

REPAIR ESTIMATE*

FAX : 6542 6039

India

Page 1 of 3

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Fender Advertisement Logo (RH)			\$ 100.00	Nett
	Front Door Comfort Logo (RH)			\$ 75.00	Nett
	Front Door Advertisement Logo (RH)			\$ 100.00	Nett
	Front Windscreen Sealant			\$ 46.00	Nett
	Front Tyre (RH)			\$ 216.00	Nett
				\$ 537.00	
	Rear Fender (RH)			\$ 2,171.40	
	Rear Fender Inner Lining (RH)			\$ 169.30	
	Rear Windscreen Moulding			\$ 60.00	
	Rear Door (RH)			\$ 2,201.10	
	Rear Door Rubber (RH)			\$ 280.50	
	Rear Door Protector(RH)			\$ 56.90	
	Rear Tyre Rim (RH)			\$ 325.30	
	Rear Wheel Hup-Cap (RH)			\$ 145.00	
	Rear Wheelbearing ING & Hub			\$ 384.60	
	Rear Trailing Arm (RH)			\$ 192.00	
	Rear Assist (RH)			\$ 145.70	
	Rear Shock Absorber (RH)			\$ 276.30	
	Rear Shock Absorber Mounting (RH)			\$ 81.30	
	Rear Crossmember			\$ 1,140.40	
	Stabilizer Bar			\$ 199.60	
	Stabilizer Link			\$ 85.90	
	Rear Upper Arm (RH)			\$ 335.75	
	Rear Lower Arm (RH)			\$ 353.80	
	Rear Knuckle Arm (RH)			\$ 550.80	
	SUB TOTAL			\$ 9,155.65	
	LESS 20%			\$ 1,831.13	
	DISCOUNTED TOTAL			\$ 7,324.52	
	Rear Fender Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
	Rear Door Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Door Tel No. Sticker (RH)			\$ 10.00	Nett
	Rear Tyre (RH)			\$ 216.00	Nett
				\$ 472.00	

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 2,400.00
	Spray Painting Charge			\$ 1,750.00
	Wiring Charge			\$ 100.00
	Tuff Kote			\$ 150.00
	Towing Charge			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Undercarriage (RR)			\$ 200.00
	Transfer of Door		\$ 120.00	\$ 240.00
	Remove/Refix Undercarriage (FRT)			\$ 200.00
	Four Wheel Alignment			\$ 120.00
	Remove/Refix Dashboard			\$ 450.00
	Remove/Refix Front Windscreen Glass			\$ 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	TOTAL LABOUR			\$ 6,260.00
	ESTIMATE TOTAL			\$ 30,966.28
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 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.

ACCIDENT STATEMENT

Date Of Report	11/02/2019 16:27
Date Of Accident	09/02/2019 06:00
Exact Location Of Accident	YIO CHU KANG RD TWDS TAMPINES EXP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4494R
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	SONATA

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	TAY EE PIN
NRIC No	S1466315J
Date Of Birth	05/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98355842
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	206A #14-65 COMPASSVALE LANE
Postcode	541206
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	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 [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SHD6512J
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

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY EE PIN

Approximate Age

57

Injuries Sustain

NECK,SHOULDER,ELBOW

Injured person in which vehicle?

SHD4494R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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 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: 11.02.2019
@ 13:00 hrs

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

SKETCH PLAN

A - SHD 4494R
B - SHD 6512J

Refer to Attachement

Along Yio Chu Kang TWDS Airport

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20190209/2071

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: 11.02.2019
@ 13:00 hrs

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

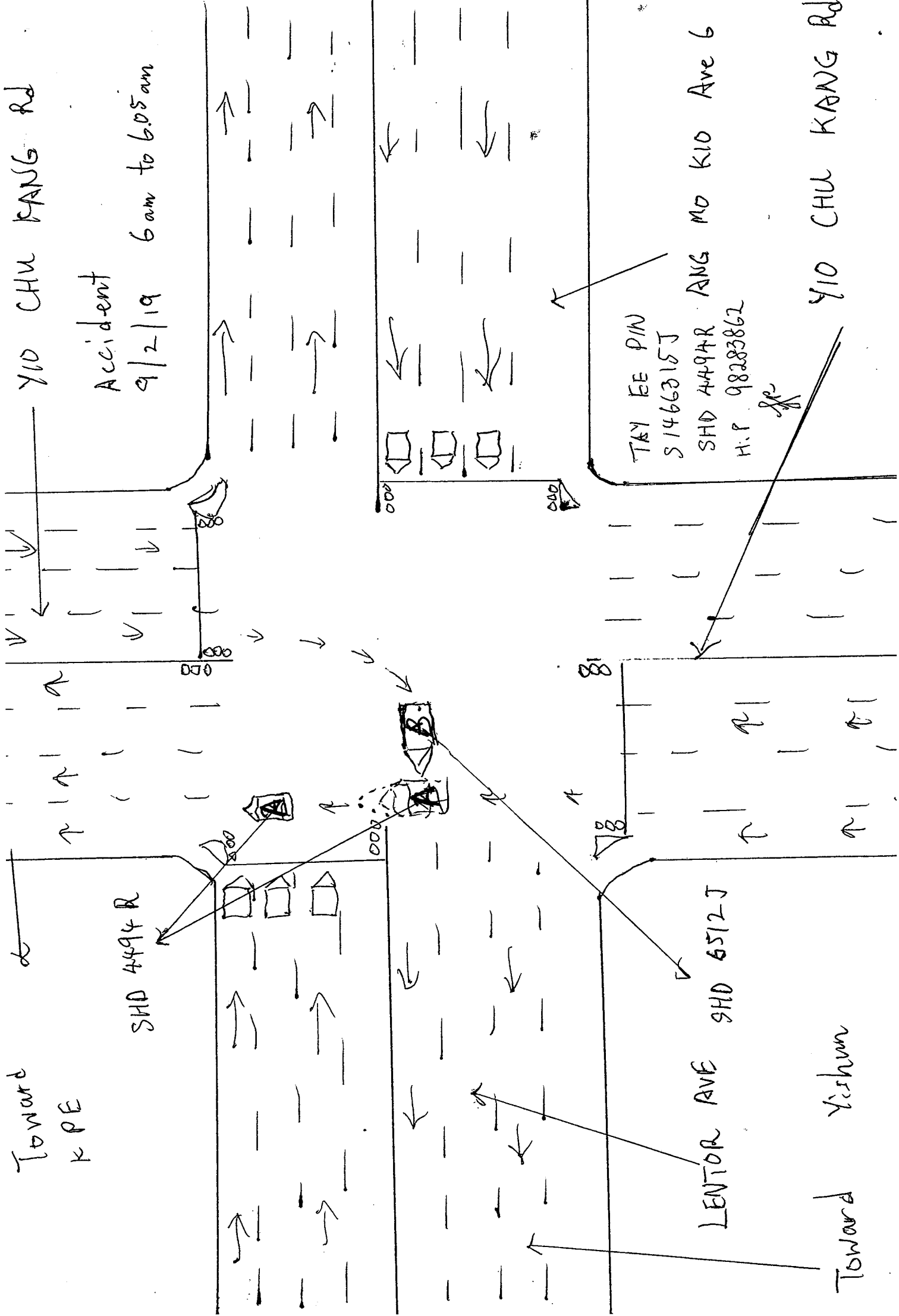
Toward
KPE

SHD 4494 R

Y10 CHU KANG Rd

Accident

9/2/19 6am to 6.05am



TAY EE PIN

S1466315J

SHD 4494 R ANG MO KIO Ave 6

H.P. 98283862

LENTON AVE SHD 6512 J

Toward
Yishun

Y10 CHU KANG Rd



SINGAPORE POLICE FORCE



T/20190209/2071

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190209/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2019 13:21	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: TAY EE PIN			Address: APT BLK 206A COMPASSVALE LANE #14-65 SINGAPORE 541206		
ID Type / ID No.: NRIC NO / S1466315J			Contact No.: Home/Office: Mobile: 98283862		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 05/04/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/02/2019 06:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4494R	TAXI				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190209/2071

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190209/2071

CONTINUATION OF REPORT

Driver			
Name	TAY EE PIN	ID No.	S1466315J
Related Vehicle	SHD4494R (TAXI)	Contact No.	98283862
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	RAJIV BHANDARI	ID No.	NIL
Related Vehicle	SHD4494R (TAXI)	Contact No.	91251765
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 09/02/2019 at about 0600hrs I was travelling along Yio Chu Kang Rd towards TPE in my Taxi bearing the plate number SHD4494R. I was travelling straight when another Taxi hit me from the right at my driver door. My Taxi suffered damages at the right driver and passenger door and my right tire was dented as well. TP and ambulance was at scene and I was being conveyed by ambulance. I suffered numbness on my right elbow and also pain on my neck and shoulder. I was not able to get the other Taxi number plate as I was conveyed by ambulance to Khoo Teck Puat Hospital. No one else was injured during the collision. I am a Taxi Driver from Comfort Delgro.



**SINGAPORE
POLICE FORCE**



T/20190209/2071

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20190209/2071

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 MUHAMMAD SYAZWAN BIN SHAIBANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

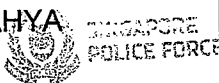
Date/Time:

09/02/2019 13:21

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE