

## REPAIR ESTIMATE\*

## INDIA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Grille (LH)			\$ 41.60
	Front Bumper Bracket (LH)			\$ 24.60
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH)			\$ 1,388.00
	Front Fender (LH)			\$ 566.30
	Front Fender Apron Panel (LH)			\$ 637.00
	Front Fender Shield (LH)			\$ 174.90
	Front Windscreen Pillar Outer(LH)			\$ 1,745.50
	Front Wheel Rim (LH)			\$ 325.30
	Front Wheel Hub Cap (LH)			\$ 107.10
	Front Wheel Bearing			\$ 150.90
	Front Shock Absorber (Assy) (LH)			\$ 342.20
	Front Shock Absorber Mounting (LH)			\$ 108.80
	Front Drive Shaft (LH)			\$ 1,030.80
	Rack & Pinion Assy			\$ 969.60
	STG Tie End			\$ 62.60
	Stabilizer Bar			\$ 252.30
	Stabilizer Bar Bush (LH)			\$ 16.40
	Stabilizer Bar Link			\$ 61.10
	Stabilizer Bracket			\$ 24.00
	Front Suspension Lower Arm (LH)			\$ 529.30
	Knuckle Arm (LH)			\$ 552.00
	Engine Crossmember			\$ 2,094.40
	ABS Sensor, LH			\$ 234.00
	SUB TOTAL			\$ 12,890.60
	LESS 20%			\$ 2,578.12
	DISCOUNTED TOTAL			\$ 10,312.48
	Front Door Comfort Logo (LH)			\$ 75.00
	Front Door Advertisement Logo (LH)			\$ 100.00
	Front Tyre (LH)			\$ 216.00
				\$ 391.00

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Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,700.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 80.00
	Remove/Refix Undercarriage (FRT)			\$ 200.00
	FRT Wheel Alignment			\$ 100.00
	Remove/Refix Aircon & Refill Gas			\$ 100.00
	Remove/Refix Dashboard			\$ 230.00
	Diagnostic & Resetting To Erase Fault Code			\$ 280.00
	<b>TOTAL LABOUR</b>			<b>\$ 3,740.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 14,443.48</b>
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	19/09/2018 14:27
Date Of Accident	19/09/2018 09:45
Exact Location Of Accident	BEACH RD TWDS JLN SULTAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8506M
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	KOH LYE SOON
NRIC No	S7031141J
Date Of Birth	08/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98110213
Fax Number	
Contact Number	
EEmail Address	GEELENG1971@HOTMAIL.COM

Address	418B 13-158 FERNVALE LINK
Postcode	792418
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
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	SHA1881S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG PEK SOON
NRIC/Passport Number	S7002037H
Contact Number	917344236
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	KOH LYE SOON
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Approximate Age	48
Injuries Sustain	NECK
Injured person in which vehicle?	SH8506M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE


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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 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.

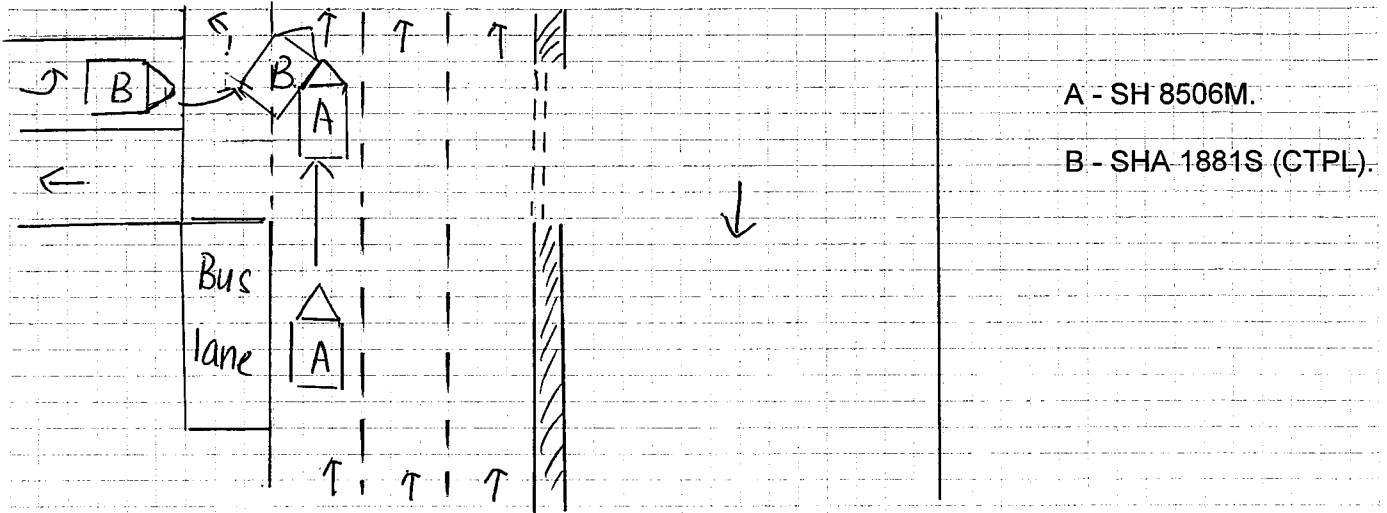
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19.09.2018 @ 13:30 Hrs

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

# SKETCH PLAN



Along Beach Rd Junction of Seah Street.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.09.2018 at about 09:45 Hrs, I was travelling along Beach Rd towards Crawford Street with no passenger
on board.
I was travelling on the extreme left lane. Suddenly, veh (B) (SHA 1881S) - a comfort taxi dashed out from my left
in a sudden manner and hit my taxi (A) front left portion. As it took place so fast, I could not take evasive action to prevent
the collision.
Both of us then alighted and exchanged the particulars. I have company video fixed in my taxi and photos taken
at scene to support my claims.
After the accident, I suffered pain on my neck and will consult doctor later on.
Veh (B) (SHA 1881S) was driven by Mr. Ang Pek Soon. NRIC : S 7002037H. Hp : 9173 4423.

## 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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19.09.2018 @ 13:30 Hrs

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