20072003		10	1 1			
ASS. REC. BY:	REF: 03 CT11902	2870/DW	3 n2 Process 1	attructions		
Juneyr: SMKIN	ASSIGNME	NT (Office)				
From (Person): Ben Tang	of	CTI	Date	Time:	27/12/190	507
Estimated Cost:		Bill to:				
ON THE WSTTP RESTORE	ES / EVA / INV / MV / C	S	•		8	
l'o Inspect Vehicle No:	SHA 941		Insured:	12	P 9938H	
nt Workshop in/s	Chunni Mot	or	Tel:	652	92519	
of10	Amk Ind . Perle of		6			
Policy No:		Claim No:		106	130/3/1999	384/
Sum Insured:		Екоева		200	-/-/	4.4.
Make of Vely: Client's Record)		Davosa	D.O).A	osla/201	9
CA / REV / REP. / REV 241	PER			on the street		
Date/Time: 10 · IIAM 3011	allen	1		O.D. Ender		
1 3011	Werson Contacted:	dynn-	Vehiq	C.INI	UL	
Date/Time Action/Instruction	Eshmoly C					
3HA9414E	-BRILIONAIS	(Anton)	3	SUAL	71/08/2017	
	- CS((\$1100223	20/11/2			35/12/20	
. 1	CALL COLL OF THE PARTY	-17 400		154(17)	33 12 30	107
			-			
			_			
N						

Nivitha (LKK Auto)

From:

Ben Tang <Ben.Tang@sg.cntaiping.com>

Sent:

Friday, 27 December 2019 5:27 PM

To:

assignments@lkkauto.com

Subject:

FW: OUR REF: SNM19D206130/SJP9938H/BEN & YOUR REF: SHA9414E-PRS -

Accident involving veh no: SHA 9414E & SJP 9938H on 25.12.19

Dear Sirs

We refer to above matter.

Please assist to arrange for PRS survey of TP vehicle SHA9414E.

Thank you.

Best Regards Ben Tang Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #XX-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6175 | F: (65) 6222 1033

W: www.sq.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

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From: Chunni Motor <chunnimotor@gmail.com>

Sent: Friday, December 27, 2019 4:59 PM To: Ben Tang <Ben. Tang@sg.cntaiping.com>

Ce: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: Re: OUR REF: SNM19D206130/SJP9938H/BEN & YOUR REF: SHA9414E-PRS -Accident

involving veh no: SHA 9414E & SJP 9938H on 25.12.19

Dear Sir.

We appoint LKK.

Thank you

Regards.

Chunni Motor Work P/L

On Fri, Dec 27, 2019 at 4:42 PM Ben Tang <Ben. Tang@sg.cntaiping.com> wrote:

WITHOUT PREJUDICE

Dear Sir.

We refer to your email dated 27 December 2019.

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

LKK / LBS / STA

ADRIAN LING	
Kelvin Ang	
SEE CHEW SENG	
MOHD FADHILAH BIN	
OSMAN	
XING QUO QIANG	
KENNETH KONG	
SIMON HO	
CHUA WEIJIE	
MARCUS CHUA	
HENRY NG	

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

Best Regards

Ben Tang

Executive

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #XX-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6175 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

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From: Claims Dept of CTI

Sent: Friday, December 27, 2019 4:33 PM

To: Ben Tang < Ben. Tang@sg.cntaiping.com >; chunnimotor@gmail.com

Subject: OUR REF: SNM19D206130/SJP9938H/BEN & YOUR REF: SHA9414E-PRS -Accident

involving veh no: SHA 9414E & SJP 9938H on 25.12.19

Dear Ben.

Please conduct PRS- SHA9414E soonest possible.

File with officer in charge -Ben Tang -DID: 6389 6175.

Dear Lynn/Irene,

*** kindly quote our reference number when replying.

Regards

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

Tel: 6389 6116

Fax (65) 6224 7175 / 6224 7478

Email: claimsdept@sg.cntaiping.com

Website:www.sq.cntaiping.com

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From: Chunni Motor [mailto:chunnimotor@gmail.com]

Sent: Friday, December 27, 2019 10:11 AM

To: Claims Dept of CTI

Subject: Accident involving veh no: SHA 9414E & SJP 9938H on 25.12.19

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly survey at AMK Autopoint, Soon Hock Motor,#01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162

Thank you for your kind assistance.

MCD619186800 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 26/12/2019 15:39 SUBMITTED BY: Janet Lim Slang Gek Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 27/12/2019 08:51

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 1. Please report correctly the datails 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 misropresentation or witholding of material facts may allow insurance compenies 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.
- By the ladgement 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	26/12/2019 15:39
Date Of Accident	25/12/2019 14:45
Exact Location Of Accident	ANG MO KIO AVE 3 YIO CHU KANG RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA9414E
Insured/Policyholder	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXXB39G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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	THE RESIDENCE OF A SHEET STREET SHEET SHEET SHEET
Name of Driver	TAY HOCK TECK
NRIC No.	SXXXX907E
Date Of Birth	13/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1973
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98731353

NOEMAIL

Address

BLK 332 SEMBAWANG CLOSE

#08-407

Postcode

750332

Was driver an employee of the Insured's Company

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

3

involved in the accident

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)

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

SERANGOON NORTH NPP

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20191225/2081

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

SJP9938H

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

Soon Hock

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJW5115E

Vehicle Make/Model/Colour

MERCEDES

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RH REAR

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.
- 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.
- 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.
- 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.
- 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 ".
 - 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:
 - 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.

CITYCAB PTE LTD

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: 26,12,2019@13:40hrs Lisa

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

= 12				A-SHA 9414E
5			A 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B-SJP 9938H
A A				C-SJW 5115E
(B) (A)	(R)	+		
Soun !	1 = 2 + 1 1			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Attached Police Report:T/20191225/2081
 10-

DECLARATION

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

CITYCAB PTE LTD CO. REG. NO. 199502839G

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time: 26.12.2019@ 13:40hrs

Lisa

Reporting Centre Personnel's Signature Name: -

NRIC/FIN No.: -



Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 1 of 3 Report No. T/20191225/2081

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 119 18:13	fade:	Vide Report No.: F/20191225/0167	Station Diary No.: 22
16000				
Name of	Informant: CK TECK		Address: APT BLK 332 SEMBAWANG 750332	CLOSE #08-407 SINGAPORE
	/ ID No.: 0 / S00119	07E	Contact No.: Home/Office:	Mobile: 98731353
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 13/06/1953	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupa Taxi Dri			Driving Licence Information: Class: 3	Date of Expiry:

Generalis for	and of the Accident			
Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 25/12/2019 14:45	Type of Location: X-Junction
YIO CHU KA ANG MO KIO	O AVENUE 3 io Chu Kang Rd, Ang Mo kid F	Ave 3 and Hou Road Surface: Ory		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage		Fraffic Control: Fraffic Light - Wo	100000	Traffic Volume: Moderate
Type of Collis		е		Anyone conveyed by ambulance: Yes

ים משרפיי	VOT2	Make	(Mess)	E 1:07		TI THE WALLS
SHA9414E	Taxi				Seriously Damaged	3
SJP9938H	Car	- 5			Seriously Damaged	0 -
SJW5115E	Car				Seriously Damaged	



Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 T/20191225/2081

Report No. T/20191225/2081

CONTINUATION OF REPORT

No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Dayer						
Name	TAY HOCK TECK			ID No		S0011907E
Related Vehicle	SHA9414E (Taxi)			Conta	ct No.	98731353
Hospital/Clinic	NIL			Class Drivin Licend Expin	9	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree o			

Brief Details.

