



TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

21/12/2020 19:15

JOB-NO: 50113035

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHD8591S

TRANS: AUTO

CHASSIS: KMHLEB41UMGU093794

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU461323

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	1,000.00	0.00	1,000.00		Y	600
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	40
4 DIAGNOSTIC (CLEAR FAULT CODE) & CHECK WIRING & LIGHTING SYSTEM	1.00	180.00	0.00	180.00		Y	60
5 ADJUST HEADLAMP AIM	1.00	80.00	0.00	80.00		Y	30
6 R&R RADIATOR & CONDENSER & TURBO INTERCOOLER	1.00	180.00	0.00	180.00		Y	80
7 VACUUM & TOP UP AIR COND GAS R-134A	1.00	150.00	0.00	150.00		Y	60
8 R&R FRONT RIM & TYRE LH	1.00	120.00	0.00	120.00		Y	X
9 CONDUCT 4 WHEEL ALIGNMENT & BALANCING	1.00	150.00	0.00	150.00		Y	X
10 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
11 RESPRAY FRONT FENDER LH	1.00	250.00	0.00	250.00		Y	200
12 RESPRAY BONNET & BONNET HINGE LH	1.00	300.00	0.00	300.00		Y	200
13 RESPRAY SIDE SKIRT LH	1.00	250.00	0.00	250.00		Y	X
14 RESPRAY FRONT WHEELHOUSE PANEL LH	1.00	250.00	0.00	250.00		Y	X
TOTAL:		3,290.00	0.00	3,290.00			

MATERIALS

1 FRONT BUMPER <i>cm</i>	1.00	599.68	119.94	479.74	L	Y	
2 FRONT BUMPER TOP SEAL <i>new</i>	1.00	36.20	7.24	28.96	L	Y	
3 FRONT BUMPER LOWER LIP <i>new</i>	1.00	83.87	16.77	67.10	L	Y	
4 FRONT BUMPER AIR DUCT LH <i>X</i>	1.00	105.63	21.13	84.50	L	Y	
5 FRONT BUMPER RETAINER LH <i>cm</i>	1.00	48.32	9.66	38.66	L	Y	
6 FRONT BUMPER RETAINER RH <i>X</i>	1.00	48.32	9.66	38.66	L	Y	
7 FRONT BUMPER RADIATOR GRILLE <i>new</i>	1.00	1,110.10	222.02	888.08	L	Y	
8 FRONT FENDER LH <i>St</i>	1.00	659.50	131.90	527.60	L	Y	
9 FRONT FENDER INNER SHIELD LH <i>X</i>	1.00	205.12	41.02	164.10	L	Y	
10 HEADLAMP LH <i>cm</i>	1.00	1,808.10	361.62	1,446.48	L	Y	
11 BONNET <i>repair</i>	1.00	1,812.68	362.54	1,450.14	L	Y	
12 BONNET HINGE LH <i>X</i>	1.00	61.85	12.37	49.48	L	Y	
13 FRONT WHEEL CAP LH <i>X</i>	1.00	265.50	53.10	212.40	L	Y	
14 FRONT SUPPORT PANEL <i>cm</i>	1.00	962.87	192.57	770.30	L	Y	
15 SIDE SKIRT LH <i>X</i>	1.00	695.88	139.18	556.70	L	Y	
16 FRONT BUMPER CLIP SET <i>new</i>	1.00	50.00	0.00	50.00	S	Y	
17 FRONT FENDER INNER SHIELD CLIP SET LH <i>X</i>	1.00	35.00	0.00	35.00	S	Y	

# CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
18 REPAIR FRONT WHEEL HOUSE PANEL LH X	1.00	0.00	0.00	0.00	S	Y	
19 FRONT TYRE LH X	1.00	280.00	0.00	280.00	S	Y	
20 RADIATOR COOLANT <i>me</i>	1.00	60.00	0.00	<del>30</del> 60.00 <i>40</i>	S	Y	
TOTAL:		8,928.62	1,700.72	7,227.90			
TOTAL PARTS & LABOUR :		12,218.62	1,700.72	10,517.90			

EXCESS/LOADING:S\$ 0.00

No. Of Day: 5 days

RE-SURVEY: BEFORE AFTER PAINTING

PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: 22 / 12 / 2002 P1545

SURVEYED BY: RASHM

CONTACT NO: 90010068 FAX NO: \_\_\_\_\_

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

## 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 Submission ..... 21/12/2020 13:23 (SGT)  
Date of Accident ..... 21/12/2020 07:05 (SGT)  
Exact Location of Accident ..... Near 359 Corporation Dr, Singapore 610359  
Additional Location Information ..... ALONG CORPORATION DRIVE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD8591S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CITYCAB PTE LTD  
Company Reg No ..... 1XXXXX839G  
Email Address ..... FLEETSAFETY@CDGTAXI.COM.SG  
Mobile Phone No ..... (Phone) +65-65508768  
Alternative Phone No ..... (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I40  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Taxi

#### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... D-18088937MFSH  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... ANG CHUAK TSE  
NRIC No ..... SXXXX540D  
Date Of Birth ..... 09/07/1963  
Occupation ..... Outdoor



Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

21/10/1985  
35 YEARS AND 2 MONTHS  
Male  
(Phone) +65-92344523  
-  
FLEETSAFETY@CDGTAXI.COM.SG  
APT BLK 989B JURONG WEST STREET 93 #15-705

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Change/cross lane  
Weather Conditions ..... Clear  
Road Surface ..... Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Number of vehicles involved in the accident ..... 2  
Was anybody injured in the Accident? ..... Yes  
Was any injured conveyed to hospital by ambulance? ..... No  
Was any other material or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Jurong West Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18002689999  
Alt. Police Station Phone No ..... (Fax) +65-62672438  
Police Station Address ..... 700 Corporation Road Singapore 649818  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? .....

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT .

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY:11

Vehicle Registration Number ..... SHD3454M  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category ..... Taxi  
Name of Driver ..... MD SAMSURI BIN MD SALLEH  
NRIC No ..... SXXXX4711

Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	ANG CHUAK TSE
Address .....	APT BLK 989B JURONG WEST STREET 93 #15-705
Address Complement .....	-
Post Code .....	642989
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SHD8591S
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT 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.

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

SKETCH PLAN

Cooperation Drive

A: S/H085913

B: S/H03454 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report (7/20201221/2030).

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

GIARMC SketchPlanForm\_V3

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**SINGAPORE  
POLICE FORCE**



T/20201221/2030

1 of 3

Report No. T/20201221/2030

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/12/2020 12:16	Vide Report No.:	Station Diary No.: 61
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**Informant's Particulars**

Name of Informant: ANG CHUAK TSE			Address: APT BLK 989B JURONG WEST STREET 93 #15-705 SINGAPORE 642989	
ID Type / ID No.: NRIC NO / S1606540D			Contact No.:	Mobile: 92344523
Nationality: SINGAPORE CITIZEN			Home/Office:	
Email:				
Sex: Male	Age: 57	Date of Birth: 09/07/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/12/2020 07:05	Type of Location: Straight Road
Location:  CORPORATION DRIVE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3454M	Taxi				Slightly Damaged	0
SHD8591S	Taxi				Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20201221/2030

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20201221/2030

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MD SAMSURI BIN MD SALLEH		ID No. S02694711
Related Vehicle	SHD3454M (Taxi)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ANG CHUAK TSE		ID No. S1606540D
Related Vehicle	SHD8591S (Taxi)		Contact No. 92344523
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/12/2020 at about 0705hrs, I was driving my Taxi (SHD8591S) along Cooperation Drive on the right lane when suddenly another a Yellow Taxi (SHD3454M) did an abrupt change into my lane and collided with the front left side of my Taxi. My Taxi suffered a major dents and a broken bumper on the front left side. Nobody was injured and no passenger was in the Taxi. After that we exchanged particulars and continued to drive off.

After the incident, I went to get myself checked at MY FAMILY CLINIC(PIONEER) located at Blk 638 Jurong West Street 61 #02-09 Pioneer Mall as I was feeling some soreness on my back and was given 3 days Medical Certificate from 21/12/2020 to 23/12/2020.

I have an in-car camera in my car that captured the whole scene. My company was already informed and the have advised me to lodged a police report.



**SINGAPORE  
POLICE FORCE**



T/20201221/2030

3 of 3

Report No. T/20201221/2030

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 MUHAMMAD NUR HAQIM BIN ABU  
MANSOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 126

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

21/12/2020 12:16

Classification Of Case:

**MY FAMILY CLINIC (PIONEER)**

Blk 638 Jurong West Street 61 #02-09 Pioneer Mall Singapore 640638  
 Phone: 6861-1182  
 RegNo : 200410201K



**MEDICAL CERTIFICATE**

**NAME:** ANG CHUAK TSE

**MC No:** OD-PN0000077440

**NRIC:** S1606540D

This is to certify that the abovenamed patient is Unfit for Work / School for a period of 3 day/s from 21-12-2020 to 23-12-2020.

Note: This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Dr Yeo Thoont Kiat  
 Issued by

Signature

21/12/2020  
 Date



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHD8591S
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Dec 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDEU461323
Chassis No.:	KMHLB41UMGU093794
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,766.00
Original Registration Date:	15 Sep 2016
First Registration Date:	15 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$18,766.00
PARF Eligibility	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Sep 2024
PARF Rebate Amount:	\$14,074.00
COE Eligibility	
COE Expiry Date:	14 Sep 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$42,672.00
COE Rebate Amount:	\$19,880.00
Total Rebate Amount:	\$33,954.00
Remarks	

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 23 Dec 2020

OK

Yellow

