

2010/0007

ASS. REC. BY:

REF:

CE/FCI/20003537/P/L3<sup>ST</sup>

Special Instruction:

CIVIL/01

65073856

ASSIGNMENT (Office)

From (Person):

Merina Chia

of

FCI

Date/Time:

28/2/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC688E

Insured:

at Workshop m/s

ST Engineering

Tel:

62657130

of

31 Corporation Rd

Policy No:

Claim No:

D20001218MESHV

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25/2/2020

(Client's Record)

CA / REV / REP / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction ( ) Estimate

SHC688E - X

- 4/3/20 Email preli revised to Merina, vehicle TIL, pending investigation
- 4/3/20 @203pm Informal Merina we will apply SCDF report
- 4/3/20 @320pm Spoken to Effendy only received 1 application.
- 11/3/20 Submit Ext TIL - BR: \$28,800 (Est) LTA: \$23,345 NV: \$5,455

Surveyor

REF: FCI

Taxi

ASSIGNMENT

From: *Sherwin Deb* Date: *3/3/2020*

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured.

Policy No.

Claims No.

Sum Insured:

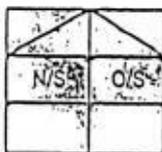
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident 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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: *SHC 688E* Yr Regn: *July 1 2014*

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

Truck / Traller or

Make: *Hyundai I40* c.c. *1685*

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

Sp. Reading *NZL* T/Radio: Insured / Std / NI / NA

Eng/No: *D4FDEU440376*

Ci/No: *KMHLR41UMEVOS7874*

Gen. Cond: Good / Fair / Poor / Burn

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: *205/60 R16*

R: *205/60 R16*

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

TOYO / YOKO or *Linglong*

Front Rear

R/Bal. *5* mm R/Bal. *5.5* mm

L/Bal. *5* mm L/Bal. *5.5* mm

D.O.A. *25/02/2020* D.O.I. *28/02/2020*

Survey held at *Diny Auto (Pioneer)*

Des. of Damages: FR / Rear / O/S / NIS / UIC / Rooftop or *Whole front portion including Engine and Interior Burn*  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

*MV \$28.8K*  
*PAID \$23,345*  
*NL \$5,455*  
*[Signature]*  
*4/3/2020*

RECEIVED 11 MAR 2020

Date/Time, File Plass to?  : Proli. Report

1)  : Final Report

Date/Time, File Return to?

2) *11/3 - typist*

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

*380*

Platibe

Others SCDF

*\$170.00*

TOTAL

*5081 LKK (OAS)*

*\$170.00*  
*04/03/20*

## Veron Chen (LKKAuto)

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**From:** Veron Chen (LKKAuto)  
**Sent:** Wednesday, 4 March 2020 12:46 PM  
**To:** Bryan Ang (LKKAuto); SUR; 'Merina Chia'  
**Cc:** Sithara ✓  
**Subject:** RE: Our Ref: D20001218MFSH - SHC0688E [ OD - \* FIRE CASE \* ]  
**Attachments:** SHC 688E PRELI ADVISED.pdf

Dear Merina,

Enclosed preliminary revised of vehicle SHC 688E  
Date of survey: 28/2/2020

**Vehicle recommended Total Loss and Pending for investigation**

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:** Bryan Ang (LKKAuto) <bryanang@lkkauto.com>  
**Sent:** Friday, 28 February 2020 12:04 PM  
**To:** assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>  
**Cc:** Merina Chia <MerinaChia@msfirstcapital.com.sg>; Sithara <Sithara@msfirstcapital.com.sg>  
**Subject:** FW: Our Ref: D20001218MFSH - SHC0688E [ OD - \* FIRE CASE \* ]

Dear Merina

We will carry out the needful and revert in due course.

Dear Assignment Team

Please assign case to Sherwin. Vehicle lying at Ding Auto.

Best Regards,

**Bryan Ang**

**LKK Auto Consultants Pte Ltd**

phone: 6256-3561 | email: [bryanang@lkkauto.com](mailto:bryanang@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Merina Chia <MerinaChia@msfirstcapital.com.sg>  
**Sent:** Friday, 28 February 2020 10:15 AM  
**To:** Bryan Ang (LKKAuto) <bryanang@lkkauto.com>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>  
**Cc:** Sithara <Sithara@msfirstcapital.com.sg>  
**Subject:** Our Ref: D20001218MFSH - SHC0688E [ OD - \* FIRE CASE \* ]

Dear Bryan,

We refer to the above matter.

Please find attached the accident report & workshop details below:-

**ST Engineering Land Systems Ltd.**

31 Corporation Road  
Singapore 649825

T: (65) 62657130

To look for either Mr Vadi or Mr Wong (O) 62657130

We would like to appoint you for the survey as well as investigation into the cause of fire for this matter. Please revert for instructions.

Please do the necessary investigation on the repairs, service, maintenance and replaced parts as per the maintenance record. Please also comment if the vehicle is deemed as roadworthy and can be released to driver etc.

Please acknowledge receipt.

Thank you.

Best Regards,  
Merina Chia (Ms)  
Motor Claims Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3856  
| Fax No. : 6507 3849 | Email: [merinachia@msfirstcapital.com.sg](mailto:merinachia@msfirstcapital.com.sg) | Company Regn. No. 195000106C  
**A Member of **MS&AD** Insurance Group**

*Personal Data Protection Act 2012 ("PDPA"):*

*Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.*

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Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D20001218MFSH

Our ref: CS/FCI20003537/Pvf3

Date : 4/3/2020

The Motor Claims Department  
MS FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SHC 688E**

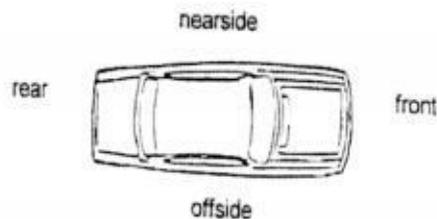
We thank for your instruction on 28/2/2020

Please be informed that we had conducted the inspection of the above mentioned vehicle on 28/2/2020 at the premises of M/s ST ENGINEERING LAND SYSTEMS LTD and have the following to report:-

Workshop Estimate Amount	: S\$TOTAL LOSS
Revised Estimate Amount	: S\$TOTAL LOSS
"Check" Items Amount	: S\$
Book Value	: S\$28,800.00
LTA Reimbursement Value	: S\$23,345.00
Nett Value	: S\$5,455.00

Description of Damage:

The vehicle whole front portion including engine and interior burnt.



Comments/Present Status:

Vehicle recommended Total Loss  
Pending investigation

Yours faithfully,

**Sherwin Beh**  
Technical Investigator

**Celine Fong (LKKAUTO)**

---

**From:** Merina Chia <MerinaChia@msfirstcapital.com.sg>  
**Sent:** Friday, 28 February 2020 10:15 AM  
**To:** Bryan Ang (LKKAUTO); assignments; SUR  
**Cc:** Sithara  
**Subject:** Our Ref: D20001218MFSH - SHC0688E [ OD - \* FIRE CASE \* ]  
**Attachments:** MSK120025289-SHC688E.pdf

Dear Bryan,

We refer to the above matter.

Please find attached the accident report & workshop details below:-

**ST Engineering Land Systems Ltd.**  
31 Corporation Road  
Singapore 649825

T: (65) 62657130

To look for either Mr Vadi or Mr Wong (O) 62657130

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Merina Chia (Ms)  
Motor Claims Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3856  
| Fax No. : 6507 3849 | Email: [merinachia@msfirstcapital.com.sg](mailto:merinachia@msfirstcapital.com.sg) | Company Regn. No. 195000106C  
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Report ID : ZFCRPL32  
 DMS : 26.02.2020  
 TIME : 09:58:07

CityCab Pte Ltd  
 Vehicle NSV for Fleet Safety Division  
 AS AT 31.01.2020

USER ID : CTRNCK03  
 PAGE : 1

Co. Code : CNS  
 Licence Pl. No : SHC0688E  
 Old Asset No :  
 Veh. Model : Hyundai I40  
 Reg. Date : 02.07.2014  
 Cap. Date : 02.07.2014  
 Acci./Deat. Date : 25.02.2020  
 Veh. Age : 067

Asset No	SA No	Bal. Dep. Mths	Per. Mth. Dep	Bal. Dep. Value	Asset Description 1	Cost	Op. Accr. Dep	Cur. Year Dep	Accum. Dep	Net Book Value	Scrap value/Estimated MRF Refund
				\$		\$	\$	\$	\$	\$	\$
10009658	0	023	277.77	6,388.71	SHC0688E H40 02.07.2014 BASIC CUST W AIRCON	25,000.00	18,332.60	277.77	18,610.37	6,389.63	1.00
10009658	1	023	41.40	952.20	SHC0688E H40 02.07.2014 IMPRT DUTY 200KWV518630	3,725.97	2,732.36	41.40	2,773.78	952.19	0.00
10009658	2	023	49.47	1,137.61	SHC0688E H40 02.07.2014 ARF 100KWV518630-CENS7500	11,130.00	3,264.80	49.47	3,314.27	7,815.73	5,678.00
10009658	3	023	591.88	13,613.24	SHC0688E H40 02.07.2014 CDE 80%	53,269.00	39,063.91	591.88	39,655.81	13,613.19	0.00
10009658	4	000	0.00	0.00	SHC0688E H40 02.07.2014 CDE TOP UP	0.00	0.00	0.00	0.00	0.00	0.00
10009658	5	023	0.00	0.00	SHC0688E H40 02.07.2014 AIR CONDITIONER	0.00	0.00	0.00	0.00	0.00	0.00
10009658	6	023	0.00	0.00	SHC0688E H40 02.07.2014 PRINTER DIGITAL THERMAL	0.00	0.00	0.00	0.00	0.00	0.00
10009658	7	023	0.00	0.00	SHC0688E H40 02.07.2014 TAXIMETER DIGITAX FL	0.00	0.00	0.00	0.00	0.00	0.00
10009658	8	023	1.56	35.88	SHC0688E H40 02.07.2014 VEH REG FEE	140.00	102.67	1.56	104.23	35.77	0.00
			<b>962.08</b>	<b>22,127.84</b>		<b>93,264.97</b>	<b>63,496.38</b>	<b>962.08</b>	<b>64,458.46</b>	<b>28,806.51</b>	

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

COE	Vehicle	Per. Mth. Dep	Bal. Dep. Value
		591.88	13,613.24
		370.20	8,514.60
		<b>962.08</b>	<b>22,127.84</b>

## 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	26/02/2020 12:27
Date Of Accident	25/02/2020 20:45
Exact Location Of Accident	ALONG NORTH UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC688E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (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?	YES
If No, Please state action to be taken	
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 HENG CHIN
NRIC No	SXXXX185D
Date Of Birth	31/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92983239
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	APT BLK 676A CHOA CHU KANG CRESCENT #04-461 SINGAPORE
Postcode	681676
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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	1
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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# 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 work(s) 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.

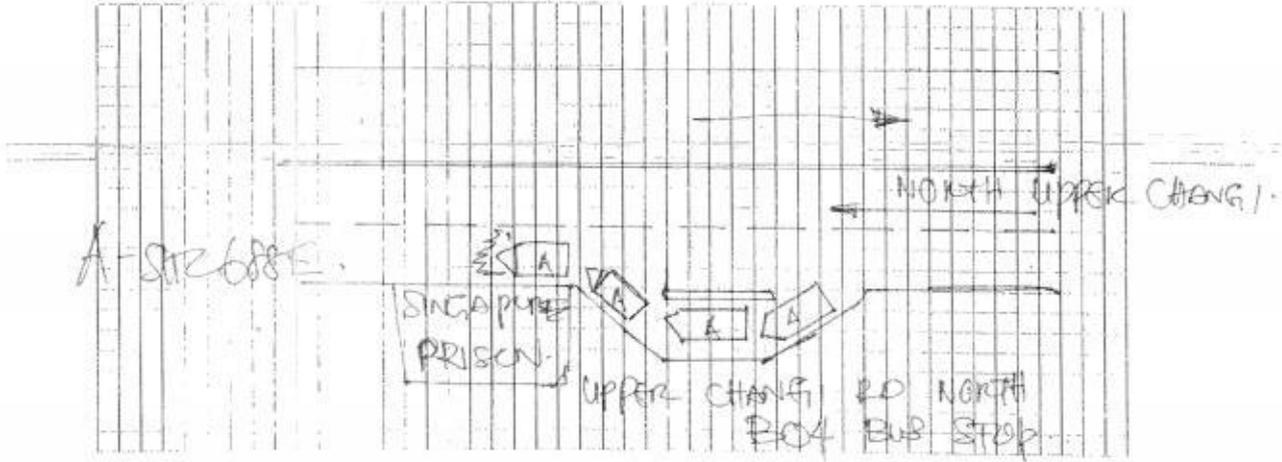
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/2/2020 ABOUT 8:45 PM I WAS DRIVING MY TAXI (SIR 688E) ALONG NORTH UPPER CHANGI. AT TIME NO PASSENGER ON BOARD. WHILE DRIVING SUDDENLY I FOUND VEHICLE ABNORMAL. SO I DECIDED STOP MY TAXI AT NEARBY BUS STOP. WHEN REACH BUS STOP I APPLY BRAKE TO STOP BUT THE BRAKE DOES NOT HELP STOP VEHICLE AND VEHICLE STILL MOVING. IMMEDIATELY I APPLY PARKING BRAKE (ELECTRONIC PARKING BRAKE). THE VEHICLE MANAGE TO STOP BUT OUT OF SUDEN, WHITE SMOKE COME OUT FROM ENGINE. FEW SECOND LATER FIRE START BURST. THE INCIDENT HAPPENED NEARBY CHANGI PRISON. WITH IMMEDIATE RESPON, I TAKE FIRE EXTINGUISHER AND PUBLIC PEOPLE ALSO HELP TO PUT FIRE. FOR INFORMATION I TOOK TAXI FROM HIREL ON 25/2/2020 ABOUT 3PM. BEFORE INCIDENT, NO ABNORMALITY OR CHECK LIGHT WAS FOUND.

DECLARATION

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

Policyholder's Signature  
Date & Time:

*Wong H L*  
26/02/2020  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: VAD1  
NRIC/FIN No.:

GAMAC 501-0110-0000 V6

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	839G
<b>Vehicle Details</b>	
Vehicle No.:	SHC688E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Feb 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7L CRDI AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2014
Engine No.:	D4FDEU440376
Chassis No.:	KMHLB41UMEU057874
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,630.00
Original Registration Date:	02 Jul 2014
First Registration Date:	02 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$11,130.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Jul 2022
PARF Rebate Amount:	\$7,791.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	01 Jul 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$53,269.00
COE Rebate Amount:	\$15,554.00
<b>Total Rebate Amount:</b>	<b>\$23,345.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 29 Feb 2020

OK

TO : MS First Capital Insurance Limited

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

28/02/2020 15:05

JOB-NO: 50112469

**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: SHC0688E

TRANS: AUTO

CHASSIS: KMHLB41UMEU057874

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU440376

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: OD

SA: Ding Auto User 2

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREAS	1.00	6,500.00	0.00	6,500.00		Y	_____
2 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	_____
3 RESPRAY BONNET	1.00	250.00	0.00	250.00		Y	_____
4 RESPRAY FRONT RHS FENDER	1.00	250.00	0.00	250.00		Y	_____
5 RESPRAY FRONT LHS FENDER	1.00	250.00	0.00	250.00		Y	_____
6 RESPRAY FRONT CHASSIS (WHEEL HOUSE PANEL, SIDE MEMBER AND COMPLETE PANEL)	1.00	450.00	0.00	450.00		Y	_____
7 R&R ENGINE ASSY	1.00	450.00	0.00	450.00		Y	_____
8 R&R GEARBOX ASSY	1.00	550.00	0.00	550.00		Y	_____
9 R&R FRONT WINDSCREEN	1.00	200.00	0.00	200.00		Y	_____
10 R&R DASHBOARD	1.00	500.00	0.00	500.00		Y	_____
11 R&R REPLACE ENGINE NEC PARTS	1.00	650.00	0.00	650.00		Y	_____
TOTAL:		10,300.00	0.00	10,300.00			_____

**MATERIALS**

1 FRONT BUMPER	1.00	699.30	139.86	559.44	L	Y	_____
2 FRONT BUMPER REINFORCEMENT	1.00	590.30	118.06	472.24	L	Y	_____
3 FRONT BUMPER REINFORCEMENT SPONGE	1.00	108.30	21.66	86.64	L	Y	_____
4 FRONT SUPPORT PANEL	1.00	986.30	197.26	789.04	L	Y	_____
5 FRONT BUMPER GRILLE	1.00	1,230.30	246.06	984.24	L	Y	_____
6 RADIATOR ASSY	1.00	1,892.30	378.46	1,513.84	L	Y	_____
7 CONDENSER	1.00	1,145.30	229.06	916.24	L	Y	_____
8 HEADLAMP RHS	1.00	1,808.10	361.62	1,446.48	L	Y	_____
9 HEADLAMP LHS	1.00	1,808.10	361.62	1,446.48	L	Y	_____
10 FUSE BOX ASSY X 2	1.00	6,820.30	364.06	5,456.24	L	Y	_____
11 ABS PUMP ASSY	1.00	2,489.60	497.92	1,991.68	L	Y	_____
12 COOLANT TANK ASSY	1.00	856.30	171.26	685.04	L	Y	_____
13 WIPER WASHER TANK ASSY	1.00	450.00	90.00	360.00	L	Y	_____
14 WIPER WASHER MOTOR	1.00	580.30	116.06	464.24	L	Y	_____
15 VEHICLE BATTERY	1.00	280.30	56.06	224.24	L	Y	_____
16 ENGINE ASSY	1.00	17,850.30	570.06	14,280.24	L	Y	_____
17 TRANSMISSION GEAR BOX ASSY	1.00	8,560.30	712.06	6,848.24	L	Y	_____
18 ENGINE MOUNTING-ENGINE	1.00	420.30	84.06	336.24	L	Y	_____
19 ENGINE MOUNTING- GEAR BOX	1.00	256.30	51.26	205.04	L	Y	_____
20 ENGINE MOUNTING- REAR	1.00	359.30	71.86	287.44	L	Y	_____
21 FRONT RHS WHEEL RIM	1.00	895.30	179.06	716.24	L	Y	_____

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
22 FRONT RHS WHEEL CAP	1.00	259.30	51.86	207.44	L	Y	_____
23 FRONT LHS WHEEL RIM	1.00	895.30	179.06	716.24	L	Y	_____
24 FRONT LHS WHEEL CAP	1.00	259.30	51.86	207.44	L	Y	_____
25 ABS PUMP ASSY	1.00	3,560.30	712.06	2,848.24	L	Y	_____
26 FRONT RHS AND LHS BRAKE CALIPER SET X2	1.00	4,800.00	960.00	3,840.00	L	Y	_____
27 FRONT LHS FENDER	1.00	659.30	131.86	527.44	L	Y	_____
28 FRONT RHS FENDER	1.00	659.30	131.86	527.44	L	Y	_____
29 DASHBOARD ASSY	1.00	2,489.30	497.86	1,991.44	L	Y	_____
30 DASHBOARD METER PANEL	1.00	1,880.30	376.06	1,504.24	L	Y	_____
31 ENGINE WIRE HARNESS	1.00	5,720.00	144.00	4,576.00	L	Y	_____
32 WIRE HARNESS ASSY	1.00	1,856.30	371.26	1,485.04	L	Y	_____
33 FRONT WINDSCREEN	1.00	820.30	164.06	656.24	L	Y	_____
34 FRONT RHS SHOCK ABSORBER ASSY	1.00	680.30	136.06	544.24	L	Y	_____
35 FRONT LHS SHOCK ABSORBER ASSY	1.00	680.30	136.06	544.24	L	Y	_____
36 DRIVESHAFT ASSY RHS	1.00	2,203.00	440.60	1,762.40	L	Y	_____
37 DRIVESHAFT ASSY LHS	1.00	2,203.00	440.60	1,762.40	L	Y	_____
38 BRAKE BOOSTER	1.00	1,560.00	312.00	1,248.00	L	Y	_____
39 ALTERNATOR ASSY	1.00	1,320.00	264.00	1,056.00	L	Y	_____
40 COMPRESSOR ASSY	1.00	980.00	196.00	784.00	L	Y	_____
41 TURBO ASSY	1.00	2,960.00	592.00	2,368.00	L	Y	_____
42 ABS HARNESS	1.00	1,450.60	290.12	1,160.48	L	Y	_____
43 BONNET DAMPER LHS	1.00	186.30	37.26	149.04	L	Y	_____
44 BONNET DAMPER RHS	1.00	186.30	37.26	149.04	L	Y	_____
45 ALTERNATOR BELT	1.00	156.30	31.26	125.04	L	Y	_____
46 BATTERY TRAY	1.00	156.30	31.26	125.04	L	Y	_____
47 GEARBOX SELECTOR SWITCH	1.00	456.30	91.26	365.04	L	Y	_____
48 FRONT BUMPER CLIPS	1.00	60.00	0.00	60.00	S	Y	_____
49 FRONT NUMBER PLATE WITH CASING	1.00	120.00	0.00	120.00	S	Y	_____
50 FRONT RHS WHEEL TYRE	1.00	280.00	0.00	280.00	S	Y	_____
51 FRONT LHS WHEEL TYRE	1.00	280.00	0.00	280.00	S	Y	_____
TOTAL:		89,864.60	824.92	72,039.68			_____
TOTAL PARTS & LABOUR:		00,164.60	7,824.92	82,339.68			_____

EXCESS/LOADING: S\$ 0.00

No. Of Day: \_\_\_\_\_

RE-SURVEY: BEFORE/AFTER PAINTING  
PART-BY-PART OR LUMP SUM: S\$ \_\_\_\_\_

DATE OF SURVEY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SURVEYED BY: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

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

DAuto002  
Ding Auto User 2

ESTIMATOR  
STA AUTOCENTRE  
TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

*28/2/2020 @ 1430  
Not Authorise. Excess TBA.*

*Total Lops.*

*Sh: LKK Auto  
Shawin*

*Pending investigation  
on cause of fire.*

**From:** SCDF Payment Acknowledgement <donotreply@scdf.gov.sg>  
**Sent:** Wednesday, 4 March 2020 3:09 PM  
**To:** SUR  
**Subject:** Order Confirmation



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## Receipt

**Date:** 03-04-2020  
**Order Number:**  
FR2020030404675 ✓

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### Billing Information

LKK AUTO CONSULTANTS PTE LTD  
CHEN VERON  
51 UBI AVE 1 #01-25 PAYA UBI INDUSTRIAL PARK  
SINGAPORE  
SG  
408933

sur@lkkauto.com  
62563561

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### Payment Details

Visa  
xxxxxxxxxxxx9189

### Order Total

Total amount SGD 170.00

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Please keep a copy of this receipt for your records

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