

REPAIR ESTIMATE\*

VEHICLE NO : SHA 1876H

DATE 26/8/2019 16:17

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Licence Lamp Cover <i>X 1 pc</i>			\$ 100.00
	Rear Bumper <i>- 1 pc</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>- 10 pcs</i>			\$ 22.00
	Rear Bumper Bracket <i>1 pc</i>		\$ 35.60	\$ 71.20
	Rear Bumper Reflector Lamp (LH/RH) <i>1 LH X 1 RH</i>		\$ 30.60	\$ 61.20
	<i>Rear Bumper under cover - 1 pc</i>			\$ 22.80
	<b>SUB TOTAL</b>			<b>\$ 807.40</b>
	<b>LESS 20%</b>			<b>\$ 161.48</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 645.92</b>
	Rear No. Plate <i>1 pc</i>			\$ 25.00 <b>Nett</b>
	Rear Bumper Advertisement Logo <i>X 1</i>			\$ 50.00 <b>Nett</b>
				<b>\$ 75.00</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>400.00</del>
	Spray Painting Charge			\$ <del>300.00</del> <b>200</b>
	Wiring Charge			\$ <del>50.00</del> <b>X 1</b>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <b>70</b>
	<b>TOTAL LABOUR</b>			<b>\$ 830.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,550.92</b>

1/Calvi (10/11)  
 27/8/11 10500  
 28/8/11  
 4/9/11  
 After Rep pth

LKK Auto Consultants hence notify the Rep after of the following:

- To survey before after spray painting
- To display damaged parts during survey
- Parts prices are subject to confirmation
- Third party survey is on a "without prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

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	26/08/2019 15:07
Date Of Accident	26/08/2019 10:10
Exact Location Of Accident	SIMS AVE TWDS BEDOK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1876H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	KHUAN BOK CHOON
NRIC No	S1710255I
Date Of Birth	19/03/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1990
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97357580
Fax Number	
Contact Number	
Email Address	STEVEKHUAN@GMAIL.COM