

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

VEHICLE NO : SHB 4274U

DATE : 22.10.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

India

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender Shield (RH)			\$ 174.90
	Front Wheel Rim (RH)			\$ 325.30
	Front Wheel Hub Cap (RH)			\$ 107.10
	Front Wheel Bearing			\$ 540.50
	Front Shock Absorber (Assy) (RH)			\$ 342.20
	Front Shock Absorber Mounting (RH)			\$ 108.80
	Front Drive Shaft (RH)			\$ 1,030.80
	Rack & Pinion Assy			\$ 969.60
	STG Tie End			\$ 62.60
	Stabilizer Bar			\$ 252.30
	Stabilizer Bar Bush (RH)			\$ 16.40
	Stabilizer Bar Link			\$ 61.10
	Stabilizer Bracket			\$ 24.00
	Front Suspension Lower Arm (RH)			\$ 529.30
	Knuckle Arm (RH)			\$ 552.00
	Engine Under Cover			\$ 334.60
	Engine Crossmember			\$ 2,094.40
	<b>SUB TOTAL</b>			<b>\$ 7,525.90</b>
	<b>LESS 20%</b>			<b>\$ 1,505.18</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 6,020.72</b>
	Front Tyre (RH)			<b>\$ 216.00</b>
	Boot Lid Lamp (LH)			\$ 565.60
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH)			\$ 80.30
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket			\$ 35.60
	Rear Bumper Sponge			\$ 118.40
	Rear Bumper Under Cover			\$ 228.00
	Tail Lamp (LH)			\$ 697.80
	Tail Lamp Quarter Panel (LH)			\$ 226.50
	Rear Fender With Housing (LH)			\$ 4,736.80
	Rear Fender Inner Lining (LH)			\$ 169.30
	Rear Fender Air-Duct			\$ 51.60
	Rear Fender Trim Board (LH)			\$ 188.75
	Rear Windscreen Moulding			\$ 28.30
	Fuel Tank Sub Hose			\$ 78.20
	Fuel Tank Upper Neck			\$ 221.10
	Fuel Lid Outer Garnish			\$ 59.40

**Nett**

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (LH)			\$ 2,201.10	
	Rear Tyre Rim (LH)			\$ 325.30	
	Rear Wheel Hup-Cap (LH)			\$ 107.10	
	Rear Wheelbearing ING & Hub			\$ 362.00	
	Rear Trailing Arm (LH)			\$ 192.00	
	Rear Assist (LH)			\$ 145.70	
	Rear Shock Absorber (LH)			\$ 276.30	
	Rear Shock Absorber Mounting (LH)			\$ 81.30	
	Rear Crossmember			\$ 1,021.50	
	Stabilizer Bar			\$ 199.60	
	Stabilizer Link			\$ 85.90	
	Rear Upper Arm (LH)			\$ 335.75	
	Rear Lower Arm (LH)			\$ 353.80	
	Rear Knuckle Arm (LH)			\$ 545.60	
	<b>SUB TOTAL</b>			<b>\$ 14,722.00</b>	
	<b>LESS 20%</b>			<b>\$ 2,944.40</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 11,777.60</b>	
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH)			\$ 80.00	Nett
	Rear Tyre (LH)			\$ 216.00	Nett
				<b>\$ 527.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 1,200.00	
	Spray Painting Charge			\$ 1,000.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 100.00	
	Towing Charge			\$ 50.00	
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	
	Remove/Refix Rear Windscreen Glass			\$ 120.00	
	Remove/Refix Reverse Sensor			\$ 120.00	
	Remove/Refix Fuel Tank			\$ 150.00	
	Transfer of Door			\$ 120.00	
	Remove/Refix Undercarriage (FRT)			\$ 200.00	
	Remove/Refix Undercarriage (RR)			\$ 200.00	
	Four Wheel Alignment			\$ 120.00	
	Re-set Frt & Rear ABS System		\$ 200.00	\$ 400.00	
	Re-set Rear Power Window System			\$ 200.00	
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00	
	<b>TOTAL LABOUR</b>			<b>\$ 4,660.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 23,202.02</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	22/10/2019 14:47
Date Of Accident	22/10/2019 03:50
Exact Location Of Accident	BEDOK NORTH ROAD X BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4274U
<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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	KHAMIS B MAHMOOD
NRIC No	S2003641I
Date Of Birth	19/10/1950
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94219061
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 55 CHAI CHEE DRIVE #03-220
Postcode	460055
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?	YES
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: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BEDOK NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20191022/2036

#### 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	SHA7995H
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 FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC4553P

Vehicle Make/Model/Colour MINI BUS

Details Of Properties

Vehicle Category BUS

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name KHAMIS B MAHMOOD

Approximate Age

Injuries Sustain RH SHOULDER

Injured person in which vehicle? SHB4274U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name UNKNOWN(DRIVER)

Approximate Age

Injuries Sustain UNSURE

Injured person in which vehicle? SHA7995H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22.10.2019@12:25hrs

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

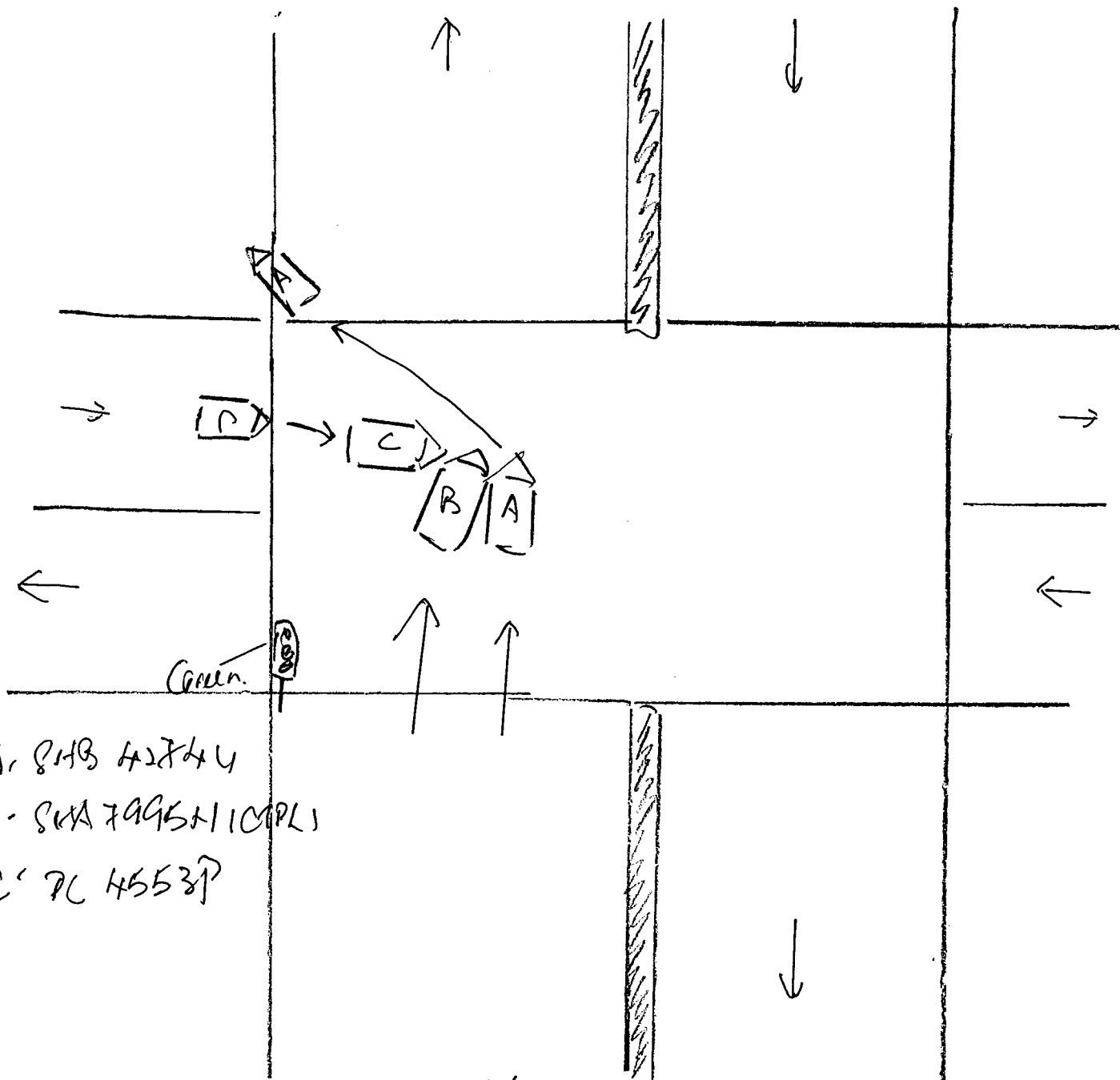
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to the attached Police Report no:T/20191022/2036

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

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22.10.2019@12:25hrs

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



A. 8HB A2744

B. 8HA 7995110PL1

C. 7C 4553P

Along Bedok North Rd x Bedok Reservoir Rd.

*[Signature]*

KHAMIS B. MAHMOOD

22.10.19





**SINGAPORE  
POLICE FORCE**



T/20191022/2036

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20191022/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/10/2019 10:54		Vide Report No.: G/20191022/0042		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: KHAMIS BIN MAHMOOD			Address: APT BLK 55 CHAI CHEE DRIVE #03-220 SINGAPORE 460055		
ID Type / ID No.: NRIC NO / S20036411			Contact No.: Home/Office: Mobile: 94219061		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 19/10/1950	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2019 03:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH ROAD BEDOK RESERVOIR ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
PC4553P	Van			White		0
SHA7995H	Car	HYUNDAI	I40	Blue	Seriously Damaged	0
SHB4274U	Car	HYUNDAI	I40	Blue	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20191022/2036

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Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20191022/2036

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KHAMIS BIN MAHMOOD	ID No.	S2003641I
Related Vehicle	SHB4274U (Car)	Contact No.	94219061
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	AMAJIT KAUR D/O SUCHA SINGH	ID No.	NIL
Related Vehicle	SHB4274U (Car)	Contact No.	94503272
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22/10/2019 at about 3.50am, I was driving my blue Comfort Taxi SHB4274U along the middle lane of Bedok Reservoir Road towards Kaki Bukit and had stopped at the junction of Bedok Reservoir Road and Bedok North Road as the traffic light was red. After the traffic light turned green, I started to accelerate forward. There was another blue Comfort Taxi SHA7995H on the lane on my left. Out of a sudden, there was an impact on the rear left side of my vehicle caused by the said taxi. The impact caused me to lose control of my taxi. My taxi spun towards the left and I mounted the kerb. After alighting, I discovered that there was a white van PC4553P, which was from Bedok North Road towards Tampines Ave 10 where its head had collided with the side of the taxi beside me. The impact had caused the said taxi to hit my vehicle from the left. Subsequently, the van had parked by the side of the road, hence I was unable to take a look at the damages. The other taxi was at the middle of the junction.

I wish to state that Traffic Police and ambulance were at scene. The driver of the said taxi was conveyed via ambulance. I wish to state that I have already handed over my in-car camera SD card to the traffic police officer at scene. I was then instructed to lodge a traffic accident report vide G/20191022/0042 under TP IO Rizwan tel: 65476185. I would also like to add that I do not have the particulars of the other parties involved.

I would like to add that during the impact, my right shoulder had hit onto the driver-side window. However, I have yet to seek medical attention.



**SINGAPORE  
POLICE FORCE**



T/20191022/2036

Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

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Report No. T/20191022/2036

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20191022/2036

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Report No. T/20191022/2036

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 KHAIRI YAHYA BIN MOHD SANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

SINGAPORE

POLICE FORCE

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

22/10/2019 10:54

Classification Of Case: