

## REPAIR ESTIMATE\*

**DATE : 25.05.2018**

**TEL : 6542 5119**

FAX : 6542 6039 FWD

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 Grille (LH/RH)		\$ 40.30	\$ 80.60
	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 Side Bracket		\$ 14.30	\$ 28.60
	Headlamp Support Top Cover			\$ 398.00
	Headlamp Support Panel Assy			\$ 1,067.50
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	<b>SUB TOTAL</b>			<b>\$ 6,372.70</b>
	<b>LESS 20%</b>			<b>\$ 1,274.54</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 5,098.16</b>
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
				<b>\$ 55.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,250.00</b>

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 1,681.40
	Boot Lid Rubber			\$ 115.80
	Boot Lid Hinge (LH/RH)		\$ 178.10	\$ 356.20
	Boot Lid Lock Upper			\$ 137.90
	Boot Lid Lock Lower			\$ 31.70
	Boot Lid 'H' Emblem			\$ 27.20
	Boot Lid CRDI Plate			\$ 41.00
	Boot Lid Lamp (LH)			\$ 556.80
	Boot Lid Trimboard			\$ 172.70
	Boot Lid Trimboard Clips (10pcs)			\$ 11.00
	Bootlid Moulding			\$ 85.00
	Bootlid i40 Emblem			\$ 41.00
	Bootlid Lower Garnish			\$ 398.00
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 49.00	\$ 98.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (LH)			\$ 32.00
	Tail Lamp (LH)			\$ 565.60
	Rear Panel			\$ 592.30
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 495.50
	Spare Tyre Holder			\$ 28.80
	Spare Tyre Panel			\$ 900.50
	Spare Tyre Panel Cushion			\$ 209.05
	Exhaust Pipe Insulator, LH			\$ 58.55
	Exhaust Silencer, LH			\$ 954.00
	Exhaust Pipe Hanger, LH			\$ 58.55
	Exhaust Pipe Centre			\$ 1,150.30
	Rear Fender With Housing (LH)			\$ 4,736.80
	Rear Fender Inner Lining (LH)			\$ 164.40
	Rear Fender Trim Board (LH)			\$ 188.75
	Rear Windscreen Moulding			\$ 60.00
	Rear Tyre Rim (LH)			\$ 351.90
	Rear Wheel Hup-Cap (LH)			\$ 150.70
	Rear Wheelbearing ING & Hub			\$ 401.40
	Rear Trailing Arm (LH)			\$ 120.00
	Rear Assist (LH)			\$ 120.00
	Rear Shock Absorber (LH)			\$ 342.20
	Rear Shock Absorber Mounting (LH)			\$ 57.70
	Stabilizer Bar			\$ 204.60
	Stabilizer Link			\$ 68.15
	Rear Upper Arm (LH)			\$ 335.75
	Rear Lower Arm (LH)			\$ 204.35
	Rear Knuckle Arm (LH)			\$ 574.80
	<b>SUB TOTAL</b>			<b>\$ 18,796.40</b>
	<b>LESS 20%</b>			<b>\$ 3,759.28</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 15,037.12</b>

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
	Rear Tyre (LH)			\$ 216.00	Nett
				<b>\$ 477.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 2,400.00	
	Spray Painting Charge			\$ 1,600.00	
	Wiring Charge			\$ 100.00	
	Tuff Kote			\$ 100.00	
	Towing Charge			\$ 50.00	
	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			\$ 240.00	
	Remove/Refix Undercarriage (RR)			\$ 400.00	
	Rear Wheel Alignment			\$ 120.00	
	<b>TOTAL LABOUR</b>			<b>\$ 5,550.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 27,467.98</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	25/05/2018 11:03
Date Of Accident	24/05/2018 17:30
Exact Location Of Accident	SLE(BKE) BF MANDAI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6786B
<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	ONG PENG CHOON
NRIC No	S2157466Z
Date Of Birth	11/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1977
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97333364
Fax Number	
Contact Number	
Email Address	ONG350137@GMAIL.COM

Address	BLK 145 SERANGOON NORTH AVENUE 1 #01-389
Postcode	550145
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	CHAIN COLLISION
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)	6
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	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

PLS REFER TO ATTACHE / Number of Passengers : 2 MALE 1 FEMALE 2 INFANTS

#### 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	SJG8894D
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Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG PENG HWEE
NRIC/Passport Number	S7115146H
Contact Number	84999032
Address	
Postcode	
Insurance Company Name	FWD SINGAPORE PTE. LTD.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA5863X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LIM
NRIC/Passport Number	S8105658G
Contact Number	96781738
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJZ131A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

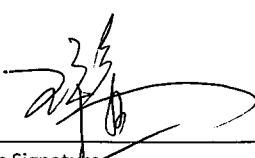
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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: 25.05.2018 @ 10:30 Hrs

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

**SKETCH PLAN**

	A - SHA 6786B.
	B - SJG 8894D.
	C - SLA 5863X.
	D - SJZ 131A.

Along SLE towards BKE before Mandai Rd Exit.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 24/05/2018 @ about 17:30hrs, my taxi (A) (SHA 6786B) was travelling along SLE towards BKE before Mandai Rd Exit with 5 passengers on board (2 male, 1 female and 2 infants).
I saw in front of my vehicles slowing down and stopped, So I follow too. Out of sudden, there was a loud impact coming from the rear portion and caused my taxi (A), to lose control and surge forward, and colliding onto veh (C) (SLA 5863X) rear portion. My taxi (A) front and rear portions were damaged.
I assessed the damages to my taxi (A) and come to know that there were 4 vehicles involved in the chain accident.
Nobody was injured at that point of time and nobody was injured in this accident.
The parties involved in the accident are :
Veh (A) (SHA 6786B).
Veh (B) (SJG 8894D. Mr. Ong Peng Hwee. NRIC : S 7115146H. Hp : 8499 9032.
Veh (C) (SLA 5863X). Mr. Lim. NRIC : S 8105658G. Hp : 9678 1738.
Veh (D) (SJZ 131A). Male driver.

**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: 25.05.2018 @ 10:30 Hrs

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