CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3009R **DATE : 8.12.2017**

MAKE : **TEL : 6542 5119**

MODEL : HYUNDAI i40 **FAX : 6542 6039** INDIA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bonnet			$ 1,526.00	
	Bonnet Lock			$ 50.90	
	Front Bumper Cover			$ 1,052.20	
	Front Bumper Sponge			$ 142.20	
	Front Bumper Reinforcement			$ 526.10	
	Front Bumper Grille (LH)			$ 40.30	
	Front Bumper Bracket Top (LH)			$ 22.40	
	Front Bumper Retainer Mounting			$ 9.20	
	Headlamp Support Panel Assy			$ 1,067.50	
	Headlamp (LH)			$ 1,388.00	
	Front Fender (LH)			$ 619.00	
	Front Fender Apron Panel (LH)			$ 1,575.50	
	Front Fender Shield (LH)			$ 169.80	
	Front Fender Retainer			$ 9.20	
	Front Door Mirror (LH)			$ 980.50	
	Front Wheel Rim (LH)			$ 351.90	
	Front Wheel Hub Cap (LH)			$ 150.70	
	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	
	Stabilizer Bar			$ 252.30	
	Stabilizer Bar Bush (LH)			$ 16.10	
	Stabilizer Bar Link			$ 81.70	
	Stabilizer Bracket			$ 24.00	
	Front Suspension Lower Arm (LH)			$ 715.10	
	Knuckle Arm (LH)			$ 582.95	
	ABS Sensor			$ 261.50	
	Wiring-Engine			$ 3,326.00	
	SUB TOTAL			**$ 19,101.90**	
	LESS 20%			$ 3,820.38	
	DISCOUNTED TOTAL			**$ 15,281.52**	
	Front Door Comfort Logo (LH)			$ 75.00	Nett
	Front Tyre (LH)			$ 216.00	**Nett**
				$ 291.00	

SHD 3009R

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			$ 1,400.00
	Spray Painting Charge			$ 1,100.00
	Wiring Charge			$ 50.00
	Tuff Kote			$ 50.00
	Towing Charge			$ 50.00
	Remove/Refix Undercarriage (FRT)			$ 400.00
	FRT Wheel Alignment			$ 120.00
	Remove/Refix Aircon & Refill Gas			$ 150.00
	Remove/Refix Dashboard			$ 450.00
	Remove/Refix Fuse Box			$ 180.00
	TOTAL LABOUR			**$ 3,950.00**
	ESTIMATE TOTAL			**$ 19,522.52**
	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 witholding 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	08/12/2017 14:12
Date Of Accident	08/12/2017 10:20
Exact Location Of Accident	JALAN BAHAGIA X JALAN TENTERM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3009R
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	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	QUEK TECK SEN
NRIC No	S6809787H
Date Of Birth	15/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1988
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	CMDLEADER@HOTMAIL.COM

Address	183 PASIR RIS STREET 11#12-42
Postcode	S510183
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	SIDE SWIPE
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
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

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4081J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MR PARAMPAL SINGH
NRIC/Passport Number	S0175874H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT & RHT FRT DOOR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	QUEK TECK SEN

Approximate Age	49
Injuries Sustain	HEAD & RHT SHOULDER
Injured person in which vehicle?	SHD3009R
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	183 PASIR RIS STREET 11#12-42
Postcode	S510183

SKETCH PLAN

IMPORTANT NOTICE

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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.**
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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 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:

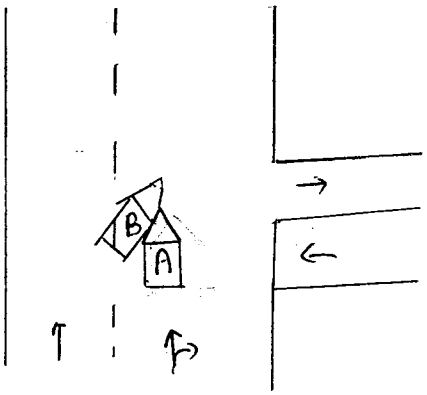
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 08.12.2017 @ 13:30 Hrs	Reporting Centre Personnel's Signature Name: Rubbini NRIC/FIN No.:

SKETCH PLAN



A - SHD 3009R.
B - SHB 4081J. (CTPL)

Along Jalan Bahagia Junction of Jalan Tenteram.

Describe Circumstances of the Accident

On the 08/12/2017,@ about 10:20hrs,my taxi (A) (SHD 3009R) was
travelling along Jalan Bahagia with no passenger on board.
I was on the extreme right lane,I proceeded straight. Before reaching the
junction of Jalan Tenteram, suddenly,veh (B)(SHB 4081J) cut into my lane by
making a right turn and collided onto my taxi (A) left front portion.
I had company video,fix in my taxi,photos taken at scene to support my
claims.
Veh (B) was driven by Mr Parampal Singh. NRIC : S 7175874H.
After the accident, I suffered pain on my head and right shoulder.

Declaration

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

COMFORT TRANSPORTATION PTE L
CO. REG. NO. 199303821R

Rubbini

policyholder's Signature Date & Time	Driver's Signature(If driver is not the policyholder) Date & Time 08.12.2017 @ 13:30 Hrs	Reporting Centre Personnel's Signature Name : Rubbini NRIC/FIN No : -