

REPAIR ESTIMATE*

DATE : 18.03.2019

TEL : 6542 5119

FAX : 6542 6039

INDIA (CAPL)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Fender With Housing (RH)			\$ 4,736.80
	Rear Fender Inner Lining (RH)			\$ 169.30
	Rear Windscreen Moulding			\$ 28.30
	Rear Door (RH)			\$ 2,201.10
	Front Door (RH)			\$ 2,256.40
	Rear Tyre Rim (RH)			\$ 325.30
	Rear Wheel Hup-Cap (RH)			\$ 107.10
	Rear Wheelbearing ING & Hub			\$ 362.00
	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			\$ 1,021.50
	Stabilizer Bar			\$ 199.60
	Stabilizer Link			\$ 85.90
	Rear Upper Arm (RH)			\$ 335.75
	Rear Lower Arm (RH)			\$ 353.80
	Rear Knuckle Arm (RH)			\$ 545.60
	SUB TOTAL			\$ 13,998.75
	LESS 20%			\$ 2,799.75
	DISCOUNTED TOTAL			\$ 11,199.00
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Windscreen Sealant			\$ 46.00
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00
	Front Door Coloured Comfort Logo (RH)			\$ 75.00
	Rear Tyre (RH)			\$ 216.00
				\$ 467.00

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,500.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Transfer of Door		\$ 120.00	\$ 240.00
	Remove/Refix Undercarriage (RR)			\$ 200.00
	Rear Wheel Alignment			\$ 120.00
	Re-set Rear ABS System			\$ 200.00
	Re-set Frt & Rear Power Window System		\$ 200.00	\$ 400.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	TOTAL LABOUR			\$ 4,730.00
	ESTIMATE TOTAL			\$ 16,396.00
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	18/03/2019 16:24
Date Of Accident	18/03/2019 00:05
Exact Location Of Accident	MARINA BAY SAND TOWER 1 TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6639M
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	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
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	DONALD CHEW CHWEE LENG
NRIC No	S1412857C
Date Of Birth	30/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1991
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98915848
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 55 CHAI CHEE DRIVE #02-168
Postcode	460055
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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 N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190318/2018

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	SHC2595B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	DONALD CHEW CHWEE LENG
Approximate Age	55
Injuries Sustain	RIGHT HAND
Injured person in which vehicle?	SHB6639M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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: 18.03.2019
@10:30 Hrs

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

A - SHB 6639M
B - SHC 2595B (CTPL)

Along Marina Bay Sands Tower 1 Taxi Stand

Refer to Police Report T/20190318/2018

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18.03.2019
@10:30 Hrs

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



**SINGAPORE
POLICE FORCE**



T/20190318/2018

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/20190318/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2019 08:57	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars			
Name of Informant: DONALD CHEW CHWEE LENG		Address: APT BLK 55 CHAI CHEE DRIVE #02-168 SINGAPORE 460055	
ID Type / ID No.: NRIC NO / S1412857C		Contact No.: Home/Office: Mobile: 98915848	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 30/10/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/03/2019 00:05	Type of Location: Bend
Location: Along Road 1 BAYFRONT AVENUE MARINA BAY SANDS TOWER 1 TAXI STAND				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6639M	Car				Slightly Damaged	1
SHC2595B	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20190318/2018

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/20190318/2018

CONTINUATION OF REPORT

Driver			
Name	DONALD CHEW CHWEE LENG	ID No.	S1412857C
Related Vehicle	SHB6639M (Car)	Contact No.	98915848
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/03/2019 at about 0005hrs, I was driving my taxi bearing the registration number SHB6639M at the taxi stand of Marina Bay Sands Tower 1 taxi stand. As my passenger was loading her luggage into my taxi, one Comfort taxi bearing the registration number SHC2595B drove past my taxi's right and scrapped the right side of my taxi, the driver then drove off. I was inside my taxi, I got out from my taxi and tried to stop him but he had driven off. After my passenger got into my taxi, I tried to chase after the taxi at the traffic light but he drove off again.

I wish to inform that the damages include scratches from the driver door all the way to the right rear of my bumper. I have informed my company on this matter. I also managed to take down the registration number of the other taxi, SHC2595B. The driver is one male Chinese, in his 30s. I am unsure of how many passengers he had in his taxi. My passenger was not injured, I suffer pain on my right hand. I intend to see a doctor later.

I am the relief of my taxi.



**SINGAPORE
POLICE FORCE**



T/20190318/2018

3 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/20190318/2018

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 REGINA LUI YU TING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

→ Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Signature Of Informant:

Date/Time:

18/03/2019 08:57

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE