1 8 FEB 2019 LONPAC

# CHUNNI MOTOR WORK PTE LTD

Date

: 18,02.19

To

: Lonpac Insurance Bhd

No of Pages: 6

Re

: Accident involving veh no: SHC 8179E & GBB 9075R Along

T-Junction of Choa Chu Kang North 7 / Choa Chu Kang Cresent

On 18.02.19

We refer to the above mention matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly arrange to survey at AMK Autopoint, Soon Hock Motor, #01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 65427162. Email: chunnimotor@gmail.com

Thank you for your kind assistance.

# **REPAIR ESTIMATE\***

**VEHICLE NO: SHC 8179E** DATE: 18.02.2019 MAKE TEL: 6542 5119

MODEL : HYUNDAI i40 FAX: 6542 6039 LONPAC Qty Parts Description/Labour Unit Price Туре Amount Bonnet 2,265.90 Bonnet Hinge (LH/RH) \$ 41.00 S 82.00 Bonnet Lock \$ 36.90 Bonnet Insulator \$ 196.50 Bonnet Insulator Clips S 8.40 Radiator Grille S 1,110.10 Radiator Grille H Emblem S 120.30 Front Bumper Cover S 1.052.20 Front Bumper Sponge S 99.20 Front Bumper Reinforcement S 402.10 Front Bumper Bracket Top (RH) 22,40 \$ Front Bumper Bracket (RH) 24.60 Headlamp Support Top Cover \$ 222.60 Headlamp Support Panel Assy 907.40 Headlamp (LH/RH) \$ 1,388.00 \$ 2,776.00 Radiator S 698.30 Radiator Fan Blade, Cowling, Motor Assy \$ 792.95 S Radiator Bracket (RH) 6.50 Radiator Guard \$ 20.00 Horn Unit (RH) S 73.80 Front Fender (RH) S 566.30 Front Fender Apron Panel (RH) S 637.00 Front Fender Shield (RH) S 174.90 Aircon Condenser S 927.50 Aircon Suction & Liquid Hose S 624.00 Aircon Discharge Hose 162.60 Aircon Compressor \$ 2,578.00 Inter Cooler S 1,032.50 Inter Cooler Mounting (2 PCS) S 25.90 SUB TOTAL \$ 17,646.85 **LESS 20%** \$ 3,529.37 DISCOUNTED TOTAL \$ 14,117.48 Labour Charge Panel Beating 1,500.00 Spray Painting Charge \$ 1,000.00 Wiring Charge \$ 50,00 Tuff Kote \$ 100.00 Towing Charge S 50.00 Remove/Refix Aircon & Refill Gas \$ 150.00 Diagnostic & Resetting To Erase Fault Code \$ 480.00 TOTAL LABOUR 3,330.00 \$ 17,447.48 ESTIMATE TOTAL 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.

MCD619022264 / Com/onDol Gro Engineering Pto Ltd - Loyang ENTRY DATE & TIME: 18/02/2019 13:03 SUBMITTED BY: Catherine Per May Juan

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report corractly 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 insurence 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 erchiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	18/02/2019 13:03
Date Of Accident	18/02/2019 04:40
Exact Location Of Accident	CHOA CHU KANG NORTH 7 AND CHOA CHU KANG CRES
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8179E
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Rog 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 a time of accident	at
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	WONG KOK WAI

S1627763J

18/12/1964

**OUTDOOR** 

29/12/1984

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97802148

Fax Number Contact Number

NRIC No

Date Of Birth

Date Of Driving Pass

Occupation

EMail Address WONGKOKWAI726@YAHOO.COM.SG

513 03-40 CHOA CHU KANG STREET 51

Postcode 680513

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

V BINO(E

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions RAINING
Road Surface WET

Other Information

Address

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

2

Was any other material or property damaged?

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? 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?

Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

YES

Vehicle Registration Number GBB9075R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE
Name of Driver GUO CHUANG HONG

NRIC/Passport Number G2025526P

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage REAR LEFT

#### 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 partles.
- 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:

- 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 malling 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
- 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.

WELDEL RANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

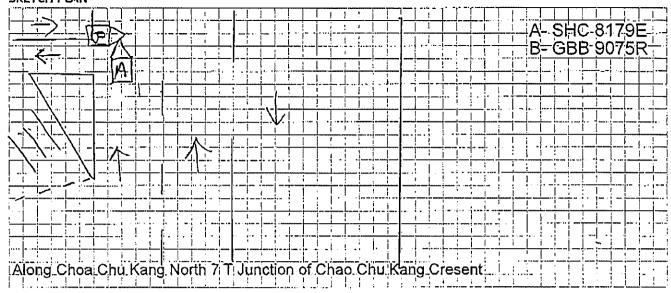
(If driver is not the policyholder)

Date & Time: 18.02.2019@0845

Reporting Centre Personnel's Signature

NRIC/FIN No.: June Tan

# SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.02.2019 @ 0440HRS I was travelling along Choa Chu Kang North 7 T Junction of Chao
Chu Kang Cresent with one male passenger onboard.
As I was travelling straight and suddenly Veh(B) GBB 9075R dashed out from my front while
making a right turn out. My vehicle front right portion was damaged.
As the accident took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claims.
No injury in this accident .
Veh(B) GBB 9075R MR Guo Chuang Hong G 2025526P

### **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: 18.02.2019@0845

Reporting Centre Personnel's Signature

NRIC/FIN No.: June Tan