

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

VEHICLE NO : SHC 1678C

DATE : 25.11.2019

MAKE :

TEL : 6542 5119

MODEL : MERCEDES

FAX : 6542 6039

INDIA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt			\$ 1,890.50
	Bumper Reinforcement, Frt			\$ 1,158.00
	Bumper Bracket, Frt/LH/RH		\$ 95.00	\$ 190.00
	Bumper Frame, Frt/Centre			\$ 389.00
	Bumper Frame, Frt/LH			\$ 75.00
	Bumper Sponge, Frt/Centre			\$ 285.00
	Bumper Sponge, Frt/LH			\$ 250.00
	Bumper Sponge Extension , Frt/LH			\$ 105.00
	Bumper Grille, Frt/Centre			\$ 290.50
	Bumper Grille, Frt/LH			\$ 240.50
	Bumper Inner Clip, Frt			\$ 22.00
	Daylight (LH)			\$ 498.00
	Daylight Chrome Cover (LH)			\$ 98.00
	License Plate Trim Cover, Frt			\$ 155.00
	Head Lamp Assy (LH/RH)		\$ 2,380.00	\$ 4,760.00
	Head Lamp Bracket (LH)			\$ 300.00
	Radiator Top Panel, Frt			\$ 330.50
	Head Lamp Panel (LH)			\$ 480.00
	Radiator Grille			\$ 1,220.00
	Radiator Grille Star Logo			\$ 170.00
	Radiator Grille Adjuster Bracket			\$ 685.70
	Bonnet Assy			\$ 2,850.60
	Bonnet Mercedes Star Logo			\$ 112.00
	Bonnet Hinge (LH)			\$ 285.50
	Bonnet Stopper Spring (LH/RH)		\$ 385.00	\$ 770.00
	Bonnet Lock Sensor (LH/RH)		\$ 285.50	\$ 571.00
	Bonnet Insulator			\$ 235.40
	Bonnet Centre Lock			\$ 95.00
	Bonnet Lock, Top			\$ 94.00
	Bonnet Lock Lower (2 pcs)		\$ 92.00	\$ 184.00
	Bonnet Lock Brace Panel			\$ 64.80
	Bonnet Air Inlet Grille			\$ 269.25
	Fender, Frt/LH			\$ 996.08
	Fender Splashshield , Frt/LH (Front)			\$ 257.00
	Horn (Woofer) (LH)			\$ 228.00
	Radiator Assy			\$ 1,345.00
	Radiator Fan Blower Assy			\$ 1,385.40
	Radiator Shroud			\$ 1,225.60
	Radiator Air Baffle, Top			\$ 80.00
	Radiator Air Baffle, Lower			\$ 125.90
	Radiator Mounting Lower			\$ 8.00
	Radiator Mounting Top-2 pcs		\$ 19.00	\$ 38.00
	Radiator Hose, Top			\$ 75.00
	Radiator Hose Lower			\$ 95.00
	Aircon Condenser			\$ 1,235.80
	Aircon Discharge Hose/Pipe			\$ 372.55

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Turbo Charger Air Cooler			\$ 1,053.80	
	Turbo Charger Cooler Hose, LH			\$ 156.80	
	Turbo Charger Cooler Hose, Top			\$ 92.50	
	Engine Mounting (LH/RH)		\$ 450.80	\$ 901.60	
	P/Steering Cooling Pipe			\$ 556.80	
	<b>SUB TOTAL</b>			<b>\$ 29,353.08</b>	
	<b>LESS 10%</b>			<b>\$ 2,935.31</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 26,417.77</b>	
	Number Plate, Frt (Merc Taxi)			<b>\$ 50.00</b>	Nett
	<b>Labour Charge</b>				
	Panel Beating			\$ 1,200.00	
	Spray Painting Charge			\$ 900.00	
	Wiring Charge			\$ 50.00	
	Towing Charges			\$ 50.00	
	Tuff Kote			\$ 50.00	
	Remove/Refix Undercarriage (FRT)			\$ 200.00	
	FRT Wheel Alignment			\$ 120.00	
	Remove/Refix Aircon & Refill Gas			\$ 150.00	
	Re-set Frt ABS System			\$ 200.00	
	Re-set and Diagnosis			\$ 550.00	
	<b>TOTAL LABOUR</b>			<b>\$ 3,470.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 29,937.77</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	25/11/2019 13:58
Date Of Accident	25/11/2019 05:20
Exact Location Of Accident	SHEARES LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1678C
<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	MERCEDES-BENZ
Model	MERC

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	LAN KOK WEE
NRIC No	S7432419C
Date Of Birth	26/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90626116
Fax Number	
Contact Number	
EEmail Address	IVANCHAMBER82@HOTMAIL.COM

Address	130 06-57 BEDOK NORTH ST 2
Postcode	460130
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?	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)	1

#### Details of Police Action

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

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SHC8351Z
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	LEFT CENTRE
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	LAN KOK WEE
Approximate Age	45
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHC1678C
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:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25.11.2019@10:30hrs

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

The diagram shows a light source  $S$  at the top, emitting waves that pass through two slits,  $A$  and  $B$ . The waves overlap on a screen, creating an interference pattern. Maxima (M) are marked at the top and bottom, while minima (N) are marked in the middle. The distance between the slits is labeled  $d$ , and the distance to the screen is labeled  $L$ .

B-SHC 8351Z (CTPL)

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25.11.2019@10:30hrs

**Lisa**

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



# SINGAPORE POLICE FORCE



T/20191125/7001

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

1 of 3

Report No. T/20191125/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/11/2019 06:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAN KOK WEE			Address: APT BLK 130 BEDOK NORTH STREET 2 #06-57 SINGAPORE 460130		
ID Type / ID No.: NRIC NO / S7432419C			Contact No.: Home/Office: Mobile: 97932477		
Nationality: SINGAPORE CITIZEN			Email: ivanchamber82@hotmail.com		
Sex: Male	Age: 45	Date of Birth: 26/09/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2019 05:20	Type of Location: Straight Road
Location:  SHEARES LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1678C	Car				Seriously Damaged	0
SHC8351Z	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20191125/7001

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

2 of 3

Report No. T/20191125/7001

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LAN KOK WEE		ID No.	S7432419C
Related Vehicle	SHC1678C (Car)		Contact No.	97932477
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/11/2019		Date Discharge	25/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious	

Brief Details.

I was driving my taxi bearing the plate SHC1678C.

I was travelling straight towards Sheares Avenue.

Suddenly a vehicle bearing the plate SHC8351Z from the opposite direction made a right turn into MBS TOWER 1.

I applied my brakes but to no avail, I collided onto his side.

Following, I called for tow

Subsequently, I felt pain on my neck and back hence I went to a clinic to consult a doctor and was given 3 days of Mc from the doctor.

I am making this report for insurance claim purposes.

I wish to state that the other car did not give way to me before making the right turn.



**SINGAPORE  
POLICE FORCE**



T/20191125/7001

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

3 of 3

Report No. T/20191125/7001

**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 / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

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

Date/Time:  
25/11/2019 06:29

Classification Of Case:

Authentication Stamp

NP168