

**CHUNNI MOTOR WORK PTE LTD****REPAIR ESTIMATE\***

VEHICLE NO : SHA 4370E

DATE : 17.06.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

INDIA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 2,265.90
	Bonnet Hinge (LH/RH)		\$ 41.00	\$ 82.00
	Bonnet Lock			\$ 36.90
	Bonnet Insulator			\$ 196.50
	Bonnet Insulator Clips			\$ 8.40
	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 Grille (RH)			\$ 93.60
	Front Bumper Grille Airduct (RH)			\$ 26.20
	Front Bumper Lip			\$ 54.90
	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
	Headlamp Halogen Bulb (RH)			\$ 14.40
	Radiator			\$ 698.30
	Radiator Fan Blade,Cowling,Motor Assy			\$ 792.95
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00
	Radiator Hose Upper			\$ 105.80
	Radiator Hose Lower			\$ 52.70
	Radiator Expansion Tank			\$ 28.30
	Radiator Guard		\$ 20.00	\$ 40.00
	Horn Unit (LH/RH)		\$ 73.80	\$ 147.60
	Horn Wire			\$ 156.50
	Front Fender (LH/RH)		\$ 663.00	\$ 1,326.00
	Front Fender Apron Panel (RH)			\$ 637.00
	Front Fender Shield (LH/RH)		\$ 174.90	\$ 349.80
	Aircon Condenser			\$ 927.50
	Aircon Suction & Liquid Hose			\$ 624.00
	Aircon Discharge Hose			\$ 162.60
	Aircon Compressor			\$ 2,578.00
	Wiper Panel Top Garnish			\$ 222.60
	Wiper Container			\$ 61.90
	Wiper Container Motor			\$ 75.00
	Front Wheel Rim			\$ 325.30
	Front Wheel Hub Cap			\$ 107.10
	Front Wheel Bearing			\$ 540.50
	Front Shock Absorber (Assy)			\$ 342.20
	Front Shock Absorber Mounting			\$ 108.80
	Front Drive Shaft			\$ 1,030.80
	Rack & Pinion Assy			\$ 1,191.30
	STG Tie End			\$ 62.60

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Stabilizer Bar			\$ 252.30	
	Stabilizer Bar Bush			\$ 16.40	
	Stabilizer Bar Link			\$ 61.10	
	Stabilizer Bracket			\$ 24.00	
	Front Suspension Lower Arm			\$ 529.30	
	Knuckle Arm			\$ 552.00	
	Engine Under Cover			\$ 334.60	
	Engine Crossmember			\$ 2,094.40	
	Inter Cooler			\$ 1,032.50	
	Inter Cooler Mounting (2 PCS)			\$ 25.90	
	Hose B To Inter Cooler			\$ 229.70	
	Hose C To Inter Cooler Inlet			\$ 294.50	
	Pipe To Inter Cooler			\$ 167.05	
	Pipe To Inter Cooler Outlet			\$ 244.55	
	Actuator - Swirl Control			\$ 814.60	
	Electric Power Steering			\$ 3,641.00	
	<b>SUB TOTAL</b>			<b>\$ 32,584.75</b>	
	<b>LESS 20%</b>			<b>\$ 6,516.95</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 26,067.80</b>	
	Front Number Plate			\$ 25.00	Nett
	Front No Plate Trim Cover			\$ 30.00	Nett
	Front Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
	Front Door Comfort Logo (LH/RH)		\$ 75.00	\$ 150.00	Nett
	Front Door Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
	Front Tyre			\$ 216.00	Nett
				<b>\$ 821.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 1,600.00	
	Spray Painting Charge			\$ 1,500.00	
	Wiring Charge			\$ 100.00	
	Tuff Kote			\$ 150.00	
	Towing Charge			\$ 50.00	
	Front Chassis Alignment Charge			\$ 400.00	
	Remove/Refix Undercarriage (FRT)			\$ 200.00	
	FRT Wheel Alignment			\$ 120.00	
	Remove/Refix Aircon & Refill Gas			\$ 150.00	
	Remove/Refix Gearbox			\$ 550.00	
	Re-set Frt ABS System			\$ 200.00	
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00	
	<b>TOTAL LABOUR</b>			<b>\$ 5,500.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 32,388.80</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	15/06/2019 09:24
Date Of Accident	15/06/2019 02:20
Exact Location Of Accident	PIE(ECP) BF AIRPORT T4 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4370E
<b>Insured/Policyholder</b>	
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	ADRIAN TOH KWANG MING (ZHUO GUANGMIN)
NRIC No	S7603442G
Date Of Birth	04/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84847644
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 617 HOUGANG AVENUE 8 #10-352
Postcode	530617
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?	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	SHC3873S
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	WHOLE LH SIDE
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ADRIAN TOH KWANG MING (ZHUO GUANGMIN)
Approximate Age	
Injuries Sustain	HAND, WRIST, ELBOW, SHOULDER PAIN & NUMBNESS
Injured person in which vehicle?	SHA4370E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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.
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:

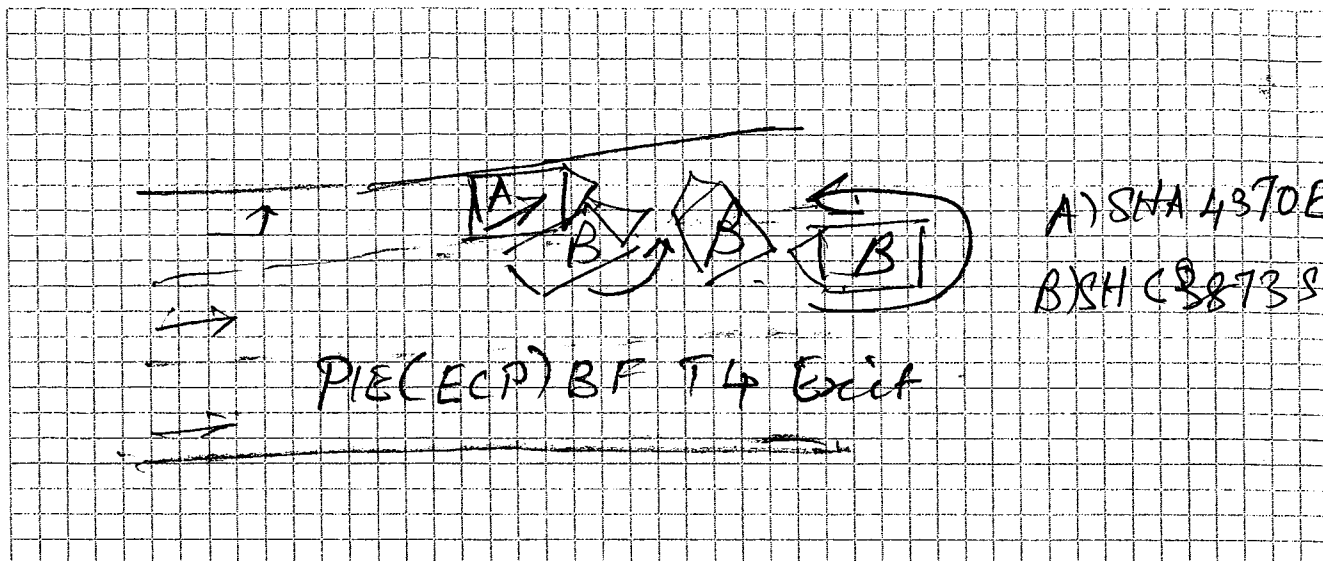
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

  
S. R. Moorthy  
CSO

15/6/19.

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/6/19 at about 0200hrs while I Veh A was travelling along the extreme left lane to go to T4. Veh B from the right lane suddenly filtered onto my lane and there was a collision. After the collision Veh B skidded and turned toward the oncoming traffic. I was having some pain and numbness on my hands, elbow, wrist and shoulder. I will be consulting the doctor subsequently.

## 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 of Reporting Centre Personnel  
15/6/19