On 25/12/2019 @1445hrs, I was driving my taxi (SHA9414E) along Ang Mo Kio Ave 3 towards Hougang Ave 2 with 3 passengers inside my vehicle and I was travelling on the extreme left lane. When I reached the junction of Ang Mo Kio Ave 3 and Yio Chu Kang Road, I stopped my vehicle as the traffic light was 'red' and there was another car (SJW5515E) on my right. As the traffic light turned 'green' I began to move my car forward and before I could make a right turn into Yio Chu Kang Road towards Serangoon, a m/car (SJP9938H) which was travelling along Yio Chu Kang Road towards Upper Thomson collided onto the other car (SJW5115E) which was beside mine and due to the impact which was so great, it caused the car (SJW5115E) to swirl and the said car (SJP9938H) then hit onto my vehicle. I could see that 2 of the passengers from the other 2 cars were injured but I could not actually tell from which vehicle they were from or how serious their injuries were. The 2 injured passengers were conveyed to hospital by embulance. Traffic Police personnel were also at the accident scene attending to the case (F/20191225/0167). My vehicle was badly damaged in the accident and had to be towed away. I and my passengers were not injured in the accident.





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 3 of 3 Report No. T/20191225/2081

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: F / SI ABDUL RASHID BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2019 18:13
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEERA BINTE MOHAMED	Classification Of Case:
HUSSEIN Contact No.: 65476235	SN 151
Authentication Stamp	

Singapore Folice Force

CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9414E

MAKE : DATE : 26.12.2019

TEL : 6542 5119

Mua Pipina FAY - 6542 6039

Pescription/ Labour (RH) de product SV a egulator (RH) Hell pper (RH) Hell	Type	Unit Price	_	Amount 566.30	
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pper (RH) 🖂			S	290.50	×
	I		S	250.60	X
			S	36.10	×
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CH) HH			S	39.20	×
ck (RH)			S	290.80	×
indle (RH)			S	36.30	23.0
oulding (RH)			s	47.10	X
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H) ~~			S	1,030.80	X
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r Hut		8030	S	2,094.40	×
			s	234.00	X
ing Hall			S	3,641.00	×
			*	51011100	(47%)
SUB TOTAL			s	20,559.80	1
LESS 20%			S	4,111.96	
DISCOUNTED TOTAL			_	16,447.84	1
DISCOUNTED TOTAL			-	10,447.04	
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SHA 9414E

y	Parts Description/ Labour	Type	Unit Price	Amount
_	Labour Charge			
	Panel Beating			\$ 2,000.00
	Spray Painting Charge			\$ 1,250.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 50.00
	Transfer of Door			\$ 120.00
	Part of the Application of the Control of the Contr			\$ 200.00
	Remove/Refix Undercarriage (FRT)			\$ 120.00
	FRT Wheel Alignment		1960-00	S 150.00
	Remove/Refix Aircon & Refill Gas		1100	
	Remove/Refix Dashboard			Page State State
	Remove/Refix Front Windscreen Glass			S 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	Re-set Frt ABS System			\$ 200.00
	Re-set Frt Power Window System			\$ 200.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	TOTAL LABOUR			\$ 5,580.00
	ESTIMATE TOTAL			\$ 22,564.84
	Zaliafras ausas		10270.84	
	30/12/2019 @ 1230 ms Nort Another		10270.84	
	Nort Anthur		1 5 8200 -	
	1 Sm 7 days		1	
	(Man			
	May div			
	2KK Auto			
		* To resurve	Consultants hence no er of the following: y before/after spray pointing	
		Parts prio Third part	damaged part(s) during ret is are subject to confirmation survey is on a "Without Pr	n
		- Currelame	modification(s) is allowed stary item(s) must be resur to final approval from Insur	veyed and ance Company
			ed by Repairer	
		Signature: Date:		
			hicle. The final repair	

NAME ADDRESS

Home Tel.:

VIN:

Registration: SHA 9414 E

Technician:

Mileage:

319679

Time Printed 27.12.19 11:00 AM

HYUNDAI 140

Front : Left

Actual BEFORE Specified Range
-0°35' -3°00' 3°00'
3°31' -0°19' 5°41'
-0°09' -1°30' 1°30'
14°19'
13°44'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	BEFORE	Specified Range
-1°10'		-3°00, 3°00,
3°42'		-0°19' 5°41'
-4°35'		-1°30' 1°30'
14°35'	1	
13°25'		

