOR PAD (HYUNDAI)(SN)	CUT	150.00	60.00
1	SET REVERSE SENSOR (SN)	NOT WORKING	260.00	220.00
1	REAR END PANEL SEALANT (SN)	NOT NECESSARY	80.00	-
1	REAR NUMBER PLATE WITH FRAME (SN)	MISSING	120.00	35.00
1	REAR BUMPER UNDERCARRIAGE COVER CLIPS (SN)	NECESSARY	45.00	10.00
1	SUNDRIES (SN)	NECESSARY	60.00	20.00
			760.00	365.00

Report Ref No. CS/INC19020891/R1qd3n2

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	LABOUR			
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS.INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,400.00	450.00
	RESPRAY REAR BUMPER.		250.00	200.00
	RESPRAY REAR BUMPER CENTER MOULDING (BLACK).		200.00	100.00
	RESPRAY REVERSE SENSOR SET.	NOT NECESSARY	60.00	-
	RESPRAY END PANEL INNER & OUTER.		250.00	200.00
	R&R REVERSE SENSOR & CHECK WIRING AND CONNECTION & CLEAR FAULT CODE.		150.00	60.00
			2,310.00	1,010.00
	GRAND TOTAL		**6,107.10**	**3,273.79**

	RECOMMENDED COST OF REPAIRS (CONFIRMED)			**3,273.79**

Report Ref No. CS/INC19020891/R1qd3n2

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