CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHC 1645 Y DATE: 31/12/2019

MAKE : TEL : 6483 6016

MODEL: HYUNDAI IONIQ FAX: 6483 6015

Parts Description/Labour	Qty	Unit Price	Amount	
FRONT BUMPER GRILLE AIR DUCT			\$ 80.50	
FRONT BUMPER COVER			\$ 418.30	
FRONT BUMPER REINFORCEMENT			\$ 1,075.10	
FRONT BUMPER SPONGE			\$ 86.90	
FRONT BUMPER CENTRE MOULDING			\$ 188.00	
FRONT BUMPER GRILLE LH			\$ 186.90	
FRONT BUMPER LIP		:	\$ 35.10	İ
FRONT BUMPER BRACKET TOP			\$ 35.00	
FRONT BUMPER CLIPS 10 PCS	 		\$ 22.00	
FRONT BUMPER BRACKET LH			\$ 28.00	
FRONT BUMPER SIDE BRACKET SUPPORT			\$ 12.00	
FRONT FENDER LH			\$ 490.70	
FRONT FENDER SHIELD			\$ 114.70	
FRONT HEADLAMP SUPPORT PANEL			\$ 949.30	
FRONT HEADLAMP LH		:	\$ 1,198.80	
FRONT HEADLAMP RH			\$ 1,198.80	
FRONT HEADLAMP SUPPORT TOP COVER			\$ 398.00	
DAY LIGHT			\$ 642.50	
FRONT ENGINE UNDER COVER			\$ 469.40	
FRONT WHEEL RIM LH			\$ 1,124.20	
FRONT WHEEL HUB CAP LH			\$ 346.40	
FRONT WHEEL BEARING			\$ 454.00	ĺ
FRONT SHOCK ABSORBER ASSY			\$ 372.50	
FRONT SHOCK ABSORBER MOUNTING			\$ 206.90	l
FRONT SUSPENSION LOWER ARM			\$ 296.80	
KNUCKLE ARM			\$ 363.60	
SUB-TOTAL			\$ 10,794.40	
LESS 20%			\$ 2,158.88	
DISCOUNTED TOTAL			\$ 8,635.52	1
FRONT FENDER ADVERTISEMENT LOGO RH/LH			\$ 200.00	
FRONT TYRE			\$ 216.00	
			\$ 416.00	

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Parts Description/Labour	Qty	Unit Price	<i>,</i>	\mount
LABOUR CHARGE PANEL BEATING			e e	000.00
SPRAY PAINTING CHARGE			\$	900.00
TUFF KOTE			\$	800.00
TOWING CHARGE			\$	60.00 80.00
REMOVE/REFIX AIRCON & REFILL GAS			\$	
FRONT WHEEL ALIGNMENT			\$	120.00
			\$	120.00
REMOVE/REFIX UNDERCARRIAGE (FRT) DIAGNOSE & RESETTING TO ERASE FAULT CODE			\$ \$	280.00 480.00
DIAGNOSE & NESETTING TO ENASE FAULT CODE			Φ	400.00
TOTAL LABOUR			\$	2,840.00
TOTAL LABOUR			Ψ	2,040.00
ESTIMATE TOTAL			\$	11,891.52
			Ψ	77,001.02
	<u> </u>	<u> </u>		

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 witholding 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the

 By the lodgement of this report to the insurers, you hereby cons aforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	31/12/2019 11:23
Date Of Accident	30/12/2019 20:20
Exact Location Of Accident	ALONG GEYLANG RD AT LOR 30 GEYLANG T-JUNCTION
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC1645Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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

				ıny	

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 TAN ENG TIAN NRIC No SXXXX817J Date Of Birth 12/06/1966 Occupation **OUTDOOR** Date Of Driving Pass 24/07/1990

Driving Experience 29 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96622239

Fax Number

Contact Number

EMail Address COSYTHOMAS@HOTMAIL.COM

BLK 221 PENDING ROAD Address

#04-153

Postcode 670221

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

NO

ambulance? 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

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7856J

Vehicle Make/Model/Colour COMFORT TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TEO BOON HWEE

NRIC/Passport Number

Contact Number 98457758

Address

Postcode

Insurance Company Name

Nature Of Damage RH REAR

No. Of Passenger (Including Driver)

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DECLARATION						
DECLARATION I/We declare the foregoing particulars are true in every second control of the cont	ery respect.					
COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R	R		Q\)			
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Policyholder's Signature Date & Time:

SKETCH PLAN

Driver's Signature (If driver is not 3hq policy bolded) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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:

3 1 DEC 2019

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Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: