CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHC 3015C

DATE: 19.10.2018

MAKE

TEL: 6542 5119 FAX : 6542 6039 : HYUNDAI i40

WAKE	•	1 1512	. 03	74 J117			
MODEL	: HYUNDAI i40	FAX	: 6542 6039		INDIA		
Qty	Parts Description/ Labour	Type	Ţ	Unit Price		Amount	
	Radiator Grille			- : ::: - : : - : : - : : - : : - : : - : : - : : - : : - : : - : : - : : - : : - : : - : : - : : - : : - : : - : - : : - : - : : - :	\$	1,110.10	1
	Radiator Grille H Emblem				\$	39.50	
· ·	Front Bumper Cover				\$	1,052.20	
	Front Bumper Sponge				\$	99.20	
	Front Bumper Reinforcement				\$	402.10	
	_		<u>_</u>	22.40	\$		
	Front Bumper Bracket Top (LH/RH)		\$	22.40		44.80	
	Front Bumper Bracket (LH/RH)		\$	24.60	\$	49.20	
	Headlamp Support Top Cover				\$	222.60	
	Headlamp Support Panel Assy				\$	907.40	
	Headlamp (LH/RH)		\$	1,388.00	\$	2,776.00	
	Radiator				\$	698.30	
	Radiator Fan Blade, Cowling, Motor Assy				\$	792.95	
	Radiator Bracket (RH/LH)		\$	6.50	\$	13.00	
	Radiator Guard		\$	20.00	\$	40.00	
	Horn Unit (LH/RH)		\$	73.80	\$	147.60	
	Aircon Condenser				\$	927.50	
	Inter Cooler				\$	1,032.50	
	Inter Cooler Mounting (2 PCS)				\$	25.90	
					*		-
	SUB TOTAL				\$	10,380.85	1
	LESS 20%				\$	2,076.17	
	DISCOUNTED TOTAL				\$	8,304.68	1
	Front Number Plate				\$	25.00	Net
	Front No Plate Trim Cover				\$	30.00	
					\$	55.00	1
					Ť		1
	Labour Charge						
	Panel Beating				\$	1,000.00	
	Spray Painting Charge				\$	250.00	
	Wiring Charge				\$	50.00	
	Towing Charge				\$	50.00	
	Remove/Refix Aircon & Refill Gas				\$	150.00	
	Diagnostic & Resetting To Erase Fault Code				\$	480.00	
	Emghoode & Resolving to Liuse Laun Coue				"	100.00	
	TOTAL LABOUR				\$	1,980.00	1
						·	1

SHC 3015C

						C 3015C	i
Qty	Parts Description/ Labour	Type	U	nit Price	_	Amount	
	Boot Lid				\$	2,174.90	
	Boot Lid Rubber				\$	96.50	
	Boot Lid Lock Upper				\$	102.60	
	Boot Lid Lock Lower				\$	31.70	
	Boot Lid 'H' Emblem				\$	28.70	
	Boot Lid CRDI Plate				\$	27.90	
	Boot Lid Lamp (LH/RH)		\$	565.60	\$	1,131.20	l
	Boot Lid Trimboard				\$	116.40	
	Boot Lid Trimboard Clips (10pcs)				\$	11.00	
	Bootlid Moulding				\$	85.00	
	Bootlid i40 Emblem				\$	27.90	
	Bootlid Lower Garnish				\$	227.90	
	Bootlid CR				\$	56.30	
	Rear Bumper				\$	553.00	
	Rear Bumper Reinforcement				\$	428.40	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$	80.30	\$	160.60	
	Rear Bumper Clip 10 pcs				\$	22.00	
	Rear Bumper Bracket	٠	\$	35.60	\$	71.20	
	Rear Bumper Sponge				\$	118.40	
	Rear Bumper Under Cover				\$	228.00	
	Tail Lamp (LH/RH)		\$	697.80	\$	1,395.60	
	Rear Panel				\$	526.70	
	Rear Panel Garnish				\$	57.70	
1	Rear Panel Lower Panel				\$	495.50	
	Spare Tyre Holder				\$	223.10	
	Spare Tyre Panel				\$	852.80	
	Spare Tyre Panel Cushion				\$	209.05	
E	Rear Towing Hook				\$	94.60	
	Exhaust Pipe Insulator	1	\$	58.55	\$	117.10	
	Exhaust Silencer	•	\$	967.70	\$	1,935.40	
	Exhaust Pipe Hanger		\$	58.55	\$	117.10	
į	Exhaust Pipe Centre				\$	730.10	
	SUB TOTAL				\$	12,454.35	
İ	LESS 20%				\$	2,490.87	
	DISCOUNTED TOTAL				\$	9,963.48	
			l				
	Boot Lid Comfort Logo & Tel No. Sticker				\$	30.00	Nett
	Boot Lid Advertisement Logo		1		\$	100.00	Nett
	Rear Bumper Reverse Sensor				\$	135.70	
	Rear Bumper Advertisement Logo				\$	50.00	
	Rear Bumper Rubber Mat				\$	50.00	Į.
	Trout Bumps: Hussel Mul					•	
			1		\$	365.70	1
					٢		1
L		<u> </u>		***			

	·			SHC 30150
ty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,400.0
	Spray Painting Charge			\$ 1,250.0
	Wiring Charge			\$ 50.0
	Tuff Kote			\$ 50.0
	Remove/Refix Reverse Sensor			\$ 120.0
	Remove/Refix Exhaust Pipe			\$ 300.0
	Remove, Rena Bandast 1 pe			J 500.
	TOTAL LABOUR			\$ 3,170.
				_
	ESTIMATE TOTAL			\$ 23,838.5
		-		
	•	ı	I	1

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

SUBMITTED BY: Catherine Por Moy Juan

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 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. 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.

ACCID	ENT	STAT	ΞM	ΕN	П

Date Of Report 19/10/2018 14:07

Date Of Accident 19/10/2018 06:40

Exact Location Of Accident AIRPORT BLVD TWDS PIE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3015C

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 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 PEH THYE CHEONG

NRIC No S1128733F

Date Of Birth 20/04/1955

Occupation OUTDOOR

Date Of Driving Pass 14/09/1973

Driving Experience 45 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81251623

Fax Number

Contact Number

EMail Address NOEMAIL

Address

117 #07-449 ANG MO KIO AVENUE 4

Postcode

560117

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

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 YES

Was any other material or property damaged?

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

SH8804C

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

KO SEW PENG

NRIC/Passport Number

S7082315B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC3852H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

TANI TAN TECK THYE

NRIC/Passport Number

S1763090C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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

Mr.

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

Date & Time: 19.10.2018

@ 12:00hrs

Reporting Centre Personnel's Signature

Name: **REGIMO (NO)** NRIC/FIN No.:

Policyholder's Signature
Date & Time:

					 A - SHC 3015C
					 B - SH 8804C C - PC 3852H
			A'		
			A		
			8/1		
Along Airport Blvd Tov	warde DIE	· /	$\uparrow \uparrow \uparrow $	1	

On 19.10.2018 at about 06:40 hours I was travelling along Airport blvd towards PIE with no passenger onboard. I was travelling straight along airport blvd towards PIE, when I saw Veh C - PC 3852H slow down and stop I followed too . Suddenly I felt an impact from my taxi A - rear portion and cause my taxi to surged forward and collided into Veh C - Rear Portion . After the accident we then alighted and exchange our particulars and came to know 3 veh involved in this accident. No injury in this accident. I have company video and photos at scene to support my claims . Veh B (SH 8804C) - Mr Ko Sew Peng I/C: S 7082315B Veh C (PC 3852H) - Mr Tani Tan Teck Thye I/C : S 1763090C H/P : 8133 9368

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:19.10.2018 @ 12:00hrs

Reporting Centre Personnel's Signature Name: **RIGIWA CMOO**

NRIC/FIN No.: