

MODEL : HYUNDAI SONATA

Tokio Marine - (45) TS

DATE 27/11/2017

Type: Maxxi's

LXX - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid ✓			\$ 1,349.50
	Boot Lid Rubber ✕			\$ 110.90
	Boot Lid Lock Upper ✕			\$ 132.10
	Boot Lid Lock Lower ✕			\$ 30.30
	Boot Lid Sonata Plate ✓			\$ 43.60
	Boot Lid Hyundai Plate ✓			\$ 24.20
	Boot Lid 'H' Emblem ✓			\$ 26.10
	Boot Lid CRDI Plate ✓			\$ 22.70
	Rear Bumper ✓			\$ 578.40
	Rear Bumper Reinforcement ?			\$ 483.30
	Rear Bumper Clip ✓			\$ 22.00
	Rear Bumper Sponge ?			\$ 137.40
	Rear Bumper Under Cover ?			\$ 185.80
	Rear Bumper Protector (LH/RH) ✕ repair		\$ 38.00	\$ 76.00
	Tail Lamp (RH) ✕			\$ 344.00
	Rear Panel ✕ repair			\$ 391.80
	Rear Panel Garnish ?			\$ 95.80
	SUB TOTAL			\$ 4,053.90
	LESS 20%			\$ 810.78
	DISCOUNTED TOTAL			\$ 3,243.12
	Boot Lid Comfort Logo & Tel No. Sticker ✓			\$ 30.00
	Boot Lid Advertisement Logo ✓			\$ 100.00
	Rear Bumper Reverse Sensor ✓			\$ 135.70
	Rear Bumper Advertisement Logo ✓			\$ 50.00
				\$ 315.70
	Labour Charge			600
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,670.00
	ESTIMATE TOTAL			\$ 5,228.82

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will

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	25/11/2017 08:47
Date Of Accident	24/11/2017 14:50
Exact Location Of Accident	SENTONSA GATEWAY TWDS SENTONSA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4387C
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	SONATA

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	LAM SHEN CHONG
NRIC No	S1181608H
Date Of Birth	10/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1976
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 889A TAMPINES STREET 81 #06-1040
Postcode	521889
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

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

PLS REFER TO ATTACHED

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	SJN1707X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN PENG LOONG
NRIC/Passport Number	S6807494J
Contact Number	96544209
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

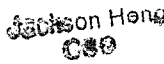
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COPIES OF THIS INFORMATION ARE LOANED
ON REG NO 19901211R

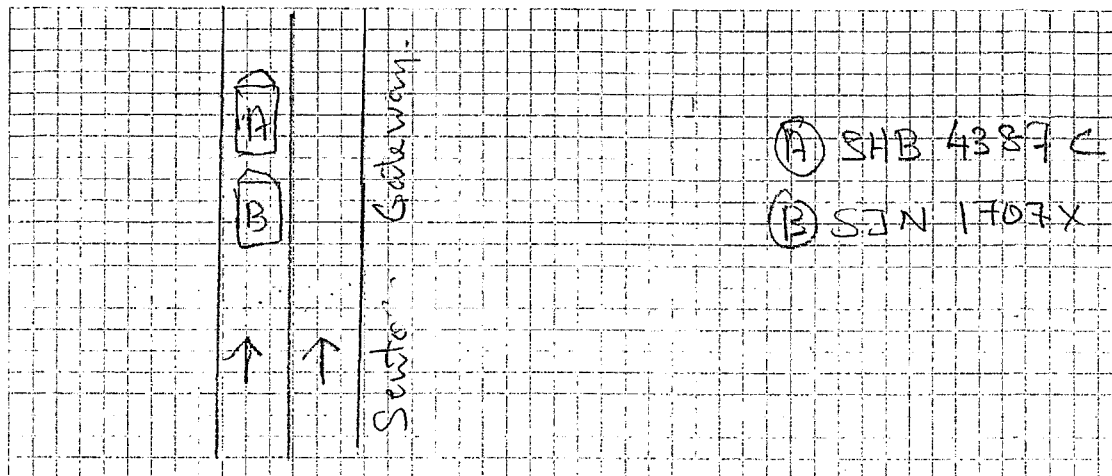
Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24th/11/2017 at about 1450 hrs, I vehicle A was driving into Sewtonsa gateway, there was heavy traffic and slowed moving, while I was stationary, at that time, suddenly vehicle B came from my back and hit against my vehicle A rear

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 192203141R

Policyholder's Signature
Date & Time:

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

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

24/11/17 Jackson

Jackson Hoon