

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

VEHICLE NO : SHC 2396J

DATE : 13.08.2019

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 Absorber		\$ 58.10	\$ 116.20
	Bonnet Insulator			\$ 196.50
	Bonnet Insulator Clips			\$ 8.40
	Radiator Grille			\$ 251.00
	Radiator Grille H Emblem			\$ 27.50
	Front Bumper Cover			\$ 544.50
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Grille (LH/RH)		\$ 41.60	\$ 83.20
	Front Bumper Centre Grille			\$ 178.60
	Front Bumper Centre Grille Top Garnish		\$ 80.00	\$ 160.00
	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
	Radiator			\$ 698.30
	Radiator Fan Blade,Cowling,Motor Assy			\$ 792.95
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00
	Radiator Hose Upper			\$ 36.50
	Radiator Hose Lower			\$ 36.50
	Radiator Guard		\$ 20.00	\$ 40.00
	Horn Unit (LH/RH)		\$ 73.80	\$ 147.60
	Horn Wire			\$ 156.50
	Front Fender (LH/RH)		\$ 566.30	\$ 1,132.60
	Front Fender Shield (LH/RH)		\$ 174.90	\$ 349.80
	Air Cleaner Assy			\$ 118.60
	Air Duct			\$ 134.60
	Air Flow Sensor			\$ 502.20
	Air Cleaner Bottom Assy			\$ 325.00
	Aircon Condenser			\$ 927.50
	Aircon Suction & Liquid Hose			\$ 624.00
	Aircon Discharge Hose			\$ 162.60
	Aircon Compressor			\$ 2,578.00
	Front Windscreen Glass			\$ 1,017.80
	Front Windscreen Moulding			\$ 113.30
	Front Windscreen Pillar Outer(RH)			\$ 1,745.50
	Wiper Panel Top Garnish			\$ 222.60
	Wiper Container			\$ 61.90
	Wiper Container Motor			\$ 75.00
	Front Chasis Member			\$ 1,060.70
	Engine Mounting			\$ 456.30
	Engine Under Cover			\$ 334.60
	Engine Crossmember			\$ 2,094.40

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	13/08/2019 16:02
Date Of Accident	10/08/2019 03:45
Exact Location Of Accident	JLN BAHAR RD X JURONG WEST AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2396J
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	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	YEO SOEK BENG
NRIC No	S1677268B
Date Of Birth	10/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90217355
Fax Number	
Contact Number	
EEmail Address	YEOBENG645@GMAIL.COM

Address BLK 143 JALAN BUKIT MERAH #15-1136
 Postcode 160143
 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 COLLISION - CROSS JUNCTION
 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) 2
 Passenger 1 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] 10 UBI AVE 3 SINGAPORE 408865
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190810/7002 & 7015 / Type Of Accident : HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH9101R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name INDIA INTERNATIONAL INSURANCE PTE LTD
 Nature Of Damage RIGHT CENTRE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YEO SOEK BENG
Approximate Age	55
Injuries Sustain	NECK AND BACK PAIN. ON 5 DAYS MC.
Injured person in which vehicle?	SHC2396J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	QUEH CHEE KEONG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN. ON 4 DAYS MC.
Injured person in which vehicle?	SHC2396J
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time: 13/8/2019



Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/8/2019
@ 10:15hrs

Lisa

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190810/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 19:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: YEO SOEK BENG		Address: APT BLK 143 JALAN BUKIT MERAH #15-1136 SINGAPORE 160143	
ID Type / ID No.: NRIC NO / S1677268B		Contact No.: Home/Office:	Mobile: 90217355
Nationality: SINGAPORE CITIZEN		Email: yoebeng645@gmail.com	
Sex: Male	Age: 55	Date of Birth: 10/08/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2019 03:45	Type of Location: Cross junction
Location: JURONG WEST AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9101R	Car		Hyundai		Seriously Damaged	3
SHC2396J	Car		Hyundai		Seriously Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190810/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190810/7015

CONTINUATION OF REPORT

Driver			
Name	YEO SOEK BENG	ID No.	S1677268B
Related Vehicle	SHC2396J (Car)	Contact No.	90217355
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 10th aug 2019 at around 345am. I was driving a taxi(SHC2396J) toward jurong pier. When i move off at a cross junction suddenly a taxi(SH9101R) beat a red light. I try to brake but wasn't in time. I felt a huge impact from the front.



**SINGAPORE
POLICE FORCE**



T/20190810/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190810/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/08/2019 19:10

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20190810/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190810/7002

Witness Statement.

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 06:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QUEH CHEE KEONG			Address: APT BLK 610 CHOA CHU KANG STREET 62 #11-159 SINGAPORE 680610		
ID Type / ID No.: NRIC NO / S1285510I			Contact No.: Home/Office:		Mobile: 97409189
Nationality: SINGAPORE CITIZEN			Email: Chunhowe9@gmail.com		
Sex: Male	Age: 61	Date of Birth: 08/02/1958	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Securities clerk			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2019 03:50	Type of Location: Cross junction
Location: JURONG WEST AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9101R	Car		Hyundai		Seriously Damaged	3
SHC2396J	Car		Hyundai		Seriously Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190810/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190810/7002

CONTINUATION OF REPORT

Passenger			
Name	QUEH CHEE KEONG	ID No.	S1285510I
Related Vehicle	SHC2396J (Car)	Contact No.	97409189
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On 10th aug 2019 at around 350am, i was on board a taxi(SHC2396J) traveling toward jurong west ave 4. When we enter a cross junction, another taxi(SH9101R) beat the red light. My taxi driver try to brake. I felt a huge impact came from the front. I felt pain in the back and neck and lost 4 tooth was given 4 days mc.



**SINGAPORE
POLICE FORCE**



T/20190810/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190810/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/08/2019 06:54

Classification Of Case: