

**CHUNNI MOTOR WORK PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHA 8372Z

DATE : 12.06.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI IONIQ

FAX : 6542 6039

*Indigo (Orl)*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			\$ 1,227.50
	Unit Assy-SMART CRU (Radar Sensor)			\$ 2,910.90
	Front Bumper Cover			\$ 418.30
	Front Bumper Sponge			\$ 86.90
	Front Bumper Reinforcement			\$ 1,075.10
	Front Bumper Towing Cover			\$ 29.00
	Front Bumper Centre Moulding			\$ 188.00
	Front Bumper Bracket Top (LH/RH)		\$ 35.00	\$ 70.00
	Front Bumper Bracket (LH/RH)		\$ 28.00	\$ 56.00
	Front Bumper Clips 10 pcs			\$ 22.00
	Headlamp Support Panel Assy			\$ 949.30
	Headlamp (LH/RH)		\$ 1,198.80	\$ 2,397.60
	Radiator			\$ 510.50
	Radiator Shroud			\$ 275.50
	Radiator Air Guard (LH/RH)		\$ 26.40	\$ 52.80
	Radiator Air Guard, Upr (LH/RH)		\$ 27.50	\$ 55.00
	Aircon Condenser			\$ 663.60
	<b>SUB TOTAL</b>			<b>\$ 10,988.00</b>
	<b>LESS 20%</b>			<b>\$ 2,197.60</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 8,790.40</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 250.00
	Wiring			\$ 50.00
	Towing Charge			\$ 60.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,990.00</b>



Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,500.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Exhaust Pipe			\$ 150.00
	<b>TOTAL LABOUR</b>			<b>\$ 3,140.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 25,535.08</b>
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	13/06/2019 08:38
Date Of Accident	12/06/2019 12:45
Exact Location Of Accident	SUNTEC CITY TOWER ONE TAXI MAUD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8372Z
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	MOHD YUSOFF BIN ALI
NRIC No	S1203477F
Date Of Birth	29/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98797964
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 897A TAMPINES STREET 81 #02-720
Postcode	521897
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)	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**

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	SH6955M
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAHELA BTE ABD GHANI KHAN
NRIC/Passport Number	S1481031E
Contact Number	94500959
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SH7842Z
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOO WING SING
NRIC/Passport Number	S1296584B
Contact Number	96669528
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MOHD YUSOFF BIN ALI
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SHA8372Z
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:

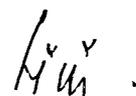
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:



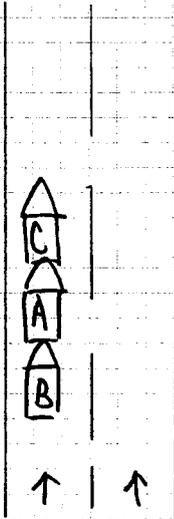
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12.06.2019  
@ 17:30 hrs



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

**SKETCH PLAN**

A - SHA 8372Z  
 B - SH 6955M ( CTPL )  
 C - SH7842Z ( CTPL )



Along Suntec City Tower One Taxi Stand

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 12.06.2019 at about 12:45 hours I was travelling along Suntec City Tower One Taxi
Stand with no passenger onboard .
While my taxi was in a stationary position , suddenly I felt an impact from my taxi A - Rear
portion causing my taxi to surged forward and collided into Veh C .
After the accident my taxi sustain damages on both front and rear portion .
After the accident I suffered pain at my back and neck area , will consult doctor later on .
I have company photo and videos at scene to support my claims .
Veh B ( SH 6955M ) - Ms Rahela Bte Abd Ghani Khan I/C : S 1481031E H/P: 9450 0959
Veh C ( SH 7842Z ) - Mr Soo Wing Sing I/C : S 1296584B H/P : 9666 9528

**DECLARATION**

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

**CITYCAB PTE LTD**  
 CO. REG. NO. 199502839G

Policyholder's Signature  
 Date & Time:

*[Handwritten Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 12.06.2019  
 @ 17:30 hrs

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