

REPAIR ESTIMATE*

DATE : 30.12.2019

TEL : 6542 5119

FAX : 6542 6039

INDIA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Tail Lamp (RH)			\$ 697.80
	Rear Fender With Housing (RH)			\$ 4,736.80
	Rear Windscreen Moulding			\$ 28.30
	Rear Door (RH)			\$ 2,201.10
	Rocker Panel Outer Garnish (RH)			\$ 341.40
	Rear Tyre Rim (RH)			\$ 325.30
	Rear Wheel Hup-Cap (RH)			\$ 107.10
	Rear Wheelbearing ING & Hub			\$ 362.00
	Rear Trailing Arm (RH)			\$ 192.00
	Rear Assist (RH)			\$ 145.70
	Rear Shock Absorber (RH)			\$ 276.30
	Rear Shock Absorber Mounting (RH)			\$ 81.30
	Rear Crossmember			\$ 1,021.50
	Stabilizer Bar			\$ 199.60
	Stabilizer Link			\$ 85.90
	Rear Upper Arm (RH)			\$ 335.75
	Rear Lower Arm (RH)			\$ 353.80
	Rear Knuckle Arm (RH)			\$ 545.60
	SUB TOTAL			\$ 12,612.25
	LESS 20%			\$ 2,522.45
	DISCOUNTED TOTAL			\$ 10,089.80
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
	Rear Windscreen Sealant			\$ 46.00
	Rear Door Advertisement Logo (RH)			\$ 100.00
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00
	Rear Tyre (RH)			\$ 216.00
				\$ 742.00

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,800.00
	Spray Painting Charge			\$ 1,250.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	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			\$ 4,910.00
	ESTIMATE TOTAL			\$ 15,741.80
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.				

MCD619171678 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 31/12/2019 09:16
SUBMITTED BY: Huang XiaoYan

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 31/12/2019 09:26

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 31/12/2019 09:16
Date Of Accident 29/12/2019 16:30
Exact Location Of Accident ALONG ORCHARD LINK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9980L
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 1XXXXX839G
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 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 NG SIEW HENG
NRIC No SXXXX434A
Date Of Birth 29/01/1954
Occupation OUTDOOR
Date Of Driving Pass 17/05/1975
Driving Experience 44 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97386098
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 234 ANG MO KIO AVENUE 3 #02-1138
 Postcode 560234
 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? 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) 3
 Passenger 1

NAME: : -
 GENDER: : MALE

Passenger 2

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

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 SH7735A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address

Postcode

Insurance Company Name

INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

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.
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.

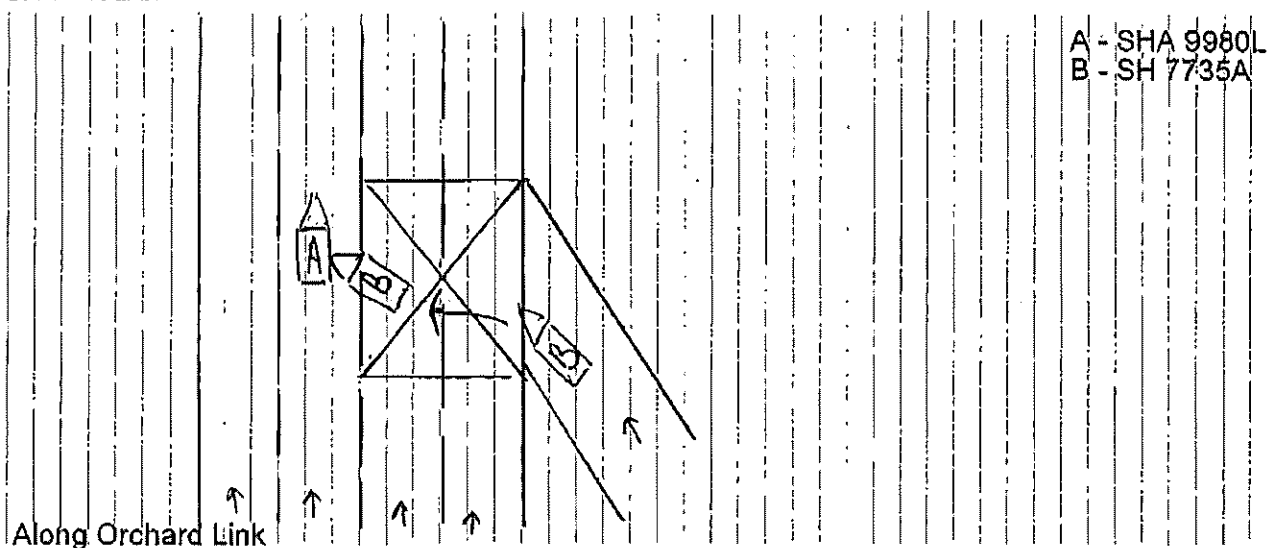
CITYCAR PTE LTD
CO. REG. NO. 19839

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.12.2019
@ 11:20 hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.12.2019 at about 16:30 hours I was travelling along Orchard Link with One Male and
One female passenger onboard .
While travelling straight on the second lane from the left , suddenly veh B (SH 7735A)
cut into my lane and collided into my taxi A - Right Rear Portion .
As it took place too fast I colud not take evasive action to prevent the accident .
No injury in this accident .
I have comapny video and photos at scene to support my claims .
Veh B (SH 7735A) - Male Driver

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 190502039GPolicyholder's Signature
Date & Time:Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.12.2019
@ 11:20 hrsReporting Centre Personnel's Signature
Name:
NRIC/FIN No.: