

CHUNNI MOTOR WORK PTE LTD**REPAIR ESTIMATE***

AIG

VEHICLE NO : SHA 8236J

DATE : 23.07.2018

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 1,526.00
	Bonnet Rubber (LH)			\$ 19.80
	Bonnet Rubber (RH)			\$ 19.80
	Bonnet Hinge (LH/RH)		\$ 91.30	\$ 182.60
	Bonnet Lock			\$ 50.90
	Bonnet Insulator			\$ 243.00
	Bonnet Insulator Clips			\$ 8.40
	Radiator Grille			\$ 1,480.00
	Radiator Grille H Emblem			\$ 290.80
	Radiator Grille Chrome Moulding			\$ 395.50
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Sponge			\$ 142.20
	Front Bumper Reinforcement			\$ 526.10
	Front Bumper Grille (LH/RH)		\$ 285.50	\$ 571.00
	Front Bumper Grille Airduct (LH/RH)		\$ 155.00	\$ 310.00
	Front Bumper Lip			\$ 62.50
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	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 Hose Upper			\$ 47.40
	Radiator Hose Lower			\$ 47.40
	Radiator Expansion Tank			\$ 48.00
	Radiator Guard		\$ 35.00	\$ 70.00
	Horn Unit (LH/RH)		\$ 86.75	\$ 173.50
	Horn Wire			\$ 156.50
	Front Fender (LH/RH)		\$ 619.00	\$ 1,238.00
	Front Fender Apron Panel (LH/RH)		\$ 1,575.50	\$ 3,151.00
	Front Fender Shield (LH/RH)		\$ 169.80	\$ 339.60
	Front Fender Retainer		\$ 9.20	\$ 18.40
	Air Cleaner Assy			\$ 188.00
	Air Duct			\$ 206.05
	Air Flow Sensor			\$ 633.35
	Resonator Tank Hose			\$ 261.95
	Aircon Blower Motor Unit			\$ 1,115.50
	Aircon Sensor Pressure - Suc/Liq			\$ 244.10
	Aircon Condenser			\$ 1,137.35
	Aircon Receiver			\$ 71.50
	Aircon Suction & Liquid Hose			\$ 658.90
	Aircon Blower Motor			\$ 619.00
	Aircon Compressor			\$ 2,857.55
	Aircon Evaporation Coil & Heater Unit			\$ 2,492.40

SHA 8236J

[illegible]

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 2,000.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 100.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 50.00
	Remove/Refix Undercarriage (FRT)			\$ 200.00
	FRT Wheel Alignment			\$ 120.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Remove/Refix Engine/Gearbox			\$ 650.00
	Remove/Refix Dashboard			\$ 450.00
	Remove/Refix Fuse Box			\$ 180.00
	Remove/Refix Front Windscreen Glass			\$ 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	Re-programme Air Bag & Safety Belt System			\$ 550.00
	TOTAL LABOUR			\$ 5,960.00
	ESTIMATE TOTAL			\$ 62,205.32
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	23/07/2018 11:55
Date Of Accident	21/07/2018 04:00
Exact Location Of Accident	BEACH RD TWDS LAVENDER ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8236J
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	LIM SAY PHANG
NRIC No	S1426216D
Date Of Birth	29/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98169619
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 777 WOODLANDS CRESCENT #12-42
Postcode	730777
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	2
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/2018721/2043 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SLT8974P
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	LEE KIY YEING
NRIC/Passport Number	S8528047C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT DOOR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM SAY PHANG
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SHA8236J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	POOK WEN KAI (PAX)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	SHA8236J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	NEO WEN XUN (PAX)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	SHA8236J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	GOH YEE TAT (PAX)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	SHA8236J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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.

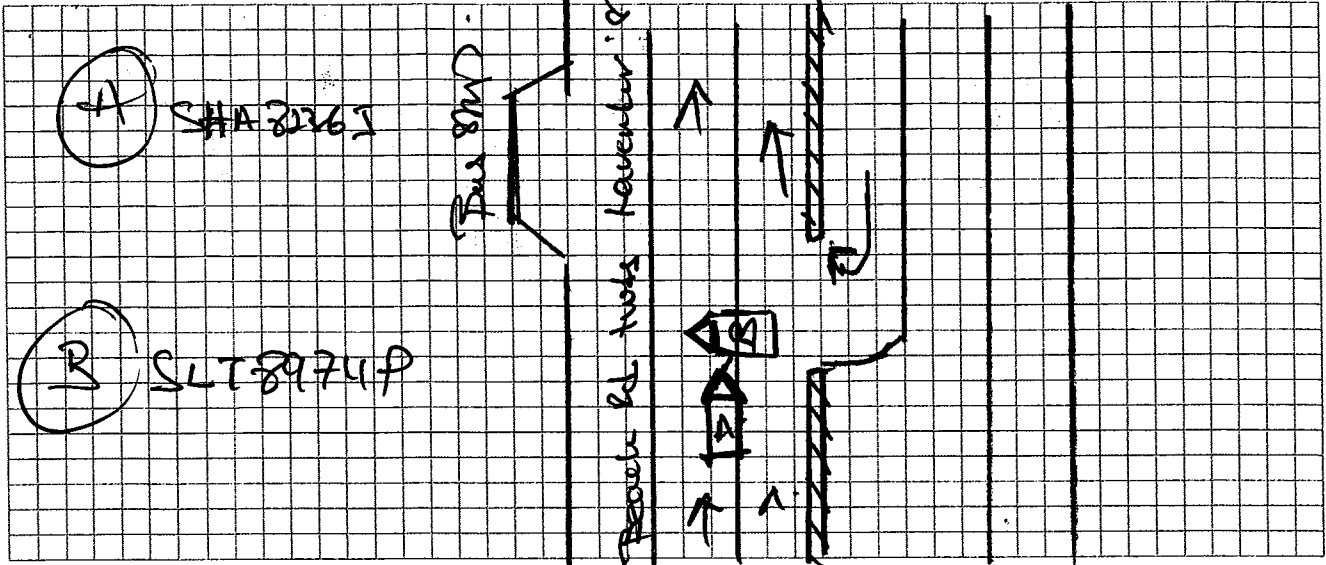
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police —

Report: T/20180721/2043

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839C

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SINGAPORE POLICE FORCE



T/20180721/2043

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180721/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2018 11:50		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: LIM SAY PHANG			Address: APT BLK 777 WOODLANDS CRESCENT #12-42 SINGAPORE 730777		
ID Type / ID No.: NRIC NO / S1426216D			Contact No.: Home/Office: Mobile: 98169619		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 29/07/1960	Type of Informant: Driver		
Race: Chinese			Language: English		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: 21/07/2018 04:00	Type of Location: Straight Road
Location: Along Road 1 BEACH ROAD Toward Lavender Road, opposite St John HQ.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8236J	Car				Slightly Damaged	3
SLT8974P	Car				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180721/2043

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180721/2043

CONTINUATION OF REPORT

Passenger			
Name	Pook Wen Kai	ID No.	S9217043H
Related Vehicle	SHA8236J (Car)	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	LIM SAY PHANG	ID No.	S1426216D
Related Vehicle	SHA8236J (Car)	Contact No.	98169619
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Neo Wen Xun	ID No.	S9207775F
Related Vehicle	SHA8236J (Car)	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	Lee Kiy Yeing, Trina (LI JIEYING)	ID No.	S8528047C
Related Vehicle	SLT8974P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180721/2043

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180721/2043

CONTINUATION OF REPORT

Name	Goh Yee Tat (Leonard)		ID No.	S9336062A
Related Vehicle	NIL		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

Brief Details.

On the above mentioned date, time and location. I had 3 passengers in the car and I was on the second lane of the road heading towards lavender road. There was a U-turn on my right hand side. By the time I noticed a car making a U turn, I could not make an emergency break in time.

The front of my car (Yellow taxi, SHA8236J) hit the left side of the other car (White Mercedes SLT8974P). Traffic police came to attend to us, however, no one was conveyed to the hospital. Today I went to Tan Tock Seng Hospital as I am having neck, back and chest pain issue and I was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20180721/2043

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180721/2043

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.

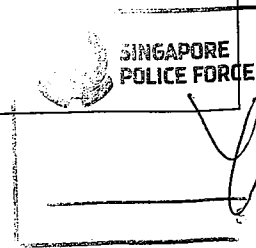
Signature Of Officer Recording The Report:

G /
Sgt 2 LIM YA HUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
21/07/2018 11:50

Classification Of Case:

