

REPAIR ESTIMATE*

VEHICLE NO : SHA 5723P

DATE : 1.04.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

Long Pal

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Fender With Housing (RH)			\$ 4,736.80
	Rear Windscreen Moulding			\$ 28.30
	Rear Door (RH)			\$ 2,201.10
	Front Door (RH)			\$ 2,256.40
	Front Door Gear / Regulator (RH)			\$ 250.60
	Front Door Power Motor, RH			\$ 296.40
	Door Centre Pillar Outer (RH)			\$ 2,527.80
	Rocker Panel Outer Garnish (RH)			\$ 341.40
	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
				\$ 16,670.65
				LESS 20%
				\$ 3,334.13
				DISCOUNTED TOTAL
				\$ 13,336.52
	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
				\$ 417.00

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MCD819041392 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 30/03/2019 12:07
 SUBMITTED BY: Huang XiaoYan

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	30/03/2019 12:07
Date Of Accident	29/03/2019 23:20
Exact Location Of Accident	ORCHARD BLVD TWDS GRANGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5723P
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	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	MURALI S/O SUBRAMANIAM
NRIC No	S7131563J
Date Of Birth	07/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98118553
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 328 WOODLANDS STREET 32 #05-61
 Postcode 730328
 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 (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 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) 3

Passenger 1

NAME: : -
 GENDER: : FEMALE

Passenger 2

NAME: : -
 GENDER: : FEMALE

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

PLS REFER TO ATTACHED

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 SKA2250X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SHEE ZHE MIN
 NRIC/Passport Number S95702301
 Contact Number
 Address

Postcode

Insurance Company Name

LONPAC INSURANCE BHD

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

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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

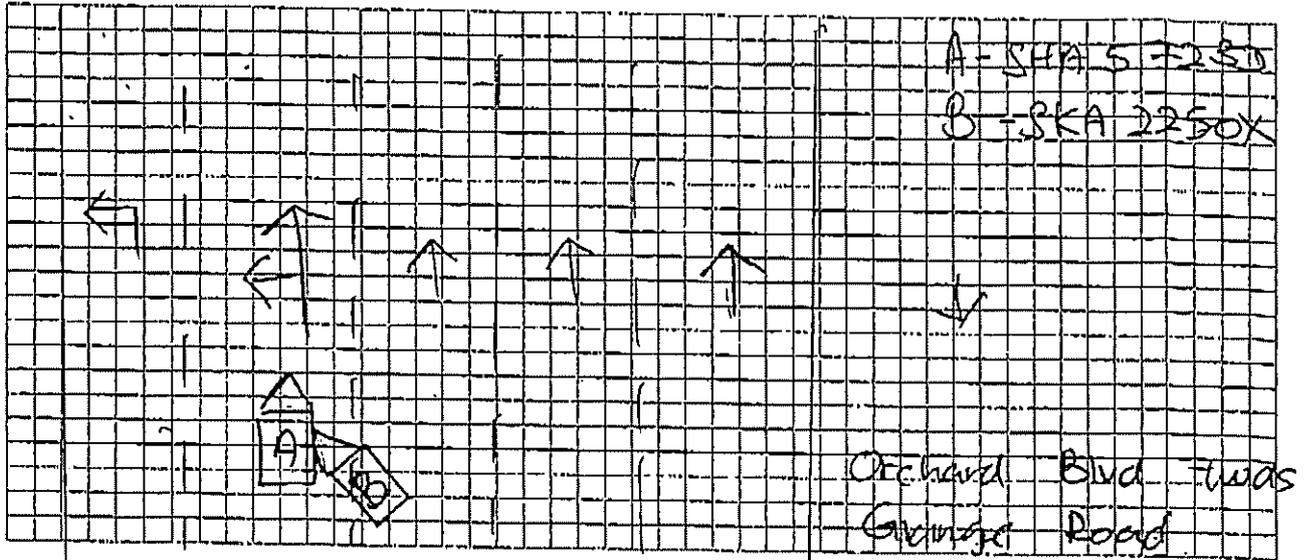
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: **Loke Wei Yiong**



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.3.19 @ 2320hrs I was travelling along Orchard Blvd towards Grange Road with 2 female passengers onboard.

AS I WAS TRAVELLING STRAIGHT suddenly veh(B) SKA 2250X cut into my lane and hit onto my vehicle's right portion towards right rear position.

I have company video and photos at scene to support my claims.

No injury in this accident.

veh(B) SKA 2250X male driver.

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:

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

[Signature]
30/3/19
Loke Wei Yiong