

REPAIR ESTIMATE*

DATE : 2.05.2018

TEL : 6542 5119

FAX : 6542 6039 AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			\$ 294.35
	Radiator Grille H Emblem			\$ 113.65
	Front Bumper Cover			\$ 562.30
	Front Bumper Sponge			\$ 142.20
	Front Bumper Reinforcement			\$ 526.10
	Front Bumper Centre Grille			\$ 178.60
	Front Bumper Centre Grille Top Garnish		\$ 80.00	\$ 160.00
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	Front Bumper Retainer Mounting		\$ 9.20	\$ 18.40
	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 Guard		\$ 35.00	\$ 70.00
	Horn Unit (LH/RH)		\$ 86.75	\$ 173.50
	Horn Wire			\$ 156.50
	Aircon Condenser			\$ 1,137.35
	Inter Cooler			\$ 921.90
	Inter Cooler Mounting (2 PCS)			\$ 25.90
	SUB TOTAL			\$ 10,472.40
	LESS 20%			\$ 2,094.48
	DISCOUNTED TOTAL			\$ 8,377.92
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Towing Charge			\$ 60.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	TOTAL LABOUR			\$ 1,510.00

SHC 631T

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett
	Boot Lid Advertisement Logo			\$ 100.00	Nett
	Rear No. Plate			\$ 25.00	Nett
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
				\$ 586.70	
	Labour Charge				
	Panel Beating			\$ 2,200.00	
	Spray Painting Charge			\$ 1,400.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 100.00	
	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			\$ 360.00	
	TOTAL LABOUR			\$ 4,650.00	
	ESTIMATE TOTAL			\$ 30,190.34	
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	26/04/2018 15:53
Date Of Accident	25/04/2018 12:20
Exact Location Of Accident	YISHUN AVE 8 TWDS YISHUN INDUSTRIAL PARK A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC631T
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	LIEW SU YEOW
NRIC No	S1614777Z
Date Of Birth	18/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1982
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 708 YISHUN AVENUE 5 #01-56
Postcode	760708
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHONG PANG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180425/2170

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	GBE2626G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YANG JINGSHAN
NRIC/Passport Number	G2890333U
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	ROAD KERB
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIEW SU YEOW
Approximate Age	55
Injuries Sustain	FELT PAIN AND NUMBNESS ON THE BACK OF THE BODY .ON 7 DAYS MC.
Injured person in which vehicle?	SHC631T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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**.
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

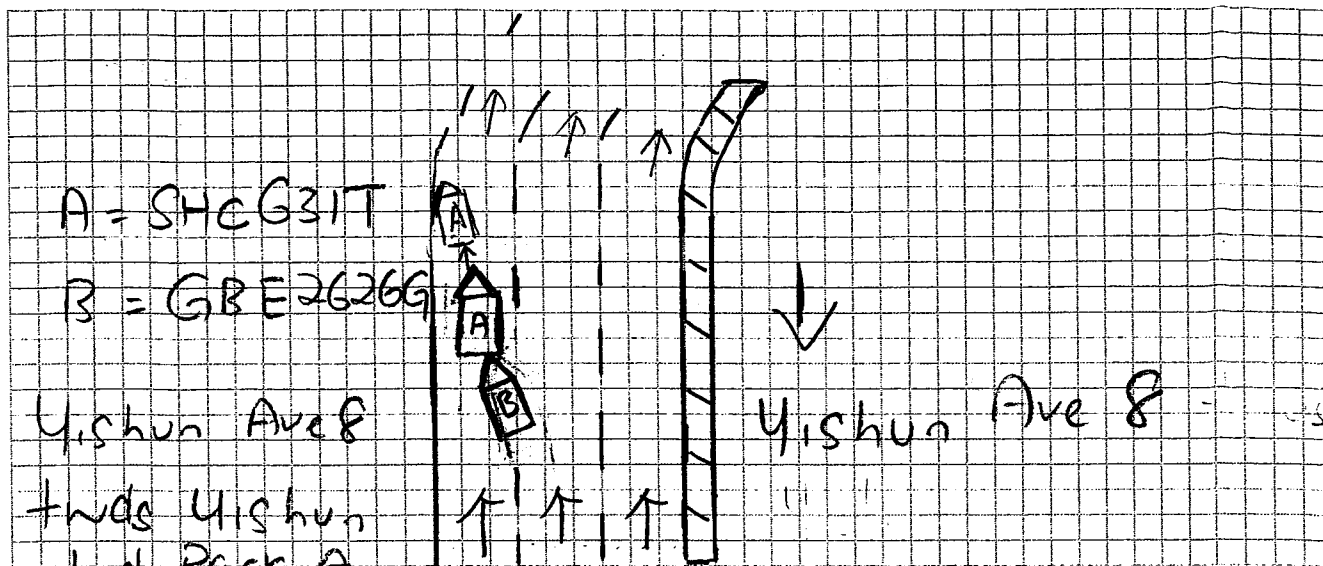
Date & Time:

Reporting Centre Personnel's Signature

Name: RUBIN

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached
T/20180425/2170

Due to the impact, my taxi (A) lost control, surge forward and
hit the government property.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: *P. M. M.*

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180425/2170

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

1 of 4

Report No. T/20180425/2170

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2018 21:31		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: LIEW SU YEOW			Address: APT BLK 708 YISHUN AVENUE 5 #01-56 SINGAPORE 760708		
ID Type / ID No.: NRIC NO / S1614777Z			Contact No.: Home/Office: Mobile: 91517126		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 18/02/1963	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/04/2018 12:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YISHUN INDUSTRIAL PARK A Yishun Avenue 8 towards Yishun Industrial Park A				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBE2626G	Van	TOYOTA		Grey	Seriously Damaged	0
SHC631T	Taxi	HYUNDAI	i40	Yellow	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date	
SHC631T	FIRST CAPITAL INSURANCE LIMITED	D18088937MFSH	01/01/2018	31/12/2020	



SINGAPORE POLICE FORCE



T/20180425/2170

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

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Report No. T/20180425/2170

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Yang Jingshan	ID No.	G2890333U
Related Vehicle	GBE2626G (Van)	Contact No.	NIL
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
Driver			
Name	LIEW SU YEOW	ID No.	S1614777Z
Related Vehicle	SHC631T (Taxi)	Contact No.	91517126
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	25/04/2018	Date Discharge	25/04/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 25.04.2018 at 12.20pm, I was driving taxi of registration no. SHC631T (Yellow/City Cab) along Yishun Avenue 8 heading towards Yishun Industrial Park A. I was driving on lane 3 (outer left lane) when all of a sudden a van of registration no. GBE2626G (Grey/Toyota) collided onto my taxi from the rear. There is no passenger for both vehicles.

Due to the accident, the damage to my taxi are as follows; the rear right portion of the taxi was dented in, exhaust pipe was dented and the tail light came off from its original position. Later ambulance arrived at the scene.

Due to the accident, I complaint of pain and numbness mostly on the rear part of my body. As such, I was conveyed by the ambulance to Khoo Teck Puat Hospital for treatment.

Due to the long waiting time, I decided to discharge myself and proceed to Mount Alvernia Hospital for treatment instead. I was given 7 days (period of 25.04.2018 to 01.05.2018) of medical leave by the doctor.

The traffic investigation officer did called and informed me to lodge traffic accident report after seeking treatment.

[Signature]
S-105



**SINGAPORE
POLICE FORCE**



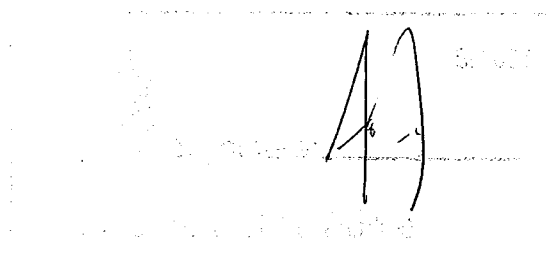
T/20180425/2170

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

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Report No. T/20180425/2170

CONTINUATION OF REPORT





**SINGAPORE
POLICE FORCE**



T/20180425/2170

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

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Report No. T/20180425/2170

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:

F /

Sr Staff Sgt SAIFUDIN BIN HASSAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/04/2018 21:31

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP168