CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE **INDIA**

VEHICLE NO : SH 8141G **DATE : 31.07.2018**

MAKE : **TEL NO : 6542 5119**

MODEL : TOYOTA PRIUS **FAX NO : 6542 6039**

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	RADIATOR GRILLE			$ 438.00
	RADIATOR GRILLE EMBLEM			$ 88.00
	LAMP ASSY, FOG, LH			$ 920.00
	FRONT BUMPER COVER			$ 499.90
	FRONT BUMPER REINFORCEMNENT			$ 696.40
	FRONT BUMPER REINFORCEMNENT ABSORBER			$ 115.70
	FRONT BUMPER SPONGE			$ 78.80
	FRONT BUMPER CENTRE GRILLE			$ 301.90
	FRONT BUMPER SIDE RETAINER, LH			$ 77.00
	ENGINE UNDER COVER (RR)			$ 457.40
	COVER, FRONT BUMPER HOLE, LH			$ 28.38
	REINFORCEMENT SUB-ASSY, FRONT BUMPER LOWER			$ 236.10
	SUPPORT FR BUMPER, LH			$ 81.70
	FRONT BUMPER CENTRE FRAME			$ 236.90
	BRACKET, FRONT BUMPER SIDE, LH			$ 82.30
	ABSORBER, FRONT BUMPER, LOWER (SPONGE LOWER)			$ 127.70
	UNIT ASSY, HEADLAMP, LH (LED)			$ 3,455.00
	HEAD LAMP PANEL (LH)			$ 213.50
	TOP PANEL SIDE			$ 69.20
	BRACKET, HEADLAMP MOUNTING, LH			$ 25.50
	RADIATOR ASSY			$ 1,841.80
	RADIATOR FAN COWLING ASSY			$ 661.30
	RADIATOR BOTTOM MOUNTING			$ 27.50
	STAY, RADIATOR SUPPORT, LH			$ 65.70
	RADIATOR FAN BLADE (LH)			$ 233.10
	RADIATOR FAN MOTOR (LH)			$ 543.70
	DEFLECTOR, RADIATOR SIDE, LH			$ 77.00
	CONDENSER ASSY, W/RECEIVER			$ 1,336.60
	FENDER SUB-ASSY, FRONT LH			$ 945.30
	FRONT HOUSING ASSY,LH			$ 958.30
	FRONT FENDER SHIELD,LH			$ 196.60
	FRONT FENDER SHIELD CLIP			$ 3.80
	FRONT FENDER HYBRID EMBLEM, LH			$ 53.50
	GUSSET, FRONT FENDER APRON, LOWER LH			$ 34.90
	MEMBER, FRONT APRON TO COWL SIDE, UPPER LH			$ 138.40
	MEMBER, FRONT APRON TO COWL SIDE, LOWER FRONT LH			$ 82.30
	FRONT WHEEL RIM (LH)			$ 1,555.10
	FRONT WHEEL HUB CAP (LH/)			$ 177.70
	FRONT WHEEL HUB BEARING (LHH)			$ 560.10
	FRONT SHOCK ABSORBER (LH)			$ 401.80
	ABSORBER TOP MOUNTING ,LH			$ 196.20
	ABSORBER TOP MOUNTING ,RH			$ 196.20
	FRONT SUSPENSION LOWER ARM (RH)			$ 637.50
	FRONT DRIVE SHAFT (LH)			$ 1,186.20
	RACK & PINION ASSY			$ 1,621.30
	BAR, STABILIZER			$ 360.00

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	LINK ASSY, FRONT STABILIZER, LH			$ 199.00	
	KNUCKLE, STEERING, LH			$ 562.30	
	END SUB-ASSY, TIE ROD, LH			$ 158.10	
	ENGINE UNDER COVER			$ 457.20	
	ENGINE CROSS MEMBER			$ 2,504.40	
	FRT ABS WIRE, LH			$ 450.70	
	SENSOR, SPEED, FRONT LH			$ 455.10	
	WIRING FRONT			$ 8,450.50	
	SUB TOTAL			**$ 35,558.58**	
	LESS 20%			**$ 7,111.72**	
	DISCOUNTED TOTAL			**$ 28,446.86**	
	FRONT NO. PLATE			$ 25.00	**NETT**
	FRONT NO PLATE TRIM COVER			$ 30.00	**NETT**
	FRONT NO.PLATE GARNISH			$ 99.00	**NETT**
	FRONT TYRE (LH)			$ 216.00	**NETT**
				$ 370.00	
	LABOUR CHARGE				
	Panel Beating			$ 1,500.00	
	Spray Painting Charge			$ 750.00	
	Wiring Charge			$ 50.00	
	Tuff Kote			$ 50.00	
	Towing Charge			$ 50.00	
	Remove/Refix Undercarriage (FRT)			$ 200.00	
	FRT Wheel Alignment			$ 120.00	
	Remove/Refix Aircon & Refill Gas			$ 150.00	
	Remove/Refix Dashboard			$ 400.00	
	Remove/Refix Fuse Box			$ 120.00	
	Diagnosis Check			$ 550.00	
	TOTAL LABOUR			**$ 3,940.00**	
	ESTIMATE TOTAL			**$ 32,756.86**	

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.

MCD618099166 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 01/08/2018 09:24
SUBMITTED BY: Huang XiaoYan

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 01/08/2018 09:38

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.

ACCIDENT STATEMENT	
Date Of Report	01/08/2018 09:24
Date Of Accident	30/07/2018 22:50
Exact Location Of Accident	STAMFORD RD X JUNCTION OF VICTORIA ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH8141G
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	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	LOW KOK FOO
NRIC No	S6945772Z
Date Of Birth	14/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94893465
Fax Number	
Contact Number	
EMail Address	LOWKOKFOO1969@GMAIL.COM

Address	BLK 9 EUNOS CRESENT #05-2687
Postcode	400009
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

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 ATTACHED / 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	SHC8412G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	RIGHT 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.
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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:

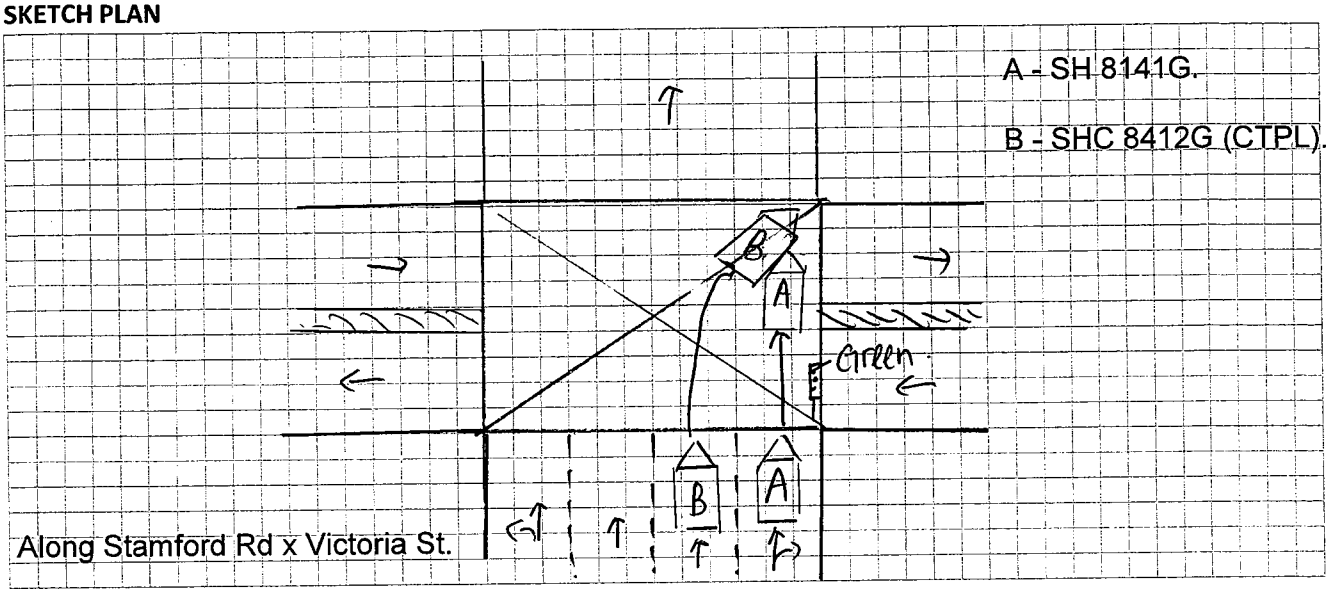
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 31.07.2018 @ 16:00 Hrs	Reporting Centre Personnel's Signature Name: Rubbini NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.07.2018 at about 22:50 Hrs, I was travelling along Stamford Rd with two male passengers on board.

I was travelling on the extreme right lane. As i reached the junction with Victoria St, I FB. ~~was waiting for the pedestrians to cross over. When I just~~ proceeded straight, suddenly veh (B) (SHC 8412G) cut into my lane from my left. As it took place so fast, I could not take evasive action to prevent the collision.

I have company video fixed in my taxi to support my claims. I would like to emphasis that the lane that I was travelling can either go straight or turn right.

Veh (B) (SHC 8412G). Male driver.

No injury in this accident.

DECLARATION

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

COMFORT TRANSPORTATION P...
CO. REG. NO. 199...

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31.07.2018 @ 16:00 Hrs

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