

REPAIR ESTIMATE*

INDIA

[illegible]

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	
	Rear Door Gear/Regulator (RH)			\$ 242.80	
	Rear Door Power Motor (RH)			\$ 158.60	
	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	
	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			\$ 13,247.15	
	LESS 20%			\$ 2,649.43	
	DISCOUNTED TOTAL			\$ 10,597.72	
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
	Rear Door Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
	Rear Tyre (RH)			\$ 216.00	Nett
				\$ 692.00	
	Labour Charge				
	Panel Beating			\$ 1,400.00	
	Spray Painting Charge			\$ 1,000.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 80.00	
	Towing Charge			\$ 50.00	
	Remove/Refix Undercarriage (FRT)			\$ 100.00	
	Transfer of Door		\$ 50.00	\$ 100.00	
	Remove/Refix Undercarriage (RR)			\$ 100.00	
	Four Wheel Alignment			\$ 80.00	
	Remove/Refix Front Windscreen Glass			\$ 100.00	
	Remove/Refix Cushion & Upholstery Front			\$ 90.00	
	TOTAL LABOUR			\$ 3,150.00	
	ESTIMATE TOTAL			\$ 23,744.72	
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	28/06/2019 09:56
Date Of Accident	28/06/2019 03:55
Exact Location Of Accident	GEYLANG LOR 22X ALJUNIED RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2951L
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	CHEN HON KEONG
NRIC No	S0198596E
Date Of Birth	26/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1973
Driving Experience	46 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81232196
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	703 08-189 HOUGANG AVENUE 2
Postcode	530703
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

SEE ATTACH.

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	SHD4808E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO GUAN HOCK
NRIC/Passport Number	S7209756D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

SKETCH PLAN

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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:

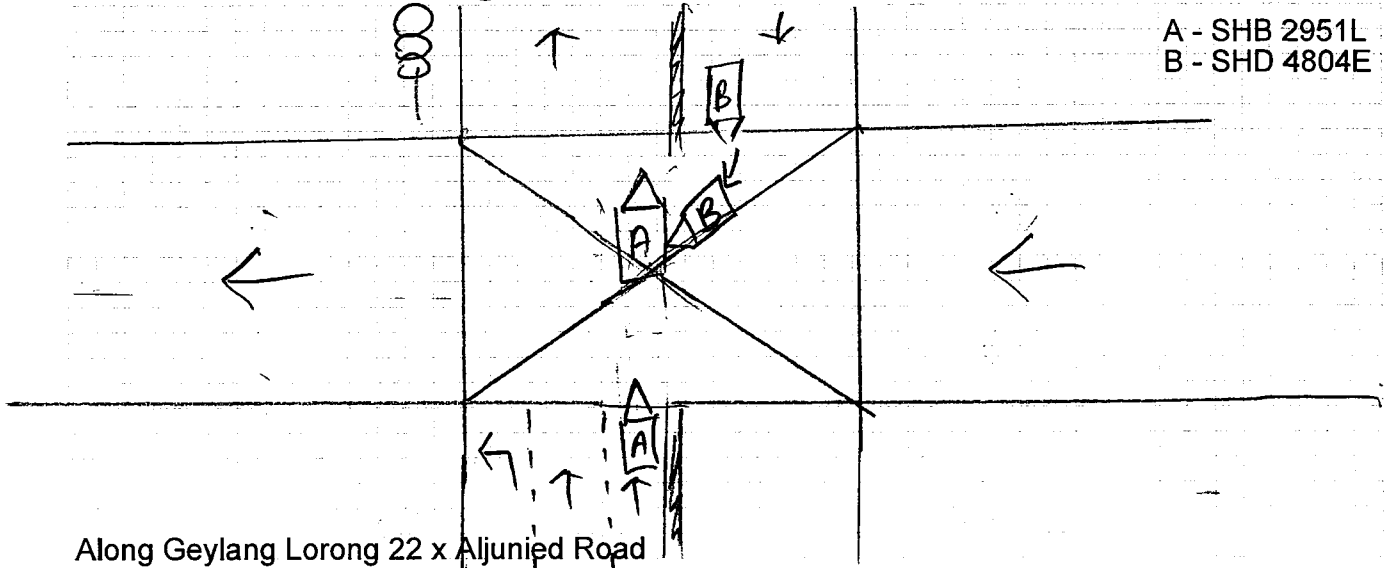

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28.06.2019
@ 10:00 hrs


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

SKETCH PLAN

GREEN LIGHT

A - SHB 2951L
B - SHD 4804E



Along Geylang Lorong 22 x Aljunied Road
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.06.2019 at about 03:55 hours I was travelling along Geylang Lorong 22 x Aljunied
Road with One Male Passenger onboard .
While the traffic light was green in my favour I proceeded straight , suddenly veh B
(SHD 4804E) make a right turn without giving way to me and collided into my taxi A - Right
WHOLE RIGHT. <i>th</i>
Rear Portion .
As it took place too fast I could not take evasive action to prevent the accident .
No injury in this accident .
I have company video and witness statement to support my claims .
Veh B (SHD 4804E) - Mr Teo Guan Hock I/C : S 7209756D

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28.06.2019
@ 10:00 hrs

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

Shigeru Nakamura

83069/61

G 5440 9/7 L

Taxi driver went through Gap (and 22
Opposite side the other one tried to
turn right and ~~the~~ hit it.
they

Shigeru