

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park,
Singapore 408933

TEL: 6256 3561 FAX: 6256 4315
Reg. No: 199607198R GST Reg. No.
19-9607198-R

Tax Invoice

STRIDES PREMIER AUTOMOTIVE SERVICES PL.
60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

INV No. : SAC2401297

INV Date : 08-11-2024

Reference CS/SMR24100130/Tvh3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SHC 7209J

Insured Veh. SHB 5570H

Claim No. TAX/10/24/2009

Policy No.

Accident Date 03/10/2024

Inspection Date 07/10/2024

Description	Amount
Survey Inspection	128.00
Digital Photographs	0.00
Transportation	0.00
Sub-Total	128.00
GST (9%)	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your earliest convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

LKK Auto Consultants Pte Ltd

KHM



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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24100130/Tvh3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	08/11/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 5570H	Veh. Inspected	SHC 7209J
Policy No.	-	Coverage	0
Claim No.	TAX/10/24/2009	Excess	\$0.00
Assign From	HUA YEN	Assign Date	07/10/2024

2. Vehicle Details

Make & Model	HYUNDAI I40	C.C	1685
Engine No.	D4FDEU468338	Year of Reg.	14/07/2016
Chassis No.	KMHLB41UMGU092415	Colour	YELLOW
Odometer	- KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: NIL		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	195/65 R15	WEST LAKE	6
L/H Front Tyre	195/65 R15	WEST LAKE	6
R/H Rear Tyre	195/65 R15	WEST LAKE	6
L/H Rear Tyre	195/65 R15	WEST LAKE	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR O/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/10/2024	Inspection Date	07/10/2024
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SHC 7209J

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	BONNET	BENT	\$2,508.80	\$2,508.80
1	BONNET INSULATOR	DEFORMED	\$202.50	\$202.50
1	BONNET LOCK	BENT	\$142.20	\$142.20
2	BONNET HINGE LH/RH @\$126.70	BENT	\$253.40	\$253.40
2	BONNET ABSORBER LH/RH @\$61.60	BENT	\$123.20	\$123.20
1	BONNET CABLE	* CHECK	\$69.60	\$0.00
1	RADIATOR GRILLE (NEW MODEL)	CRACKED	\$1,480.00	\$1,480.00
1	RADIATOR U MOULDING	CRACKED	\$251.00	\$251.00
1	RADIATOR EMBLEM	NECESSARY	\$129.50	\$129.50
2	FRONT BUMPER BRACKET TOP LH/RH	DEFORMED	\$22.40	\$22.40
2	FRONT BUMPER BRACKET LH/RH @\$24.60	DEFORMED	\$49.20	\$49.20
1	HEADLAMP SUPPORT PANEL ASSY	CRACKED	\$907.40	\$907.40
1	HEADLAMP SUPPORT TOP COVER	DEFORMED	\$222.60	\$222.60
2	HEADLAMP LH/RH @\$1388.00	CRACKED	\$2,776.00	\$2,776.00
1	FRONT BUMPER	DEFORMED	\$1,052.20	\$1,052.20
1	FRONT BUMPER REINFORCEMENT	BENT	\$588.40	\$588.40
2	FRONT BUMPER GRILLE LH/RH @\$187.20	N/S NOT NECESSARY / O/S CUT	\$374.40	\$187.20
1	FRONT BUMPER SPONGE	DEFORMED	\$379.20	\$379.20
1	FRONT FENDER APRON PANEL RH	BUCKLED	\$637.00	\$637.00
1	FRONT FENDER RH	BENT	\$663.00	\$663.00
2	FRONT FENDER SHIELD LH/RH @\$174.90	DEFORMED	\$349.80	\$349.80
1	FRONT CHASSIS RH	TO REPAIR SEE LABOUR	\$1,060.70	\$0.00
1	ENGINE CROSS MEMBER	* CHECK	\$2,094.40	\$0.00
1	FRONT UNDER COVER	MISSING	\$334.60	\$334.60
1	FRONT WINDSCREEN GLASS	CRACKED	\$1,017.80	\$1,017.80
1	FRONT WINDSCREEN MOULDING	NECESSARY	\$133.70	\$133.70
1	FRONT WIPER PANEL	DEFORMED	\$476.60	\$476.60
1	WIPER WASHER TANK	DEFORMED	\$90.10	\$90.10
1	AIR CLEANER ASSY	* CHECK	\$118.60	\$0.00
1	AIR CLEANER HOSE	* CHECK	\$432.60	\$0.00



