# CHUNNI MOTOR WORK PTE LTD

GST REG NO. 200923110D

Date

: 15.12.2017

To

: Lonpac Insurance Bhd

No of Pages: 7pages

Re

: Accident involving veh no: SHD 3207K & SGA 473E along

Buangkok Drive X Hougang Ave 6 on 14.12.2017

We refer to the above mention 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 arrange to survey at AMK Autopoint, BLK 10, #01-05/06, S568047

Tel: 6483 6016.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 65427162.

Thank you for your kind assistance.

## CHUNNI MOTOR WORK PTE LTD

**REPAIR ESTIMATE\*** 

VEHICLE NO: SHD 3207K

DATE : 15.12.2017

MAKE :

TEL: 6542 5119

; –

MODEL: HYUNDAI i40 FAX: 6542 6039 Laplac

MODEL	: HYUNDAI i40	FAX	: 6542 6039	Lorpac	
Qty	Parts Description/ Labour	Туре	Unit Price	<u> </u>	Amount
	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 Grille (LH)			\$	285.50
	Front Bumper Grille Airduct (LH)			\$	155.00
	Front Bumper Bracket Top (LH)			\$	22.40
	Front Bumper Bracket (LH)			S	24.60
	Front Bumper Retainer Mounting			\$	9.20
	Headlamp Support Top Cover			\$	398.00
	Headlamp Support Panel Assy			\$	1,067.50
	Headlamp (LH)			\$	1,388.00
	Headlamp Halogen Bulb (LH)			\$	14.40
	Front Fender (LH)			\$	619.00
	Front Fender Shield (LH)			\$	169.80
	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)			S	1,069.55
	Rack & Pinion Assy			\$	2,184.00
	STG Tie End			S	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
	Engine Under Cover		:	\$	343.10
	Engine Crossmember		ı	\$	2,236.90
	ABS Sensor			\$	261.50
	SUB TOTAL			\$	17,055.30
	LESS 20%			\$	3,411,06
	DISCOUNTED TOTAL			\$	13,644.24
		}			

SHD 3207K

		SHD 3207K					
Qty	Parts Description/ Labour	Type	Unit Price		Amount	]	
	Front Fender Advertisement Logo (LH)			\$	100.00	א	
	Front Tyre (LH)			\$		N	
				\$	216.00	1	
				13	316.00	-	
				İ			
				}			
				1			
	Labour Charge						
	Panel Beating				1 000 00		
				\$	1,000.00		
	Spray Painting Charge			\$	600.00		
	Wiring Charge			\$	50.00		
	Tuff Kote			\$	50.00		
	Towing Charge			\$	50.00		
	Remove/Refix Undercarriage (FRT)			\$	400.00		
	FRT Wheel Alignment			ì			
	1			\$	120.00		
	Remove/Refix Aircon & Refill Gas			S	150.00		
	TOTAL LABOUR			\$	2,420.00		
	1			<u> </u>			
	ESTIMATE TOTAL			-	16 200 24	┨	
	251AMATE TOTAL			3	16,380.24	ļ	
		İ					
		,		-			
		[					
		•					
		Ì					
		ĺ					
						1	
		ĺ					
				ì			
				1			
				1			
	}						
				1			
	1			ł			
		İ		ļ			
				!			
				1	1		
					ŀ		
	1						
						ı	
		Ī					
			i				
	This is an initial estimate based on a visual inspection of the		:_1_ Obt _ C _ :	<u> </u>			
	THE REPORT OF THE PROPERTY PROPERTY AND A 17 CHAIL THE PARTY AND A 17 C	above veh	icië. The final ren	air ai	lliw munat		

#### 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 Inventigation.
- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Control established by the General Insurers of the Insurers of the GIA Records Management Control established by the General Insurers of the In
- 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** 

	ACCIDENT STATEMENT CONTROL OF CON
Date Of Report	15/12/2017 12:00
Date Of Accident	14/12/2017 21:50
Exact Location Of Accident	BUANGKOK DRIVE X HOUGANG AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD3207K
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	The state of the s
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	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	THULASIDHARAN NAIR
NRIC No	S1843746E
Date Of Birth	16/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1991
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	60 GEYLANG BARHU 03-3311
Postcode	\$330060
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	The second of th
Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY
Other Information	in the contract of the contrac
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)	1
Details of Police Action	man managan sa ang panggan sa kanang sa panggan kanang sa kanang sa kanang sa kanang sa kanang sa 1995 sa sa s
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?	and the second of the second o
Circumstances of Accident	
PLS SEE ATTACHED (TYPE OF ACCIDENT - HE	AD TO SIDE)
Attachment(s)	and the second of the second o
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	•
Was there any audio recorded?	NO
DETAIL	S OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	SGA473E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LEE BIAW KOK
NRIC/Passport Number	S1136182Z
Contact Number	90700532
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	
Details of Witness	
Name	
Phone Number	
Email Address	

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/12/2017@21:50hrs,I was driving along Buangkok Drive junction of Hougang ave 6.With 1
male and 1 female passenger on board. was on the extreme left lane, while travelling straight and
traffic light was green.Suddenly veh (B) SGA 473E on my opposite make a right turn without give way
to me and collided onto my taxi (A) front portion.My taxi (A) front portion was damaged.
Veh (B) SGA 473E male driver, Nric no:S 1136182Z, Hp:9070 0532, No injury in this accident.
Enclosed is a video footage to support my claims.

**DECLARATION** 

CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time: 15/12/2017

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

(d)

Reporting Centre Personnel's Signature

Name: Lisa Diong

#### ----

### **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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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: 15/12/2017

Hunis

Oriver's Signature (If driver is not the policyholder) Date & Time: 15/12/2017@11:40hrs 8

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