

## REPAIR ESTIMATE\*

**DATE : 23.05.2018**

**TEL : 6542 5119**

**FAX : 6542 6039 INDIA**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Bracket (RH)			\$ 24.60
	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 Door Mirror (RH)			\$ 980.50
	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 (RH)			\$ 715.10
	Knuckle Arm (RH)			\$ 582.95
	ABS Sensor			\$ 261.50
	<b>SUB TOTAL</b>			<b>\$ 12,960.50</b>
	<b>LESS 20%</b>			<b>\$ 2,592.10</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 10,368.40</b>
	Front Tyre (RH)			<b>\$ 216.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 800.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 60.00
	Remove/Refix Undercarriage (FRT)			\$ 180.00
	FRT Wheel Alignment			\$ 80.00
	<b>TOTAL LABOUR</b>			<b>\$ 2,220.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 12,804.40</b>
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	23/05/2018 13:51
Date Of Accident	23/05/2018 08:10
Exact Location Of Accident	PASIR RIS DR 6 X PASIR RIS DR 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8758C
<b>Insured/Policyholder</b>	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	FONSEKA PATRICK DENIS
NRIC No	S1293726A
Date Of Birth	19/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97604292
Fax Number	
Contact Number	
EEmail Address	FONZIE@PACIFIC.NET.SG

Address	BLK 367 TAMPINES STREET 34 #03-71
Postcode	520367
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180523/2014

#### 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	SHA2204R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG CHENG HUAT
NRIC/Passport Number	S1240858G
Contact Number	96201900
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	REAR LEFT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	FONSEKA PATRICK DENIS
Approximate Age	59
Injuries Sustain	PAIN TO RIGHT SHOULDER, NECK, RIGHT HAND NUMBNESS. ON 3 DAYS MC.
Injured person in which vehicle?	SH8758C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

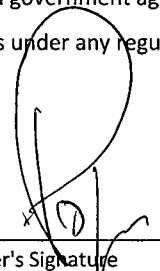
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy 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.

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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23.05.2018 @ 13:00 Hrs

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Rubbini*  
NRIC/FIN No.:

**SKETCH PLAN**

Refer to the attachment

Along Pasir Ris Drive 6 x Pasir Ris Drive 1.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report no: T/20180523/2014.

**DECLARATION**

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

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23.05.2018 @ 13:00 Hrs

Reporting Centre Personnel's Signature

Name: *Rubini*

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180523/2014

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20180523/2014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/05/2018 11:04		Vide Report No.:		Station Diary No.: 27	
<b>Informant's Particulars</b>					
Name of Informant: FONSEKA PATRICK DENIS			Address: APT BLK 367 TAMPINES STREET 34 #03-71 SINGAPORE 520367		
ID Type / ID No.: NRIC NO / S1293726A			Contact No.: Home/Office: Mobile: 97604292		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 19/08/1958	Type of Informant: Driver		
Race: Sinhalese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/05/2018 08:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 6 PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SH8758C	Car	HYUNDAI	I40	Blue		0
SHA2204R	Car	TOYOTA	PRIUS	Blue		2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180523/2014

2 of 3

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No. T/20180523/2014

**CONTINUATION OF REPORT**

Driver			
Name	FONSEKA PATRICK DENIS	ID No.	S1293726A
Related Vehicle	SH8758C (Car)	Contact No.	97604292
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/05/2018	Date Discharge	23/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 23/5/2018 at 8.10am, I was on the extreme left lane (Lane 1) of Pasir Ris Drive 6, at the traffic junction between Pasir Ris Drive 6 and Pasir Ris Drive 1. The traffic light was red for the vehicles going straight and green for vehicles turning left. As I was about to approach the left turn to Pasir Ris Drive 1, another vehicle, A (SHA2204R) suddenly cut into my lane from the 2nd lane; the 2nd lane allows for vehicles to go straight or turn left.

As a result, the left rear door of vehicle A collided into the right front door of my vehicle. Shortly after the incident, I felt pain my right shoulder and neck and feel numbness on my right hand. Thus, I headed to a clinic and was given 3 days of medical leave.

No traffic police or ambulance was at scene. No government property was damaged.



**SINGAPORE  
POLICE FORCE**



T/20180523/2014

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20180523/2014

**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:

G /

Insp SU JING TIAN ISABELLA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/05/2018 11:04

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

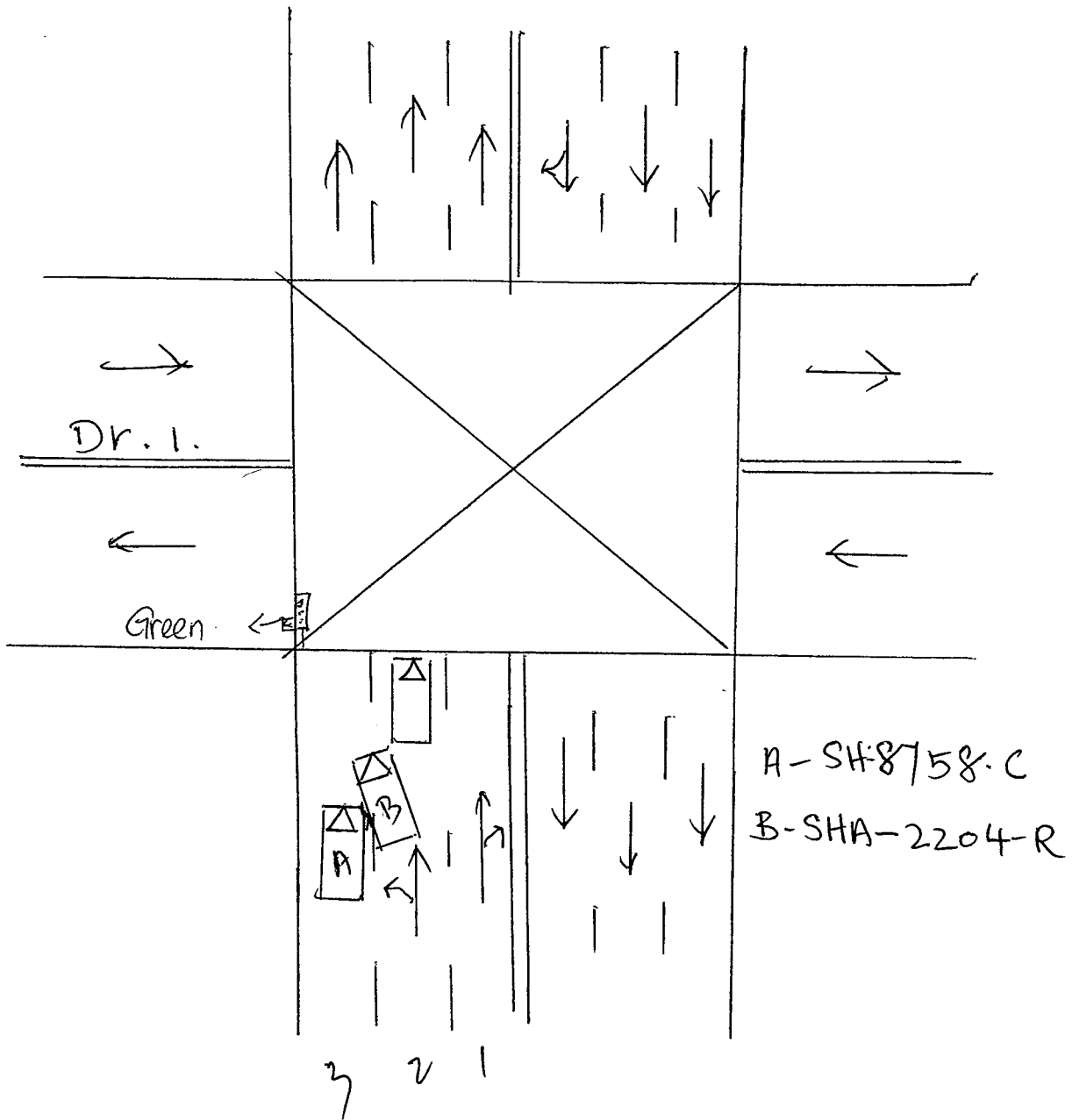


**SINGAPORE  
POLICE FORCE**

Authentication Stamp

NP168

SIGNATURE



2/c

FOWLEKA PATRICK DENNIS

S1293726A

23/05/2018.