

CHUNNI MOTOR WORK PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SHB 6335P

DATE : 31.08.2016

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

A/A

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 1,526.00
	Bonnet Lock			\$ 50.90
	Bonnet Insulator			\$ 243.00
	Bonnet Insulator Clips			\$ 8.40
	Radiator Grille			\$ 1,480.00
	Radiator Grille H Emblem			\$ 290.80
	Radiator Grille Chrome Moulding			\$ 395.50
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Sponge			\$ 142.20
	Front Bumper Reinforcement			\$ 526.10
	Front Bumper Reinforcement Bar			\$ 258.50
	Front Bumper Grille (LH)			\$ 285.50
	Front Bumper Grille Airduct (LH)			\$ 155.00
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Front Bumper Retainer Mounting			\$ 9.20
	Headlamp Support Top Cover			\$ 398.00
	Headlamp Support Panel Assy			\$ 1,067.50
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	Radiator			\$ 850.20
	Radiator Fan Blade,Cowling,Motor Assy			\$ 792.95
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00
	Radiator Hose Upper			\$ 47.40
	Radiator Hose Lower			\$ 47.40
	Radiator Expansion Tank			\$ 48.00
	Radiator Guard		\$ 35.00	\$ 70.00
	Horn Unit (LH/RH)		\$ 86.75	\$ 173.50
	Horn Wire			\$ 156.50
	Front Fender (LH)			\$ 619.00
	Front Fender Apron Panel (LH)			\$ 1,575.50
	Front Fender Shield (LH)			\$ 169.80
	Front Fender Retainer			\$ 9.20
	Air Cleaner Assy			\$ 128.40
	Air Duct			\$ 206.05
	Air Cleaner Body			\$ 106.20
	Aircon Condenser			\$ 1,137.35
	Front Windscreen Glass			\$ 1,059.25
	Front Windscreen Moulding			\$ 60.00
	Front Wheel Rim (LH)			\$ 351.90
	Front Wheel Hub Cap (LH)			\$ 158.90
	Front Wheel Bearing			\$ 258.50
	Front Shock Absorber (Assy) (LH)			\$ 342.20
	Front Shock Absorber Mounting (LH)			\$ 75.10
	Front Drive Shaft (LH)			\$ 1,069.55
	Rack & Pinion Assy			\$ 2,184.00
	STG Tie Rod			\$ 162.00
	STG Tie End			\$ 69.50

SHB 6335P

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Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 2,000.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 100.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 50.00
	Remove/Refix Undercarriage (FRT)			\$ 400.00
	FRT Wheel Alignment			\$ 120.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Remove/Refix Gearbox			\$ 450.00
	Remove/Refix Dashboard			\$ 450.00
	Remove/Refix Fuse Box			\$ 180.00
	Remove/Refix Front Windscreen Glass			\$ 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	Re-programme Air Bag & Safety Belt System			\$ 550.00
	TOTAL LABOUR			\$ 5,760.00
	Boot Lid			\$ 1,681.40
	Boot Lid Rubber			\$ 115.80
	Boot Lid Lock Upper			\$ 137.90
	Boot Lid Lock Lower			\$ 31.70
	Boot Lid 'H' Emblem			\$ 27.20
	Boot Lid CRDI Plate			\$ 41.00
	Boot Lid Lamp (LH/RH)		\$ 556.80	\$ 1,113.60
	Licence Lamp (LH/RH)		\$ 33.95	\$ 67.90
	Boot Lid Trimboard			\$ 172.70
	Boot Lid Trimboard Clips (11pcs)			\$ 11.00
	Bootlid Moulding			\$ 85.00
	Bootlid i40 Emblem			\$ 41.00
	Bootlid Lower Garnish			\$ 398.00
	Rear Bumper			\$ 33.96
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket		\$ 49.00	\$ 98.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.80
	Rear Bumper Reflector Lamp (LH/RH)		\$ 32.00	\$ 64.00
	Tail Lamp (LH/RH)		\$ 565.60	\$ 1,131.20
	Tail Lamp Quarter Panel (LH/RH)		\$ 97.90	\$ 195.80
	Rear Panel			\$ 592.30
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 495.50
	Spare Tyre Holder			\$ 143.40
	Tail Lamp Panel Top (LH)			\$ 545.90
	Spare Tyre Panel			\$ 900.50
	Spare Tyre Panel Cushion			\$ 209.05
	Rear Towing Hook			\$ 94.60
	Member Assy- Rear Floor Centre			\$ 170.75

SHB 6335P

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Exhaust Pipe Insulator		\$ 58.55	\$ 117.10
	Exhaust Silencer		\$ 954.00	\$ 1,908.00
	Exhaust Pipe Hanger		\$ 58.55	\$ 117.10
	Exhaust Pipe Centre			\$ 1,150.30
	Rear Fender With Housing (LH)			\$ 4,736.80
	Rear Fender Inner Lining (LH)			\$ 164.40
	Rear Fender Air-Duct			\$ 225.60
	Rear Fender Trim Board (LH)			\$ 188.75
	Rear Windscreen Glass			\$ 985.50
	Rear Windscreen Moulding			\$ 62.15
	SUB TOTAL			\$ 19,546.11
	LESS 20%			\$ 3,909.22
	DISCOUNTED TOTAL			\$ 15,636.89
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Rear No.Plate			\$ 25.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Windscreen Sealant			\$ 46.00
				\$ 236.70
	Labour Charge			
	Panel Beating			\$ 2,000.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Fuel Tank			\$ 150.00
	Remove/Refix Exhaust Pipe			\$ 150.00
	TOTAL LABOUR			\$ 3,990.00
	ESTIMATE TOTAL			\$ 81,217.31
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

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 ability
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 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	31/08/2016 15:59
Date Of Accident	29/08/2016 06:50
Exact Location Of Accident	BKE > SLE AFTER DIARY FARM EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6335P
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	MCOM0016
Cover Note Number	
Driver	
Name of Driver	ROSEZALI BIN JAFFAR
NRIC No	S8203228B
Date Of Birth	10/07/1982
Occupation	Outdoor
Date Of Driving Pass	07/11/2002
Driving Experience	13 Years And 9 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	ZALYJAFFAR@GMAIL.COM

Address	17 TECK WHYE LANE # 12-163
Postcode	S680017
Was driver an employee of the Insured's Company	No
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	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name [Other]	CHOA CHU KANG NPP
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YE2888U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHAN CHEN CHYE
NRIC/Passport Number	S1441962G
Contact Number	96322229
Address	
Postcode	
Insurance Company Name	AXA Insurance Singapore Pte Ltd
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD8139T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	IZABELA WOJCIECHOWSKA
NRIC/Passport Number	

Contact Number 90211845
Address
Postcode
Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name ROSEZALI BIN JAFFAR
Approximate Age 34
Injuries Sustain FOREHEAD, LEFT LEG, LEFT KNEE CAP & LOWER BACK , NECK
Injured person in which vehicle? SHB6335P
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? Yes
Address 17 TECK WHYE LANE # 12-163
Postcode S680017

DETAILS OF INJURED PERSON 2

Name ROSALIDA BTE RUSLI
Approximate Age
Injuries Sustain LIMBS
Injured person in which vehicle? SHB6335P
Were seat belts worn?
Was injured conveyed to hospital by ambulance? Yes
Address 17 TECK WHYE LANE # 12-163
Postcode S680017

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 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.
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.

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE 575717
TEL: 6555 1188 FAX: 6453 3183
CO. REG. NO. 199303821R

(Signature)

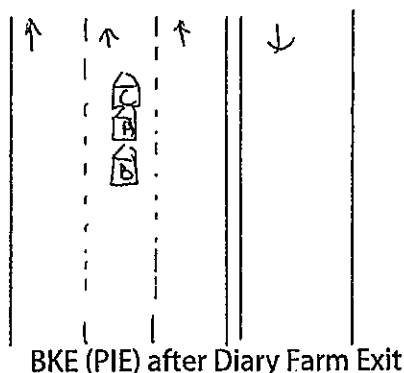
(Signature)

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 31 Aug 2016 @ 1400Hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



On 29/08/2016 @ 06:50Hrs
A- SHB 6335P
B- YE 2888U (Lorry)
C- SLD 8139T

[illegible]

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

policyholder's Signature/Date&Time

Date & Time 31.08.2016 @ 1400Hrs

Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20160830/2177

1 of 4

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20160830/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2016 20:31	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars:			
Name of Informant: ROSEZALI BIN JAFFAR		Address: APT BLK 17 TECK WHYE LANE #12-163 SINGAPORE 680017	
ID Type / ID No.: NRIC NO / S8203228B		Contact No.: Home/Office: Mobile: 82048791	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 10/07/1982	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/08/2016 06:50	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY BKE(PIE) after Dairy Farm Road exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
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
SHB6335P	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Seriously Damaged	1
SLD8139T	Car	VOLVO	V60 CROSS COUNTRY T5 (A) SR	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20160830/2177

2 of 4

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20160830/2177

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
YE2888U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ROSALIDA BINTE RUSLI	ID No.	S8303126C
Related Vehicle	SHB6335P (Car)	Contact No.	90534458
Hospital/Clinic	NG TENG FONG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2016	Date Discharge	29/08/2016
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ROSEZALI BIN JAFFAR	ID No.	S8203228B
Related Vehicle	SHB6335P (Car)	Contact No.	82048791
Hospital/Clinic	NG TENG FONG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/08/2016	Date Discharge	29/08/2016
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	IZABELA WOJCIECHOWSKA	ID No.	NIL
Related Vehicle	SLD8139T (Car)	Contact No.	90211845
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



**SINGAPORE
POLICE FORCE**



T/20160830/2177

3 of 4

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20160830/2177

CONTINUATION OF REPORT

Driver:			
Name	CHAN CHEN CHYE		ID No. S1441962G
Related Vehicle	YE2888U (Lorry)		Contact No. 96322229
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 the 29/08/2016 at about 0650hrs, I was driving my vehicle (V1:SHB6335P) together with my wife, Rosalida at the back seat. We were wearing seat belt. We were along BKE(PIE), when the traffic began to build up. After the Dairy Farm Rd Exit, I was driving along the 2nd lane and was slowing down behind vehicle(V2:SLD8139T). I was at a complete stop when suddenly I felt a hard impact coming from the rear of my vehicle. The impact surge my forehead to hit onto the windscreen and move V1 forward that it collided onto the rear of V2. During the impact, my airbag burst. I suffered injury on my forehead, left kneecap & lower back. Before the arrival of ambulance, the driver of the V2 informed us that the vehicle that collided onto my car is (V3:YE2888U). After ambulance arrival, both my wife and I were conveyed to Ng Teng Fong. I was warded for 1 day under observation ward and was given 7 days of Hospitalization leave while my wife receive 3 days of outpatient leave.



**SINGAPORE
POLICE FORCE**



T/20160830/2177

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

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Report No. T/20160830/2177

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: J/ Sgt MUHAMMAD AIMAN BIN OTHMAN	Signature Of Informant: <i>ai</i>
Signature Of Interpreter: Not applicable	Date/Time: 30/08/2016 20:31
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMAD FADZLY BIN ABDUL AZIZ	Classification Of Case:
Contact No.: 65472876 Authentication Stamp	Signature:

Sketch Plan Pg.7

Officer- In -Charge
Investigation Section
Traffic Police
10 Ubi Ave 3
Singapore 408865

Name : ROZALI BIN JAMAL
NRIC : S203228-B
Address : BLK 17 TECK WHYE C
WHL # 12-163
Singapore (620017)
Tel :
Pg / Hp : 82048791

Dear Sir

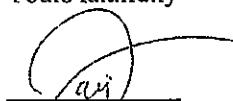
ACCIDENT INVOLVING SHB6335P, SLD8139T, YE2888U ALONG BKE(PIE)
BEFORE DAIRY FARM ROAD EXIT ON 29/08/2016 AT 0650HRS

With reference to the above, I have on 30/08/2016 at 2031hrs make a police report at Choa Chu Kang NPP in NP 168 / T/20160830/2177

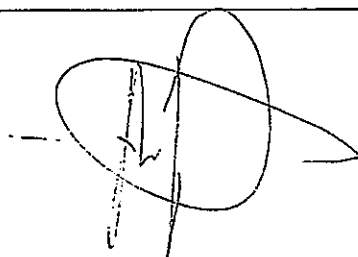
2 On 30/08/2016, at 2105HRS, at Choa Chu Kang NPP I make the following amendments to the above report.

I wish to state that both my wife and I were conveyed to Ng Teng Fong Hospital. During the impact, my steering wheel airbag burst. I suffered injuries on my forehead, neck, left leg & left kneecap & lower back.

Yours faithfully


Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SGT 130306 AIMAN	Station Diary No.
Signature	



Chua Chu Kang NPP
31k 116 Teck Whye Lane
#01-740 S(680116)
Tel : 1800-762 9999