

REPAIR ESTIMATE*

DATE : 27.04.2018

TEL : 6542 5119

FAX : 6542 6039 INDIA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 562.30
	Front Bumper Grille (RH)			\$ 40.30
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Bracket (RH)			\$ 24.60
	Front Bumper Retainer Mounting			\$ 9.20
	Headlamp Support Panel Assy			\$ 1,067.50
	Headlamp (RH)			\$ 1,388.00
	Front Fender (RH)			\$ 619.00
	Front Fender Apron Panel (RH)			\$ 1,575.50
	Front Fender Shield (RH)			\$ 169.80
	Front Wheel Rim (RH)			\$ 351.90
	Front Wheel Hub Cap (RH)			\$ 150.70
	Front Wheel Bearing			\$ 258.50
	Front Shock Absorber (Assy) (RH)			\$ 342.20
	Front Shock Absorber Mounting (RH)			\$ 75.10
	Front Drive Shaft (RH)			\$ 1,069.55
	Rack & Pinion Assy			\$ 2,184.00
	STG Tie End			\$ 69.50
	Front Suspension Lower Arm (LH)			\$ 715.10
	Knuckle Arm (RH)			\$ 582.95
	SUB TOTAL			\$ 11,278.10
	LESS 20%			\$ 2,255.62
	DISCOUNTED TOTAL			\$ 9,022.48
	Front Tyre (RH)			\$ 216.00
	Labour Charge			
	Panel Beating			\$ 1,500.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 60.00
	Remove/Refix Undercarriage (FRT)			\$ 400.00
	FRT Wheel Alignment			\$ 120.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	TOTAL LABOUR			\$ 2,930.00
	ESTIMATE TOTAL			\$ 12,168.48
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 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	27/04/2018 11:59
Date Of Accident	26/04/2018 19:45
Exact Location Of Accident	SLIP RD FM C'WEALTH AVE TURN LEFT TO ALEXANDRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8148E
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	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	LOE BOON SEN
NRIC No	S1350731G
Date Of Birth	08/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/06/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	BSLOE8@GMAIL.COM

Address	180C #05-648 BOON LAY DRIVE
Postcode	643180
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
Number of vehicles involved in the accident	
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

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

SEE ATTACH.

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	SH9251R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number	96275119
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time: **27 APR 2018**

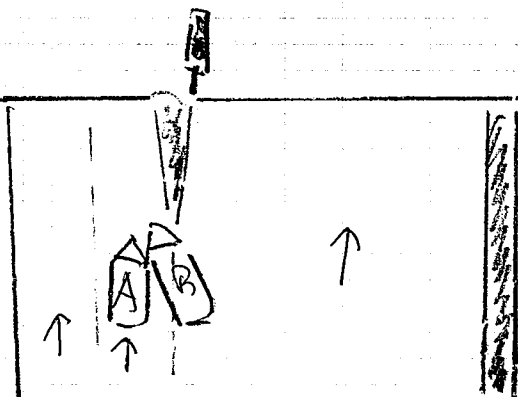

Driver's Signature
(If driver is not the policyholder)
Date & Time: **27 APR 2018**

12.00 p.m.


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

A-SHA 8148E

B-SH 9251R (CT)



Along Slip Rd Fm Commonwealth Ave turn left to Alexandra Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26/04.2018 @ 19:45hrs, my taxi (A) was travelling along Slip Rd from Commonwealth Ave turn left to Alexandra Rd. With 3 female passenger on board.

I was on the extreme left lane, while travelling straight. Suddenly veh (B) a comfort taxi, cut into my lane, and collided onto my taxi (A) right front portion. My taxi (A) right front portion was damaged.

Veh (B) SH 9251R, a comfort taxi male driver, Hp :9627 5119.

No injury in this accident.

I had company video, fix in my taxi and photos taken at scene, to support my claim.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time: **27 APR 2018**

Driver's Signature

(If driver is not the policyholder)

27 APR 2018

12.00 p.m.

Reporting Centre Personnel's Signature

Name: **LISA DIONG**