CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE

AIG

**VEHICLE NO: SHD 7091A** 

DATE: 20.07.2018 TEL NO: 6542 5119

MAKE

MODEL : TOYOTA PRIUS

FAX NO: 6542 6039

MODEL	: TOYOTA PRIUS	1	FAX NO : 6542		
	PARTS DESCRIPTION	QTY	UNIT PRICE		10UNT
	REAR FENDER, RH			\$	817.50
	REAR FENDER INNER PANEL, RH			\$	728.00
	REAR FENDER OUTER PANEL, RH			\$	486.00
	REAR FENDER PANEL, ROOF SIDE OUTER, RH			\$	311.00
	REAR FENDER REINFORCEMENT SUB,ROCKER PANE	EL,RH		\$	552.30
	REAR FENDER EXTENSION, ROOF SIDE INNER FRT, RI	H ·		\$	265.10
	REAR FENDER SHEILD (RH)			\$	134.20
	FRONT DOOR SIDE MIRROR, RH			\$	1,374.00
	SIDE MIRROR COVER, RH			\$	141.90
	MIRROR OUTER, RH			\$	212.80
	PANEL SUB-ASSY, FRONT DOOR, RH			\$	1,227.00
	FRONT DOOR HINGE UPPER			\$	91.20
	FRONT DOOR HINGE LOWER			\$	91.20
	FRONT DOOR CHECK			\$	153.00
	FRONT DOOR TRIMBOARD			\$	725.00
	FRONT DOOR INNER LOCK			\$	688.80
	PANEL SUB-ASSY, REAR DOOR, RH			\$	1,227.00
	REAR DOOR HINGE UPPER			\$	82.30
	REAR DOOR HINGE LOWER			\$	82.30
	REAR DOOR CHECK			\$	153.00
	REAR DOOR TRIMBOARD			\$	725.00
	REAR DOOR INNER LOCK			\$	644.70
	REAR DOOR INNER MOULDING		:	\$	141.00
	REAR DOOR OUTER SEAL			\$	257.90
	DOOR CENTRE PILLAR			\$	1,590.60
	MOTOR ASSY, POWER WINDOW REGULATOR FRT, R	ı H		\$	941.80
	MOTOR ASSY, POWER WINDOW REGULATOR REAR,			\$	941.80
	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH			\$	228.40
	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH			\$	228.40
	REINFORCE SUB-ASSY, ROCKER, OUTER RH			\$	519.80
	CENTRE ROCKER PANEL (GARNISH)			\$	576.00
	REAR TYRE RIM ,RH			\$   \$	1,555.00
	REAR WHEEL HUB CAP ,RH			\$	177.70
	REAR WHEEL BEARING ING & HUB, RH			\$   \$	560.10
	REAR CROSS MEMBER			\$   \$	2,179.40
	REAR SHOCK ABSORBER, RH			\$  \$	116.00
	· ·		1	'	
	REAR SHOCK ABSORBER MOUNTING, RH			\$	125.30
	REAR LOWER ARM, RH			\$	345.70
	REAR UPPER ARM, RH			\$	348.80
	REAR KNUCKLE ARM, RH			\$	800.73
	REAR BRAKE ABS SENSOR (WIRE)			\$	78.80
	REAR STABILIZER BAR			\$	311.50
	REAR STABILIZER LINK, RH			\$	151.60
	REAR TRAILING ARM,RH			\$	314.20
	REAR ASSIST ARM,RH			\$	342.20

			SHD 7091A	_
PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
SUB TOTAL			\$ 23,746.03	
LESS 20%			\$ 4,749.21	
DISCOUNTED TOTAL			\$ 18,996.82	
				1
			1	
FRONT DOOR COMFORT LOGO			\$ 75.00	NETT
REAR DOOR COMFORT & APPS STICKER				NETT
REAR TYRE ,RH			\$ 216.00	
,				1.2.1
			\$ 371.00	1
			371.00	1
LABOUR CHARGE				
Panel Beating			\$ 1,200.00	
			\$ 1,200.00	
Spray Painting Charge			ŀ	i i
Wiring Charge Tuff Kote				1
				1
Towing Charge			\$ 50.00	1
Remove/Refix Cushion & Upholstery Rear			\$ 150.00	1
Remove/Refix Rear Windscreen Glass			\$ 120.00	
Remove/Refix Reverse Sensor			\$ 120.00	
Transfer of Door		\$ 120.00	\$ 240.00	
Remove/Refix Undercarriage (RR)			\$ 200.00	
Rear Wheel Alignment			\$ 120.00	
				-
TOTAL LABOUR			\$ 3,350.00	4
ECTIMATE TOTAL			e 22.717.02	-
ESTIMATE TOTAL			\$ 22,717.82	╡
	 			_
This is an initial actimate based on a visual inspection of the above vahials	Th - C1			1

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 witholding 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.

AC	$\sim$ 1	-17	_	ет	MΞ	-	17	- 1	
AU	vΙ	-		O I	Α.				ш

 Date Of Report
 20/07/2018 11:55

 Date Of Accident
 20/07/2018 10:10

Exact Location Of Accident MARINA BLVD X MARINA VIEW LINK

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHD7091A

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?

ИО

If No, Please state action to be taken

THIRD PARTY

Vehicle Category TAXI

**Insurance Company** 

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number MCOM0015

Cover Note Number

**Driver** 

Name of Driver WONG GUORONG

 NRIC No
 S8118003B

 Date Of Birth
 03/06/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/08/2009

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93553669

Fax Number

**Contact Number** 

EMail Address ADI5423@HOTMAIL.COM

Address 315 #06-257 JURONG EAST STREET 32

Postcode 600315

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

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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

NO

SLX3714K

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

\_\_\_\_\_

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver IESA BIN MUSTAJAB

NRIC/Passport Number S1299237H

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage FRT LEFT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name WONG GUORONG

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

37

SHOULDER

SHD7091A

YES

NO

### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 LTC CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

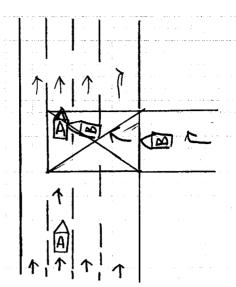
Date & Time: 2007 18

12.15pm.

Reporting Centre Personnel's Signature

Name: REGIMA (MOO

NRIC/FIN No.:



A - SHD 7091A B - SLX 3714K

Along Marina BLVD x Marina View Link

# **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 20.07.2018 at about 10:10 hrs I was travelling straight along Marina BLVD . With no Passenger
onboard .
On the major road of Marina BLVD I was travelling straight , suddenly Veh B - SLX 3714K dash out
from my right and collided onto my taxi Right portion.
As it take place so fast I couldnt take evasive action to prevent the collision .
After the accident , both of us the alighted and exchange particulars .
I have taxi video and photos at scene to support my claims .
Veh B - Iesa Bin Mustajab I/C : S 1299237H
After the accident,I suffered pain at the shoulders area , will consult doctor later on.
· · · · · · · · · · · · · · · · · · ·

# **DECLARATION**

COMPORTORIANSPORTATION TO THE LATE true in every respect.

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

200718

Reporting Centre Personnel's Signature
Name: \*\*TEMM (WOO\*\*
NRIC/FIN No.:

12.15pm.