

REPAIR ESTIMATE

VEHICLE NO: SHA 6086M

DATE : 1.06.2018

MAKE :

TEL NO : 6542 5119

MODEL : TOYOTA PRIUS

FAX NO : 6542 6039

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	LAMP ASSY, FOG, LH			\$ 920.00
	FRONT BUMPER COVER			\$ 490.50
	FRONT BUMPER CLIPS			\$ 22.00
	BRACKET, FRONT BUMPER SIDE, LH			\$ 77.00
	UNIT ASSY, HEADLAMP, LH (LED)			\$ 3,413.40
	HEAD LAMP PANEL (LH)			\$ 213.50
	TOP PANEL SIDE			\$ 69.20
	BRACKET, HEADLAMP MOUNTING, LH			\$ 25.50
	FENDER SUB-ASSY, FRONT LH			\$ 933.10
	FRONT FENDER SHIELD,LH			\$ 198.50
	FRONT FENDER SHIELD CLIP			\$ 14.90
	FRONT FENDER HYBRID EMBLEM, LH			\$ 86.50
	MIRROR ASSY, OUTER REAR VIEW, LH			\$ 1,374.00
	COVER, OUTER MIRROR, LH			\$ 141.90
	MIRROR OUTER, LH			\$ 212.80
	FRONT WHEEL RIM (LH)			\$ 1,570.55
	FRONT WHEEL HUB BEARING (LH)			\$ 559.94
	FRONT SUSPENSION LOWER ARM (LH)			\$ 631.90
	FRONT SHOCK ABSORBER (LH)			\$ 398.20
	ABSORBER TOP MOUNTING ,LH			\$ 196.20
	FRONT DRIVE SHAFT (LH)			\$ 1,764.00
	RACK & PINION ASSY			\$ 1,621.30
	BAR, STABILIZER			\$ 352.40
	LINK ASSY, FRONT STABILIZER, LH			\$ 196.80
	KNUCKLE, STEERING, LH			\$ 580.80
	END SUB-ASSY, TIE ROD, LH			\$ 159.30
	SUB TOTAL			\$ 16,224.19
	LESS 20%			\$ 3,244.84
	DISCOUNTED TOTAL			\$ 12,979.35
	FRONT DOOR COMFORT LOGO			\$ 75.00
	FRONT TYRE (LH)			\$ 216.00
				\$ 291.00
	LABOUR CHARGE			
	Panel Beating			\$ 750.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 50.00
	Remove/Refix Undercarriage (FRT)			\$ 400.00
	FRT Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 2,320.00
	ESTIMATE TOTAL			\$ 15,590.35

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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	01/06/2018 09:41
Date Of Accident	01/06/2018 04:30
Exact Location Of Accident	NAPIER RD TWDS HOLLAND RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6086M
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

Manufacturer	TOYOTA
Model	PRIUS

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	LIM KIM SENG
NRIC No	S0957700I
Date Of Birth	14/05/1950
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1969
Driving Experience	48 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93474013
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	228 #03-25 BUKIT BATOK CENTRAL
Postcode	650228
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	RAINING
Road Surface	WET

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)	1

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	SDH8995L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SAN SAN
NRIC/Passport Number	S7674509I
Contact Number	93890532
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

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

Policyholder's Signature

Date & Time: 01 Jun 2018

Driver's Signature

(If driver is not the policyholder)

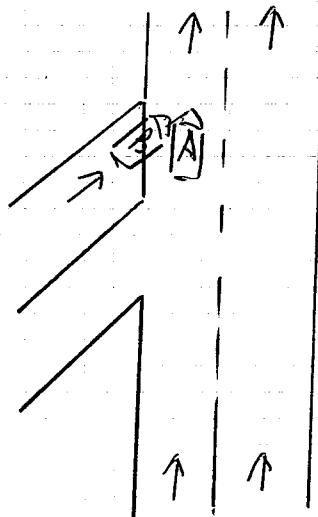
Date & Time: 01 Jun 2018 @ 09:35Hrs

Lisa Diong

Reporting Centre Personnel's Signature

Name: -

NRIC/FIN No.:

SKETCH PLAN

A-SHA 6086M

B-SDH 8995L

Along Napier rd twds Holland rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/06/2018 @ 04:30hrs, I was travelling along Napier rd towards Holland rd. With no passenger on board. I was on the extreme left lane, while travelling straight. Suddenly, veh (B) dashed out on my left and collided onto my taxi (A) left front portion. My taxi (A) left front portion was damaged.

Veh (B) SDH 8995L, was driven by Ms Ang San San. Nric no: S 7674509I. Hp no: 9389 0532.

I have CCTV footage and scene photos to support my claims.

The other party admit liability attached.

No injury in this accident.

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: 01 Jun 2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01 Jun 2018 @ 09:35hrs

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

To: Lim Kim Seng
93474013

From: Ang San San
S7674509I
93890532

I was from Tanglin Road turn left to
Napier Road, because of ~~heavy~~ raining
heavily I didn't notice Lim Kim Seng
Taxi, I will responsible the repair
of the two parts that I caused -
(the left hand mirror and left
bumble).



EILEEN LEE BEE CHING representing
GREAT EASTERN LIFE
Tel: 339 6663 Pager: 9-526 8389

my car plate number: SDH 8995L

his vehicle number: ~~SD~~
SHA 6086M

1 June, 2018 4.30am

Ang San San

Lim Kim Seng