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	BEFORE	Specified Range
0°35'		-3°00, 3°00,
-0°12'		-3°00' 3°00'
-0°16'		-3°00' 3°00'
-4"44"		-3°00' 3°00'

Rear: Left

Actual BEFORE Specified Range
-0°23' -3°30' 2°30'
0°44' -1°30' 1°30'

Camber Toe

Actual	BEFORE	Specified Range
-0"10°		-3°30' 2°30'
0°04'		-1°30' 1°30'

Rear: Right

Rear

Cross Camber Total Toe Thrust Angle

	Near					
Actual	BEFORE	Specified Range				
-0°12'		-3°00' 3°00'				
0°48'		-3°00' 3°00'				
0°20'		-3°00' 3°00'				

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI19022870/DYD3N2

Date:

27/02/2020

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMPCSN1619871903

Claimant Vehicle No:

SHA9414E

Insured Vehicle No :

SJP9938H

Date of Loss:

25/12/2019

Nature of Claim: TP

Claim No:

SNM19D206130/SJP9938H/BEN

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHA9414E

Make & Model:

HYUNDAI 140, 2.0 (A) 11/01/2017 (Man. Year: 2016) Engine No: Chassis No: Odometer:

D4FDGU707080

319680 km

KMHLB41UMHU098312

Reg. Date: Colour:

Yellow

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

205/60R16

Rear Tyre Size:

205/60R16

Front Left Side: Front Right Side: Hankook 5 mm

Rear Left Side: Rear Right Side:

Hankook 5 mm Hankook 5 mm

Hankook 5 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
Parts		16,984.84	8,310.84	8,674.00	51.07
Miscellaneous Items		0.00	0.00	0.00	
Labour		5,580.00	1,960.00	3,620.00	64.87
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Calculated Gross Total (S\$)	22,564.84	10,270.84	12,294.00	54.48
Ap	proved Total (Overridden) (S\$)		8,200.00		
	(S\$)	22,564.84	8,200.00	14,364.84	63.66
	+ GST 7.00/7.00% (S\$)	1,579.54	574.00	1,005.54	63.66
	Nett Amount (S\$)	24,144.38	8,774.00	15,370.38	63,66

INSPECTION

Date of Assignment:

21/02/2020

Chunni Motor Work Pte Ltd (HQ)

Date Inspected:

30/12/2019 Inspected At:

Blk 10 Ang Mo Kio Industrial Park 2A, #03-19 AMK

Autopoint

Singapore 568047

Estimated Period of Repair:

7.0 days

YVONNE WONG YIN CHENG Adjuster: BRYAN TANI Manager:

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

34

35

Reference

REPAIR DETAILS

Recommended Parts

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Feb 2020)

HYUNDAI I40 2.0 (A) (Catalogue:Merimen Singapore 1.0) Parts: 143

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHA9414E) These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with Validity:

the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT FENDER (RH)	Buckled	566.30 FL	*566.30 FL
2	1		*FRONT FENDER SHIELD (RH)	Deformed	174.90 FL	*174.90 FL
3	1		*FRONT DOOR (RH)	Buckled	2,256.40 FL	*2,256.40 FL
4	1		*FRONT DOOR RUBBER	Serviceable	290.50 FL	*-FL
5	1		*FRONT DOOR GEAR/REGULATOR (RH)	Not Necessary	250.60 FL	*-FL
6	1		*FRONT DOOR HINGE UPPER (RH)	Not Necessary	36.10 FL	*-FL
7	1		*FRONT DOOR HINGE LOWER (RH)	Bent	36.10 FL	*36.10 FL
8	1		*FRONT DOOR CHECK (RH)	Not Necessary	39.20 FL	*-FL
9	1		*FRONT DOOR INNER LOCK (RH)	Not Necessary	290.80 FL	*- FL
10	1		*FRONT DOOR OUTER HANDLE (RH)	Not Necessary	36.30 FL	*-FL
11	1		*FRONT DOOR OUTER MOULDING (RH)	Not Necessary	47,10 FL	*-FL
12	1		*FRONT DOOR POWER MOTOR,RH	Not Necessary	296.40 FL	*-FL
13	1		*FRONT DOOR TRIM BOARD (RH)	Not Necessary	973.50 FL	*-FL
14	1		*DOOR CENTRE PILLAR OUTER (RH)	Dented	2,527.80 FL	*2,527.80 FL
15	1		*ROCKER PANEL OUTER GARNISH	Bent/Mounting Cracked	341.40 FL	*341.40 FL
16	1		*FRONT WINDSCREEN MOULDING	Not Necessary	113:30 FL	*-FL
17	1		*FRONT WINDSCREEN PILLAR OUTER (RH)	Dented	1,745.50 FL	*1,745.50 FL
18	1		*FRONT WHEEL RIM (RH)	Distorted	325.30 FL	*325.30 FL
19	1		*FRONT WHEEL HUB CAP (RH)	Cut/Distorted	107.10 FL	*107.10 FL
20	1		*FRONT WHEEL BEARING	Damaged	540.50 FL	*540.50 FL
21	1		*FRONT SHOCK ABSORBER (ASSY)(RH)	Distorted	342.20 FL	*342.20 FL
22	1		*FRONT SHOCK ABSORBER MOUNTING (RH)	Not Necessary	108.80 FL	*-FL
23	1		*FRONT DRIVE SHAFT (RH)	Not Necessary	1,030.80 FL	*-FL
24	1		*RACK & PINION ASSY	Not Necessary	969.60 FL	*- FL
25	1		*STG TIE END	Not Necessary	62.60 FL	*-FL
26	1		*FRONT SUSPENSION LOWER ARM (RH)	Distorted	529.30 FL	*529.30 FL
27	1		*KNUCKLE ARM (RH)	Distorted	552.00 FL	*552.00 FL
28	1		*ENGINE CROSSMEMBER	Not Necessary	2,094.40 FL	*-FL
29	1		*ABS SENSOR	Not Necessary	234.00 FL	*- FL
30	1		*ELECTRIC POWER STEERING	Not Necessary	3,641.00 FL	*-FL
31	1		*FRONT FENDER ADVERTISEMENT LOGO (RH)	Necessary	100.00 FS	*100.00 FS
32	1		*FRONT DOOR COMFORT LOGO (RH)	Necessary	75.00 FS	*75,00 FS
33	1		*FRONT DOOR ADVERTISEMENT LOGO (RH)	Necessary	100.00 FS	*100.00 FS
-				240 77 7 BB 87 a a -	10.00.00	

F=Franchise part. S=SpcNett. L=ListftemDisc.

*FRONT WINDSCREEN SEALANT

*FRONT TYRE (RH)

Sub Total (S\$) 21,096.80 10,319.80 2,008.96 List Item Discount on L Items 20.00/20.00% (S\$) 4,111.96

Not Necessary

Serviceable

8,310.84 Total Parts (S\$) 16,984.84

46.00 FS

216.00 FS

Report was unsubmitted during this print-out.

*-FS

*-FS

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	2,000.00	700.00
2	SPRAY PAINTING CHARGE	New	1,250.00	800.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	100.00	40.00
5	TOWING CHARGE	New	50.00	0.00
6	TRANSFER OF DOOR	New	120.00	60.00
7	REMOVE/REFIX UNDERCARRIAGE (FRT)	New	200.00	150.00
8	FRT WHEEL ALIGNMENT	New	120.00	60.00
9	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	0.00
10	REMOVE/REFIX DASHBOARD	New	450.00	0.00
11	REMOVE/REFIX FRONT WINDSCREEN GLASS	New	120.00	0.00
12	REMOVE/REFIX CUSHION & UPHOLSTERY FRONT	New	90.00	0.00
13	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE)	New	480.00	150.00
14	RE-SET FRT ABS SYSTEM }	New	200.00	0.00
15	RE-SET FRT POWER WINDOW SYSTEM)	New	200.00	0.00
		Gross Labour Cost (S\$)	5,580.00	1,960.00
	Report was unsubmi	tted during this print-out.		

< END OF ESTIMATES >