

REPAIR ESTIMATE*

DATE : 24.12.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI IONIQ

FAX : 6542 6039

Indica

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 459.40
	Rear Bumper Side Bracket (LH)			\$ 33.10
	Rear Bumper Cover Clips			\$ 22.00
	Rear Fender (LHH)			\$ 1,768.30
	Rear Fender Inner Lining (LH)			\$ 73.60
	Rear Windscreen Moulding			\$ 28.20
	Rear Door (LH)			\$ 1,789.90
	Rear Door Gear / Regulator (LH)			\$ 229.90
	Rear Door Motor (LH)			\$ 160.50
	Rear Door Protector(LH)			\$ 116.20
	Rocker Panel Outer Garnish (LH)			\$ 290.00
	Rear Tyre Rim (LH)			\$ 1,124.20
	Rear Wheel Hup-Cap (LH)			\$ 134.10
	Rear Wheelbearing ING & Hub			\$ 454.00
	Rear Trailing Arm (LHH)			\$ 121.00
	Rear Assist (LH)			\$ 92.80
	Rear Shock Absorber (LH)			\$ 230.50
	Rear Shock Absorber Mounting (LH)			\$ 61.40
	Rear Crossmember			\$ 756.40
	Stabilizer Bar			\$ 224.00
	Stabilizer Link			\$ 92.10
	Rear Upper Arm (LH)			\$ 112.20
	Rear Lower Arm (LH)			\$ 393.10
	Rear Knuckle Arm (LH)			\$ 386.90
	SUB TOTAL			\$ 9,153.80
	LESS 20%			\$ 1,830.76
	DISCOUNTED TOTAL			\$ 7,323.04
	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

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 1,250.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Fuel Tank			\$ 150.00
	Repair Exhaust Pipe			\$ 60.00
	Transfer of Door			\$ 120.00
	Remove/Refix Undercarriage (RR)			\$ 200.00
	Rear Wheel Alignment			\$ 120.00
	Re-set Rear ABS System			\$ 200.00
	Re-set Rear Power Window System			\$ 200.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	TOTAL LABOUR			\$ 4,200.00
	ESTIMATE TOTAL			\$ 11,990.04
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	24/12/2019 12:09
Date Of Accident	23/12/2019 20:10
Exact Location Of Accident	KPE TWDS TAMPINES AFTER PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1810L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ

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	NEO KIM HOCK
NRIC No	SXXXX513C
Date Of Birth	24/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98736390
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 265 BUKIT BATOK EAST AVENUE 4 #03-395
Postcode	650265
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 - HEAD ON 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	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)	4

Passenger 1	NAME: : -
	GENDER: : MALE
Passenger 2	NAME: : -
	GENDER: : MALE
Passenger 3	NAME: : -
	GENDER: : FEMALE

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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	GBH643D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

RIGHT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NEO KIM HOCK

Approximate Age

66

Injuries Sustain

PAIN ON BACK AREA

Injured person in which vehicle?

SHC1810L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

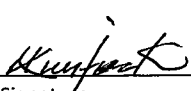
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2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**
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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)**

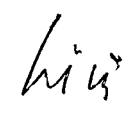
I understand, acknowledge, agree and consent that:

- (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.

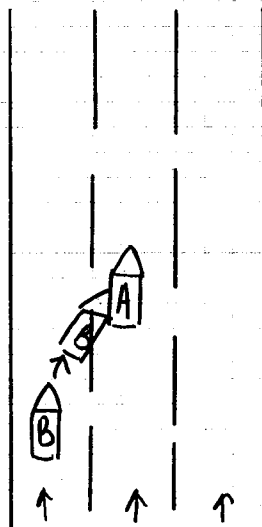
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 24.12.2019
@ 1030 hrs


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

SKETCH PLAN



A - SHC 1810L
B - GBH 643D

Along KPE TWDS Tampines After PIE Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23.12.2019 at about 20:10 hours I was travelling along KPE TWDS Tampines After PIE
Exit with One Male , One Female and One Child passenger onboard .
While travelling straight on the middle lane , suddenly veh B (GBH 643D) cut into my lane
and collided into my taxi A - Left Rear Portion
As it took place too fast I colud not take evasive action to prevent the accident .
After the accident I suffered pain at my back area will consult doctor later on .
I have company video and photo at scene to support my claims .
Veh B (GBH 643D) - Male Driver

DECLARATION

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

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24.12.2019
@ 1030 hrs

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