

REPAIR ESTIMATE*

DATE : 10.06.2019

TEL : 6542 5119

FAX : 6542 6039

INDIA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			\$ 1,110.10
	Radiator Grille H Emblem			\$ 120.30
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	Headlamp Support Top Cover			\$ 222.60
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	Horn Unit (LH/RH)		\$ 73.80	\$ 147.60
	SUB TOTAL			\$ 6,931.50
	LESS 20%			\$ 1,386.30
	DISCOUNTED TOTAL			\$ 5,545.20
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Towing Charge			\$ 50.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	TOTAL LABOUR			\$ 1,980.00

SHD 7202Y

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 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 (LH/RH)		\$ 30.60	\$ 61.20
	Rear Panel			\$ 526.70
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 495.50
	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
	SUB TOTAL			\$ 9,123.30
	LESS 20%			\$ 1,824.66
	DISCOUNTED TOTAL			\$ 7,298.64
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Boot Lid Advertisement Logo			\$ 100.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 365.70
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Exhaust Pipe			\$ 300.00
	TOTAL LABOUR			\$ 2,520.00
	ESTIMATE TOTAL			\$ 17,764.54

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	08/06/2019 10:00
Date Of Accident	07/06/2019 23:10
Exact Location Of Accident	AIRPORT BLVD TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7202Y
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	LEONG HIN CHIAW
NRIC No	S1263524I
Date Of Birth	23/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81233315
Fax Number	
Contact Number	
Email Address	LAWRENCE_LEONG@HOTMAIL.COM

Address	BLK 112 RIVERVALE WALK #09-51
Postcode	540112
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	CHAIN COLLISION
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	3
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER 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	SHD3214P
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH YEW CHOON
NRIC/Passport Number	
Contact Number	91286088
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC1771R
Vehicle Make/Model/Colour COMFORT TAXI
Details Of Properties
Vehicle Category TAXI
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN(PAX)
Approximate Age
Injuries Sustain GIDDINESS
Injured person in which vehicle? SHD7202Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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

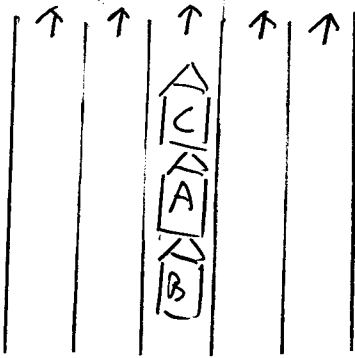


Lisa Diong

Policyholder's Signature
Date & Time: 08/06/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/06/2019@09:30hrs

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

SKETCH PLAN

A-SHD 7202Y
 B-SHD 3214P (CT)
 C-SHC 1771R (CT)

Along Airport BLVD twds PIE

Describe Circumstances of the Accident

On 07/06/2019 @ 23:10 hrs,I was travelling along Airport BLVD twds PIE.
With 1 female passenger on board.
I was on the middle,I saw infront of my vehicles slowing down,So I follow too.Out of sudden,there was a loud impact coming from the rear portion and caused my taxi (A),to lose control and surge forward,and colliding onto veh (C) rear portion.My taxi (A) front and rear portion was damaged.
I assessed the damages to my taxi (A) and come to know that there were 3 vehicles involved in the chain accident.
My female passenger,complaint giddy.
The parties involved in the accident are:
A-SHD 7202Y
B-SHD 3214P Mr Toh Yew Choon.Hp no: 9128 6088
C-SHC 1771R

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 08/06/2019

Driver's Signature(If driver is not the policyholder)
 Date & Time 08/06/2019 @ 09:30hrs

LISA DIONG

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