

CHUNNI MOTOR WORK PTE LTD

REP AIR ESTIMATE*

VEHICLE NO : SHA 8152S

DATE : 5.11.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

INDIA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket			\$ 35.60
	Rear Fender With Housing (LH)			\$ 4,736.80
	Rear Fender Inner Lining (LH)			\$ 169.30
	Rear Windscreen Moulding			\$ 28.30
	Rear Door (LH)			\$ 2,201.10
	Rear Door Gear/Regulator (LH)			\$ 242.80
	Rear Door Power Motor (LH)			\$ 158.60
	Front Door (LH)			\$ 2,256.40
	Front Door Gear / Regulator (LH)			\$ 250.60
	Front Door Power Motor, LH			\$ 172.70
	Door Centre Pillar Outer (LH)			\$ 2,527.80
	Rocker Panel Outer Garnish (LH)			\$ 341.40
	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
	SUB TOTAL			\$ 17,728.25
	LESS 20%			\$ 3,545.65
	DISCOUNTED TOTAL			\$ 14,182.60
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Windscreen Sealant			\$ 46.00
	Rear Door Comfortdelgro & Apps Sticker (LH)			\$ 80.00
	Front Door Coloured Comfort Logo (LH)			\$ 75.00
	Rear Tyre (LH)			\$ 216.00
				\$ 467.00

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Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,800.00
	Spray Painting Charge			\$ 1,500.00
	Wiring Charge			\$ 100.00
	Tuff Kote			\$ 150.00
	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	\$ 240.00
	Remove/Refix Undercarriage (RR)			\$ 200.00
	Rear Wheel Alignment			\$ 120.00
	Re-set Frt & Rear ABS System		\$ 200.00	\$ 400.00
	Re-set Frt & Rear Power Window System		\$ 200.00	\$ 400.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	TOTAL LABOUR			\$ 5,930.00
	ESTIMATE TOTAL			\$ 20,579.60
	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	05/11/2019 09:32
Date Of Accident	05/11/2019 00:15
Exact Location Of Accident	RIVER VALLEY RD TOWARDS LIANG COURT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8152S
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	CHAN CHOEN KAI
NRIC No	S1260302I
Date Of Birth	07/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1981
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91792087
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	269B 04-273 QUEEN STREET
Postcode	182269
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	-
Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	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

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	SHC8244A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE


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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.

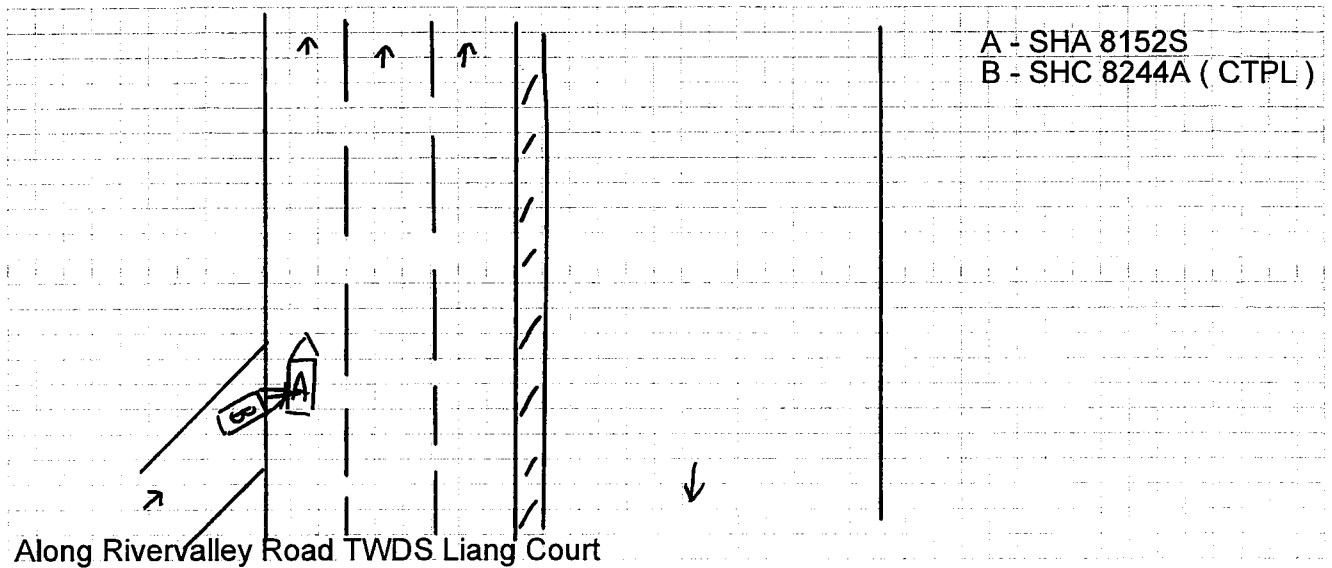
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.11.2019
@ 09:00 HRS


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.11.2019 at about 00:15 hours I was travelling along Rivervalley Road TWDS Liang
Court with no passenger onboard .
While travelling straight , suddenly veh B (SHC 8244A) dash out from the slip road on my
left without giving way to me and collided into my taxi A - Rear Left Portion
As it took place too fast I could not take evasive action to prevent the accident .
I have company video and photos at scene to support my claims .
No injury in this accident .
Veh B (SHC 8244A) - Male Driver

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.11.2019
@ 09:00 HRS

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