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Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	AIR DUCT	* CHECK	\$171.70	\$0.00
1	AIR FLOW SENSOR	* CHECK	\$527.80	\$0.00
1	RESONATOR TANK HOSE	* CHECK	\$218.30	\$0.00
1	RADIATOR ASSY	* CHECK	\$1,637.20	\$0.00
1	RADIATOR FAN MOTOR W/COWLING	* CHECK	\$1,194.20	\$0.00
1	RADIATOR EXPANSION TANK	DEFORMED	\$163.80	\$163.80
1	RADIATOR HOSE LOWER	* CHECK	\$235.60	\$0.00
1	RADIATOR HOSE UPPER	* CHECK	\$229.50	\$0.00
1	AIR CON CONDENSER	BENT	\$947.80	\$947.80
1	AIR CON SUCTION & LIQUID	* CHECK	\$624.00	\$0.00
1	AIR CON COMPRESSOR	* CHECK	\$2,578.00	\$0.00
1	INTER COOLER ASSY	* CHECK	\$1,032.50	\$0.00
1	WIRING HARNESS FRONT	* CHECK	\$1,960.80	\$0.00
1	OIL COOLER-ASSY	* CHECK	\$267.10	\$0.00
1	INTER COOLER	* CHECK	\$1,032.50	\$0.00
1	CONTROLLER (PWN)	* CHECK	\$504.70	\$0.00
1	AIR BAG STEERING COMPLETE	ACTIVATED	\$2,948.50	\$2,948.50
1	AIR CONTROL MODULE	ACTIVATED	\$1,894.00	\$1,894.00
1	STRG SENSOR ANGLE CONTACT	ACTIVATED	\$1,150.60	\$1,150.60
1	FRONT KNUCKLE ASSY RH	* CHECK	\$452.80	\$0.00
1	FRONT SHOCK ABSORBER RH	* CHECK	\$372.50	\$0.00
1	FRONT SUSPENSION UPPER RH	* CHECK	\$244.30	\$0.00
1	FRONT SUSPENSION LOWER RH	* CHECK	\$298.40	\$0.00
1	FRONT STEERING TIE ROD RH	* CHECK	\$125.60	\$0.00
1	FRONT STEERING BALL JOINT RH	* CHECK	\$94.70	\$0.00
1	FRONT DRIVE SHAFT RH	* CHECK	\$1,030.80	\$0.00
1	RACK AND PINION	* CHECK	\$1,087.40	\$0.00
2	FRONT SAFETY SEAT BELT LH/RH	ACTIVATED	\$838.00	\$838.00
1	REAR BUMPER	DEFORMED	\$553.00	\$553.00
1	REAR BUMPER BRACKET RH	DEFORMED	\$35.60	\$35.60
1	REAR BUMPER REINFORCEMENT	* CHECK	\$428.40	\$0.00



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REPLACEMENT OF PARTS					
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)	
1	PACKET REAR BUMPER CLIP	NECESSARY	\$22.00	\$22.00	
1	REAR BUMPER REFLECTOR RH	MISSING	\$526.70	\$526.70	
1	TAIL LAMP LH	NOT NECESSARY	\$697.80	\$0.00	
1	REAR ROCKER PANEL RH	NOT NECESSARY	\$732.80	\$0.00	
	LESS 20.00% DISCOUNT		(\$9,160.06)	(\$4,811.56)	
			\$36,640.24	\$19,246.24	
Special Nett					
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)	
1	FRONT NUMBER PLATE (SN)	CRACKED	\$50.00	\$50.00	
1	FRONT TYRE RH (SN)	NOT NECESSARY	\$216.00	\$0.00	
1	FRONT WHEEL RIM CAP (SN)	CUT	\$217.20	\$217.20	
1	FRONT DOOR COMFORT STICKER (SN)	NOT NECESSARY	\$80.00	\$0.00	
			\$563.20	\$267.20	
Labour					
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)	
	PANEL BEATING FRONT/REAR. INCLUSIVE OF THE REPAIR OF FRONT CHASSIS RH	NOT NECESSARY	\$3,800.00	\$2,280.00	
	SPRAY PAINTING CHARGE FRONT/REAR		\$1,800.00	\$1,400.00	
	WIRING CHARGE		\$120.00	\$50.00	
	TUFF KOTE		\$200.00	\$100.00	
	REMOVE / REFIX REAR UPHOLSTERY		\$90.00	\$0.00	
	REMOVE / REFIX UNDERCARRIAGE (FRT)	NOT NECESSARY	\$200.00	\$0.00	
	REMOVE / REFIX AC CONDENSER & CHARGE IN GAS		\$150.00	\$100.00	
	TOWING KING DOLLY		\$160.00	\$0.00	
	RESET WHEEL ALIGNMENT		\$90.00	\$0.00	
	REMOVE / REFIX AC CONDENSER & CHARGE IN GAS		\$150.00	\$100.00	
			\$6,760.00	\$4,030.00	
	GRAND TOTAL			\$43,963.44	\$23,543.44
	RECOMMENDED COST OF REPAIRS (EXCLUDE CHECK ITEMS S\$15,541.20 NETT)		\$23,543.44		
Report Ref No: CS/SMR24100130/Tvh3e2					



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MTH

MOHAMAD TAUFIKH

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of repositibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.



Your Ref : TAX/10/24/2009

Date: 08th Nov 2024

Our Ref : CS/SMR24100130/Tvh3e2

M/s Strides Premier Automotive Services PL

60 Woodlands Industrial Park E4

Singapore 757705

(The Motor Claims Department)

Dear Sirs/Madam,

AUTOMOBILE INSPECTION REPORT OF ACCIDENT VEHICLE SHC 7209J

INSURED VEHICLE: SHB 5570H

ACCIDENT ON 03/10/2024

Instruction was received to inspect the vehicle Reg. No. SHC 7209J. The inspection was conducted on 03/10/2024 at the premises of M/s Comfortdelgro Engineering Pte Ltd, 59 Loyang Drive, Singapore 508969.

The following vehicle information was recorded:

Registration Number	: SHC 7209J
Make/Model	: Hyundai I40 1.7 CRDI F/L AT ABS Airbag 4DR
Year of Registration	: 2016
Body Colour	: Yellow
Chassis Number	: KMHLB41UMGU092415
Engine Capacity	: 1685 cc
Speedometer Reading	: N/A

The vehicle sustained damages at the front and rear o/s portion. The Estimated repair cost of such vehicle is S\$23,543.44 (Sin Dollars: Twenty-Three Thousand Five Hundred Forty-Three and Forty-Four Cents only.) (Exclude check items S\$15,541.20Nett) (Details see photographs enclosed)

In view of this repair work, we are of the opinion that it would be **uneconomical** to proceed with the repairs and recommend it's to be written off as **"uneconomical Total Loss"**.

(a) If the vehicle to be "Total Loss"

Book Value

S\$ 17,248.55 (est)

Less: LTA Reimbursement Value (RV)

(S\$ 14,093.00)

Nett Liability

S\$ 3,155.55

S\$ 3,155.55

(b) If the vehicle to be "Repair"

Repair Cost (Est)

S\$ 23,543.44

(Exclude check items S\$7,869.69Nett)

Nett Liability

S\$ 23,543.44

(a) – (b) =

(S\$ 20,387.89)

=====

The amount of estimated saving of S\$20,387.89 if the vehicle to be written off as **"Total Loss"** instead of to be repair.

Vehicle Inspected By:



MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC7209J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Oct 2024
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDEU468338
Chassis No.:	KMHLB41UMGU092415
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,729.00
Original Registration Date:	14 Jul 2016
First Registration Date:	14 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$18,729.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jul 2025
PARF Rebate Amount:	\$10,300.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	9
PQP Paid:	\$44,568.00
COE Rebate Amount:	\$3,793.00
Total Rebate Amount:	\$14,093.00
Message	
Please note that the 9-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 07 Oct 2024

OK

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 Actual 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 First Submission	04/10/2024 16:02 (SGT)
Reported by	Actual Driver
Date of Accident	03/10/2024 17:15 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7209J
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) +65-98487963
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	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1685
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	KMHLB41UMGU092415
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101860MFCT

DRIVER

Name of Driver	MOK KWEE SEOW
NRIC No	SXXXX981F
Date Of Birth	02/08/1957
Occupation	Outdoor
Driving Pass Date	07/07/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98487963
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 497J TAMPINES STREET 45 #06-74
Address complement	-
Postcode	527497
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	9
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NG KENG SENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 03/10/2024 AT ABOUT 1715HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHC7209J ENROUTE FROM NUH TOWARDS MARINE DRIVE FOR WORK PURPOSE BOOKING FROM MDT. AS I WAS TRAVELLING ALONG EXP ON LANE 1, VEHICLE C BEARING REGISTRATION NUMBER SNH9017K SLOWED DOWN ABRUPTLY AND I APPLIED EMERGENCY BRAKES. I COULD NOT STOP IN TIME AND REAR ENDED VEHICLE C AND SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SHB5570H HAD REAR ENDED ME. I SUFFERED MULTIPLE INJURIES AND MYSELF AND MY PASSENGER WERE CONVEYED TO RAFFLES MEDICAL CENTRE.

TOTAL OF 9 VEHICLES INVOLVED IN THE CHAIN COLLISION.

VEHICLE (A) SHC7209J
VEHICLE (B) SHB5570H
VEHICLE (C) SNH9017K
VEHICLE (D) SMH5155H
VEHICLE (E) SLL9316A
VEHICLE (F) SHF632A
VEHICLE (G) SJH8880M
VEHICLE (H) SDU9222J
VEHICLE (I) SND1544D

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5570H
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR ON KOK SIN
Contact Number	(Phone) +65-81891137
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH9017K
Vehicle Manufacturer	LandRover
Vehicle Model	DISCOVERY SPORT 2.0D SE 7-SEATER
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR MARCUS
Contact Number	(Phone) +65-98375004
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMH5155H
Vehicle Manufacturer	Toyota
Vehicle Model	NOAH 2.0X CVT
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	MR ALPHONSUS
Contact Number	(Phone) +65-98250208
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLL9316A
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SHF632A
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS 5DR HATCHBACK
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR TEO
Contact Number	(Phone) +65-81273099
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SJH8880M
Vehicle Manufacturer	Mercedes
Vehicle Model	GLC250 4MATIC AMG LINE (R19 LED)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR DANIEL WONG
Contact Number	(Phone) +65-85880010
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number	SDU9222J
Vehicle Manufacturer	BMW
Vehicle Model	X3 SDRIVE 20I LED SR NAV
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	MR LOH
Contact Number	(Phone) +65-97593990
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number	SND1544D
Vehicle Manufacturer	Volvo
Vehicle Model	XC60 B5 RD
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR THAVANESH THAVARAJAN
Contact Number	(Phone) +65-97873588
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	MOK KWEE SEOW
Gender	Male
Phone No	(Phone) +65-98487963
Address	BLK 497J TAMPINES STREET 45 #06-74
Address Complement	-
Post Code	527497
Approximate Age Years Old	67
Injuries Sustained	INJURED
Injured person in which vehicle?	SHC7209J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NG KENG SENG
Gender	Male
Phone No	(Phone) +65-90354918
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC7209J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful 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 center 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.
 - (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.

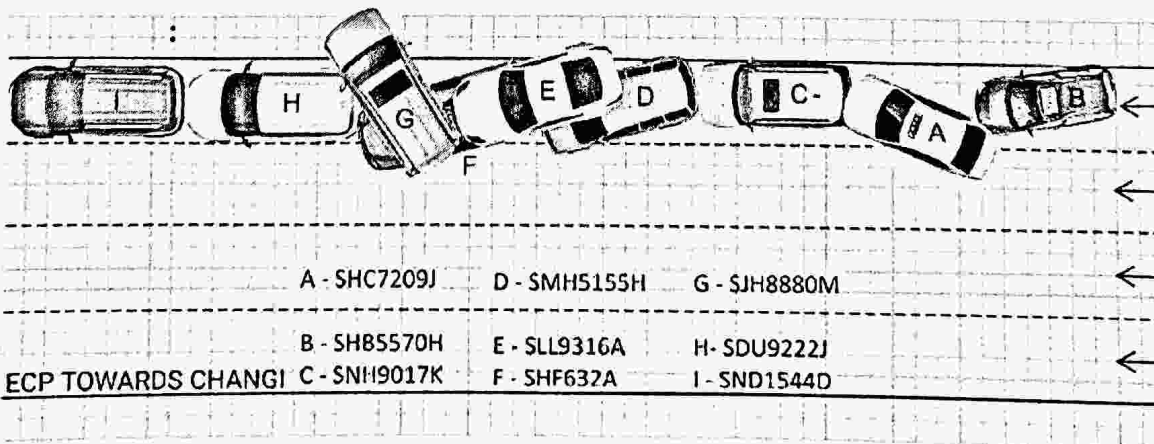
Policyholder's Signature / Date & Time

Sketch Plan

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

04/10/2024 1430HRS

Witnessed by Reporting Centre Personnel



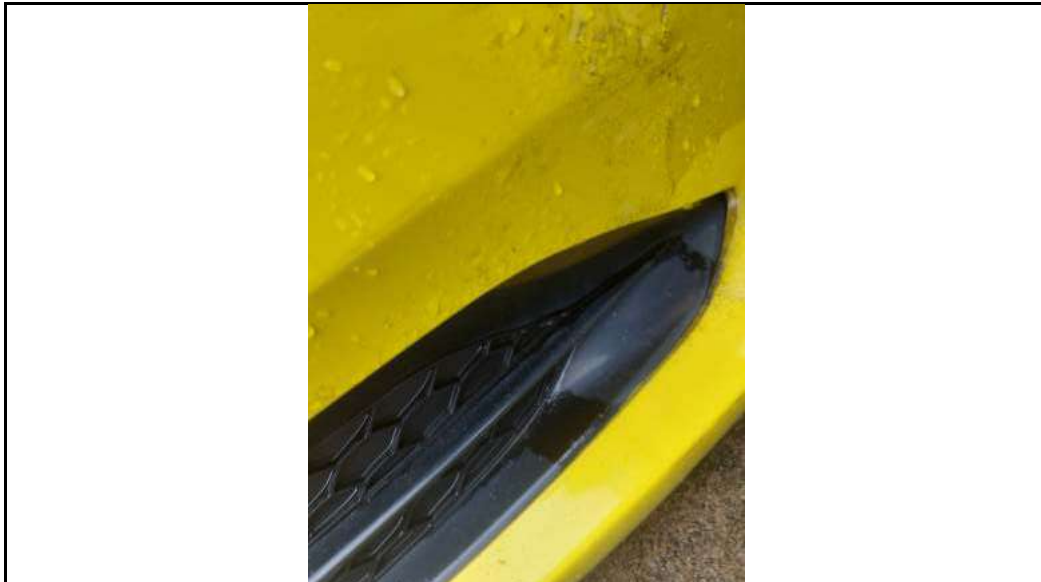
PHOTOGRAPHS FOR VEHICLE NO. : SHC 7209J



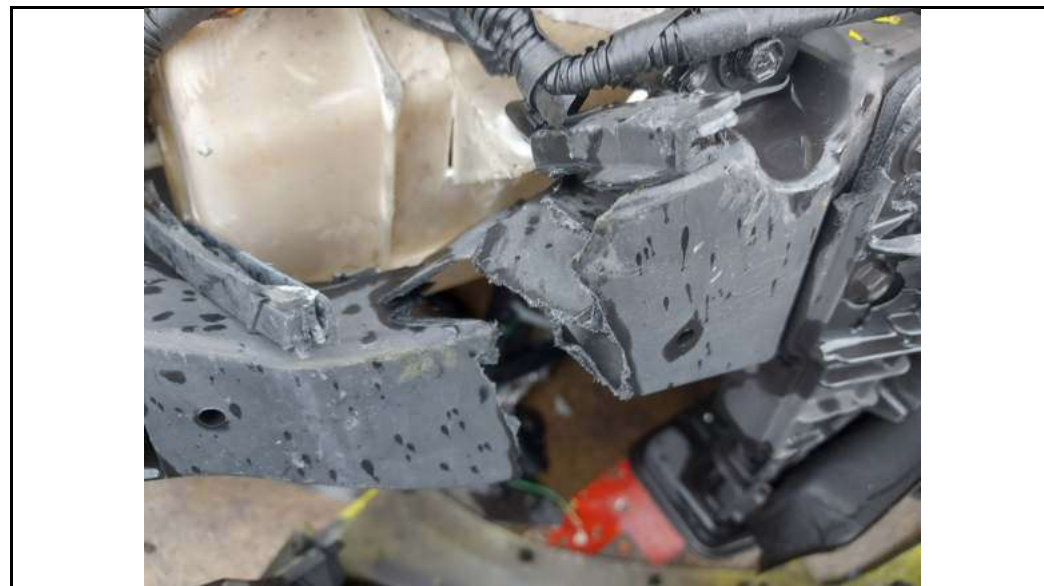
PHOTOGRAPHS FOR VEHICLE NO. : SHC 7209J



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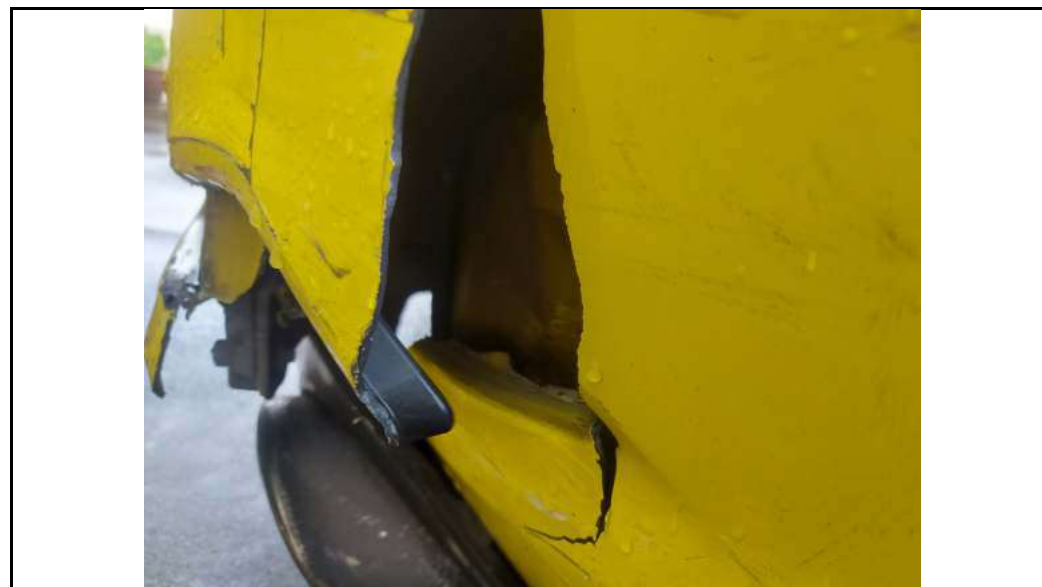
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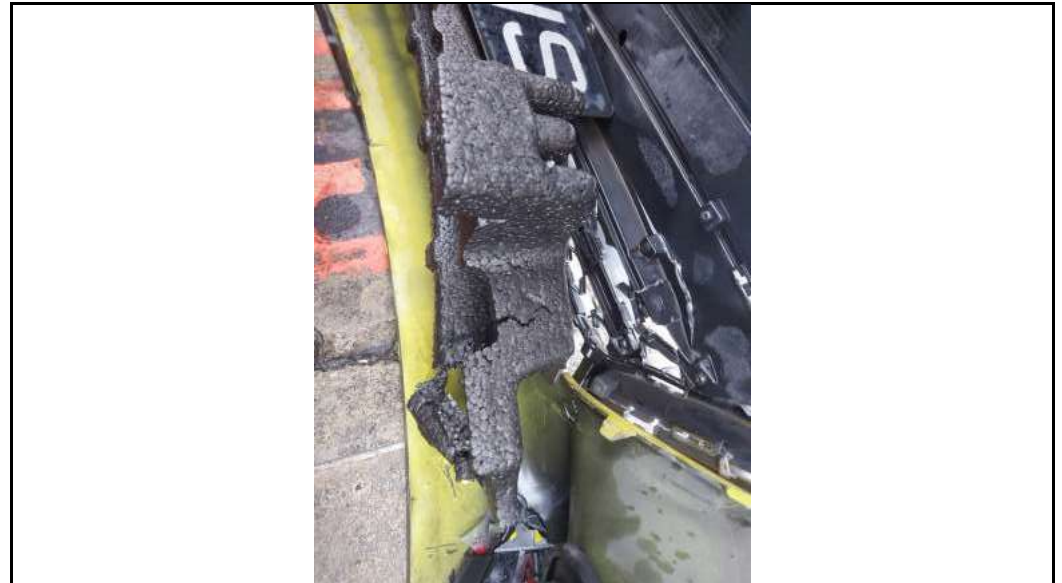
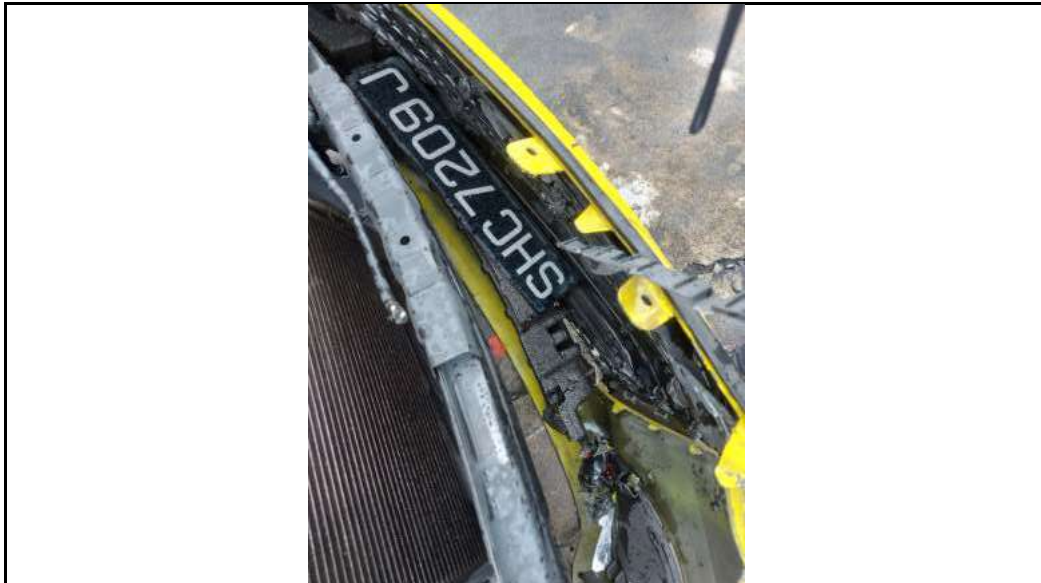
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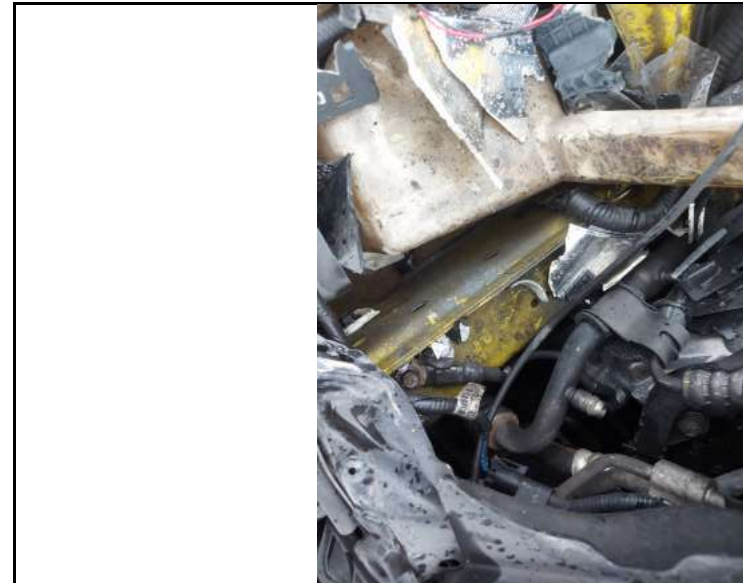
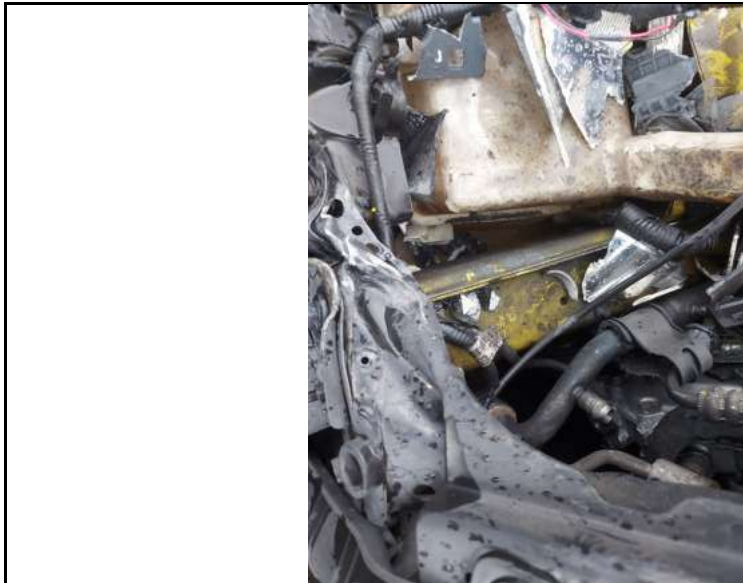
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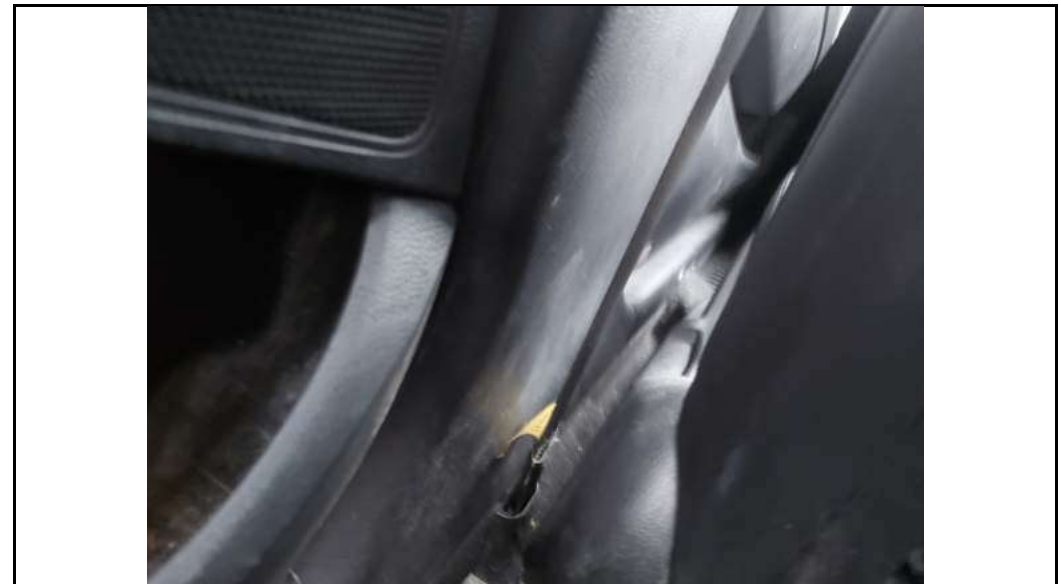
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