CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHA 3100A

DATE: 15.08.2018

MAKE

TEL: 6542 5119 FAX: 6542 6039

MODEL	: HYUNDAI i40	FAX		542 6039	INE	OIA
Qty	Parts Description/ Labour	Туре		Init Price		Amount
	Radiator Grille	<u> </u>			\$	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 Lip				\$	62.50
	Front Bumper Bracket Top (LH/RH)		\$	22.40	\$	44.80
	Front Bumper Bracket (LH/RH)		\$	24.60	\$	49.20
	Headlamp Support Top Cover		ľ		\$	398.00
	Headlamp Support Panel Assy				\$	1,067.50
	Headlamp (LH/RH)		\$	1,388.00	\$	2,776.00
	Radiator		*	1,200.00	\$	850.20
	Radiator Fan Blade, Cowling, Motor Assy				\$	792.95
	Radiator Bracket (RH/LH)		\$	6.50	\$	13.00
	Radiator Guard		\$	35.00	\$	70.00
	Horn Unit (LH/RH)		\$	86.75	\$	173.50
	Aircon Condenser		۳	00.75	\$	1,137.35
	Inter Cooler				\$	921.90
	Inter Cooler Mounting (2 PCS)				\$	25.90
	intel cooler wounting (2 1 cs)				"	25.70
	SUB TOTAL				\$	12,269.60
	LESS 20%				\$	2,453.92
	DISCOUNTED TOTAL				\$	9,815.68
	Front Number Plate				\$	25.00
	Front No Plate Trim Cover				\$	30.00
					\$	55.00
	Labour Charge					
	Panel Beating				\$	1,000.00
	Spray Painting Charge				\$	250.00
	Wiring Charge				\$	50.00
	Towing Charge				\$	60.00
	Remove/Refix Aircon & Refill Gas				\$	150.00
	300					
	TOTAL LABOUR				\$	1,510.00
			1			

SHA 3100A

04:	Dowto Description / Talance	Т	¥ T	it Price		Amount	1
<u>Qty</u>	Parts Description/ Labour Boot Lid	Type	l Uni	it Frice	\$	2,174.90	
						•	
	Boot Lid Rubber		e e	178.10	\$	115.80 356.20	
	Boot Lid Hinge (LH/RH)		\$	1/8.10	\$	137.90	l
	Boot Lid Lock Upper Boot Lid Lock Lower				\$ \$	31.70	
						27.50	
	BootLid Hyundai Plate				\$		
	Boot Lid 'H' Emblem				\$	27.20	
	Boot Lid CRDI Plate		<u></u>	556.00	\$	41.00	
	Boot Lid Lamp (LH/RH)		\$	556.80	\$	1,113.60	
	Boot Lid Trimboard				\$	172.70	
	Boot Lid Trimboard Clips (10pcs)				\$	11.00	
	Bootlid Moulding				\$	85.00	
1	Bootlid i40 Emblem				\$	41.00	
	Bootlid Lower Garnish				\$	398.00	
	Rear Bumper				\$	603.60	
	Rear Bumper Reinforcement		,	100.00	\$	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	1
	Rear Bumper Sponge				\$	143.40	
	Rear Bumper Under Cover				\$	225.00	
	Rear Bumper Reflector Lamp (LH)				\$	32.00	
	Tail Lamp (LH/RH)		\$	565.60	\$	1,131.20	
	Rear Panel				\$	592.30	
	Rear Panel Garnish				\$	57.70	
	Rear Panel Lower Panel				\$	495.50	
	Spare Tyre Holder				\$	28.80	ŀ
	Spare Tyre Panel				\$	900.50	
	Spare Tyre Panel Cushion				\$	209.05	
	Rear Towing Hook				\$	94.60	
	Member Assy- Rear Floor Centre				\$	170.75	
	Exhaust Pipe Insulator		\$	58.55	\$	117.10	
	Exhaust Silencer		\$	954.00	\$	1,908.00	
	Exhaust Pipe Hanger		\$	58.55	\$	117.10	
	Exhaust Pipe Centre				\$	1,150.30	
	SUB TOTAL	,			\$	13,694.75	1
	LESS 20%				\$	2,738.95	
	DISCOUNTED TOTAL	,			\$	10,955.80	1
	Boot Lid Comfort Logo & Tel No. Sticker				\$	30.00	Nett
	Boot Lid Advertisement Logo				\$		1
	Rear Bumper Reverse Sensor				\$		1
	Rear Bumper Advertisement Logo				\$		1
	Rear Fender Advertisement Logo (LH/RH)		\$	100.00	\$		1
:	Tondo Tavornomon Dogo (Dillar)			100.00	Ľ		
					\$	515.70	1

				SHA 3100A
Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,500.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Exhaust Pipe			\$ 360.00
	-			
	TOTAL LABOUR			\$ 3,280.00
				·
	ESTIMATE TOTAL			\$ 26,132.18
		:		
İ				
]				
				<u> </u>
		:		
		<u> </u>	hitala mi cont	
	This is an initial estimate based on a visual inspection of the			
L	be prepared after the vehicle is surveyed by a motor Surve	yor appoint	ed by the insurance	e 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

	ACCIDENT STATEMENT	
Date Of Report	15/08/2018 11:08	
Date Of Accident	15/08/2018 09:35	
Exact Location Of Accident EAST COAST PARKWAY TWDS CITY.		
Country/State of Loss	SINGAPORE	

DETAILS OF	OWN VEHICLE

Vehicle Registration Number , SHA3100A

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 HYUNDAI Model 140

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 CHENG KIAH LEK

 NRIC No
 \$1377983Z

 Date Of Birth
 22/10/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/09/1980

Driving Experience 37 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98213922

Fax Number

Contact Number

EMail Address CHENGKIAHLEK2210@YAHOO.COM

Address 771 04-188 WOODLANDS DRIVE 60

Postcode 730771

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

NO

2

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)

Passenger 1 NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8755S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI Name of Driver KOH

NRIC/Passport Number

Contact Number 97991240

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

No. Of Passenger (Including Driver)

Vehicle Registration Number SHA4398B Vehicle Make/Model/Colour Details Of Properties Vehicle Category TAXI Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage REAR

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 LTD

CO. REG. NO. 199303821R

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

Date & Time: 15.08.2018

Reporting Centre Personnel's Signature

Name: QUANNA (MOO

SKETCH PLAN		
		A - SHA 3100A
		B - SHC 8755S C - SHA 4398B
ing the state of t	A /A	
Along ECP Towards City		

On 15.08.2018 at about 09:35 hours I was travelling along ECP towards City with 1 Male Passenger onboard. I saw infront 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 orward,and colliding onto veh (C) - SHA 4398B rear portion.My taxi (A) front and rear portion was damaged. I assessed the damages to my taxi (A) and come to know that there were 3 vehicles involved in the chain accident. No one was conveyed by the ambulance. Veh B - SHC 8755S Mr Koh , H/P : 9799 1240 Veh C - Male Driver

COMPORTATION COMPORTATION PTE LTD (Verlet) Proposed the foregons particulars are true in every respect. CO. REG. NO. 199303821R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

Reporting Centre Personnel's Signature

Name: REMINA CHOO NRIC/FIN No.: