



REPLACEMENT VEHICLE ISSUANCE CHECKLIST

Date of Reporting: 23/6/21

Date of Accident: 22/6/21

Accident Case Reference: TP1210622/SHC69JIE

Driver's Name: hnm kai sung
Hire / Relief

Vehicle Number/Model: SHC69JIE
Optima / I30A / Ioniq / Prius

Please circle the Accident Type:

S/N	Own Damage Accident	Self-Repair Accident	Third Party	Please circle the correct field		Remarks (if any)
1	Was the driver in a clear state of mind during the reporting and interview process?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
2	Was the driver in good physical health? (No signs of fatigue/No mobility issues, no MC, etc.) State in remarks if No.			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
3	Did the accident involve any property (e.g. Lamp post, road divider, road kerb, tree, building, vehicle, etc)?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>TP vehicle</u>
4	Was the accident a result of driver driving without reasonable consideration for other road users?			<input type="radio"/> Yes	<input checked="" type="radio"/> No	
5	Was there evidence/signs that the driver was driving recklessly?			<input type="radio"/> Yes	<input checked="" type="radio"/> No	
6	Was the driver involved in any <u>OD</u> , <u>SR</u> or <u>TP</u> (circle the accident type) accidents in the past 6 months?			<input type="radio"/> Yes	<input checked="" type="radio"/> No	
(a)	State main cause of the accident in the past 6 months, if any: <u>nil</u>					
7	Briefly describe the condition of the Vehicle in this Reported Accident: <u>near bumper</u>					
8	State here if there were serious damages to Vehicles involved in the Driver's Accident History in the past 6 months? Check AE billing. <u>nil</u>					

Accident Department Use Only :

<input checked="" type="checkbox"/> Issue Replacement	<input type="checkbox"/> Do not Issue Replacement	Remarks: <u>happy mc 7days, no need replacement</u>
<u>Vincent Chiu / 228 / 23/06/2021</u>		<u>WPP ALK / 23/6/21</u>
Name of Proposer / Signature / Date		Supervisor Review & Acknowledgement / Date / Signature

DR Department Use Only :

<input type="checkbox"/> Issue Replacement	<input type="checkbox"/> Do not Issue Replacement	Remarks:
<u>Name of Proposer / Date</u>		<u>Supervisor Review & Acknowledgement / Date</u>