

REPAIR ESTIMATE*

DATE : 12.04.2019

TEL : 6542 5119

FAX : 6542 6039

INDIA

Qty	Parts Description/ Labour	Type	Unit 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 (RH)			\$ 565.60
	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
	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		\$ 35.60	\$ 71.20
	Rear Bumper Sponge			\$ 118.40
	Rear Bumper Under Cover			\$ 228.00
	Rear Bumper Reflector Lamp (RH)			\$ 30.60
	Tail Lamp (RH)			\$ 697.80
	Tail Lamp Quarter Panel (RH)			\$ 226.50
	Rear Panel			\$ 526.70
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 495.50
	Spare Tyre Holder			\$ 223.10
	Spare Tyre Panel			\$ 852.80
	Spare Tyre Panel Cushion			\$ 209.05
	Rear Towing Hook			\$ 94.60
	Member Assy- Rear Floor Centre			\$ 570.40
	Exhaust Pipe Insulator		\$ 58.55	\$ 117.10
	Exhaust Silencer		\$ 967.70	\$ 1,935.40
	Exhaust Pipe Hanger		\$ 58.55	\$ 117.10
	Exhaust Pipe Centre			\$ 730.10
	Rear Fender With Housing (RH)			\$ 4,736.80
	Rear Fender Inner Lining (RH)			\$ 169.30
	Rear Fender Air-Duct			\$ 51.60
	Rear Fender Trim Board (RH)			\$ 188.75
	Rear Windscreen Moulding			\$ 28.30
	SUB TOTAL			\$ 17,136.90
	LESS 20%			\$ 3,427.38
	DISCOUNTED TOTAL			\$ 13,709.52

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
				\$ 326.00	
	Labour Charge				
	Panel Beating			\$ 1,800.00	
	Spray Painting Charge			\$ 1,250.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 50.00	
	Towing Charge			\$ 50.00	
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	
	Remove/Refix Rear Windscreen Glass			\$ 120.00	
	Remove/Refix Exhaust Pipe			\$ 300.00	
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00	
	TOTAL LABOUR			\$ 4,250.00	
	ESTIMATE TOTAL			\$ 18,285.52	
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	12/04/2019 14:50
Date Of Accident	12/04/2019 07:10
Exact Location Of Accident	OUTSIDE 327 BUKIT TIMAH RD TWDS STEVENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8891S
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	PEH CHEW SIN
NRIC No	S1605253A
Date Of Birth	12/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97487502
Fax Number	
Contact Number	
EEmail Address	HUANGPEH@SINGNET.COM.SG

Address	BLK 149 SIMEI STREET 1 #03-109
Postcode	520149
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)	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

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	SHD3624P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIA WUI FAY
NRIC/Passport Number	S1415707G
Contact Number	
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

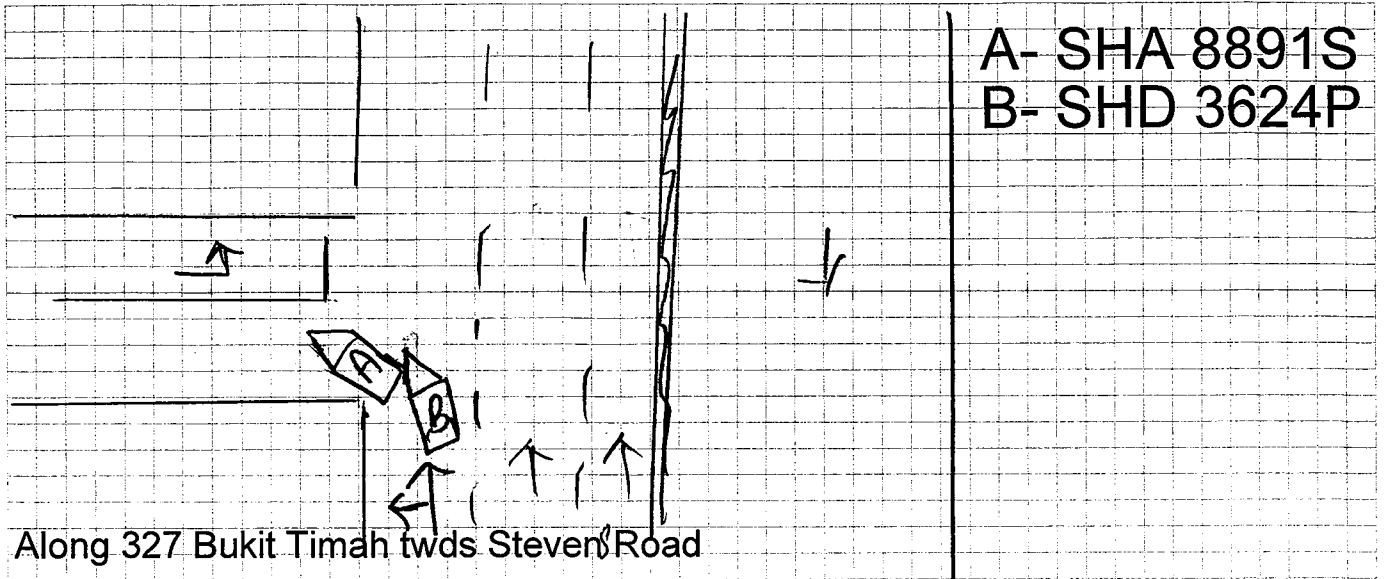


Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.04.2019@ 1130hrs



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12.04.2019 @ 0710HRS I was travelling along 327 Bukit Timah twds Steven Road with no passenger onboard.
<i>lost control and</i>
As I was making a right turn into 327 Bukit Timah suddenly veh(B) SHD 3624P hit onto my rear right portion of my vehicle.
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) SHD 3624P MR Chia Wui Fay S 1415707G

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.04.2019@ 1130hrs

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