



## REPAIR ESTIMATE\*

MODEL 140

**DOA: 08.06.23**

**ECICS**

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.

Date:

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755  
Workshops  
205 Braddell Road Singapore 579701  
59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286

Date/Time: 12.06.2023 13:36 Page : 1

am: ARC Repair TP(CFS0)1

JOB CARD Sales Order: 5899915

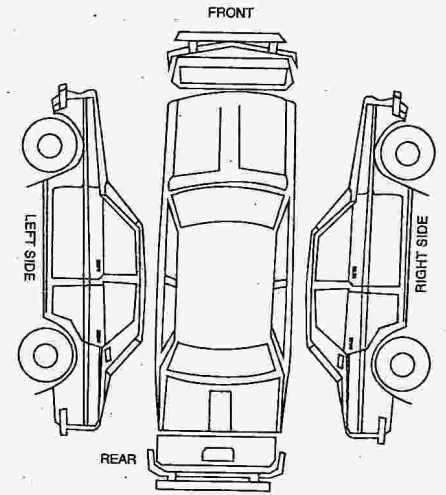
JC NO305557500

OMER IS CITYCAB PTE LTD OMER NO 7010070 IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P) JUNT CARD NO.	REGN NO: SHA9228B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 12.06.2023 12:15
	YR OF MANU 07.04.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU085887	COMPLETION DATE/TIME:

Accident Date: 08.06.2023  
ATURE: 3P.08.06.23

### JOB DESCRIPTION

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip  
SHA9228B JU ECICS

Exit Pass  
SHA9228B

Jo.:

Vehicle No.:

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

# 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 Submission	09/06/2023 12:23 (SGT)
Reported by	Actual Driver
Date of Accident	08/06/2023 19:40 (SGT)
Exact Location of Accident	Gambas Ave, Singapore
Additional Location Information	TOWARDS WOODLANDS AVENUE 7
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9228B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96839479
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

## INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

## DRIVER

Name of Driver	FOO PHANG HUI
NRIC No	SXXXX478H
Date Of Birth	20/08/1948
Occupation	Outdoor

Date Of Driving Pass ..... 30/01/1975  
 Driving experience ..... 48 YEARS AND 5 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96839479  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... 762 WOODLANDS AVENUE 6 #01-86  
 Address complement ..... -  
 Postcode ..... 730762  
 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 ..... 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? ..... No  
 Was any injured conveyed to hospital by ambulance? ..... -  
 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 ..... UNKNOWN  
 Gender ..... Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

ON 08/06/23 AT ABOUT 1940HRS, I WAS DRIVING VEHICLE A (SHA9228B) ALONG GAMBAS AVENUE ON THE CENTER LANE WHEN SUDDENLY VEHICLE B (GBF4684U) FROM THE LEFT LANE CHANGED LANES AND COLLIDED INTO THE LEFT PORTION OF VEHICLE A. NO INJURIES.

#### 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

Vehicle Registration Number ..... GBF4684U

Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YE KANGWANG
NRIC No	SXXXX469B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# 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.  
(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.

*[Signature]*

090623 1145

FLASH ACCIDENT  
REPORTING OFFICER

FRO AMIN

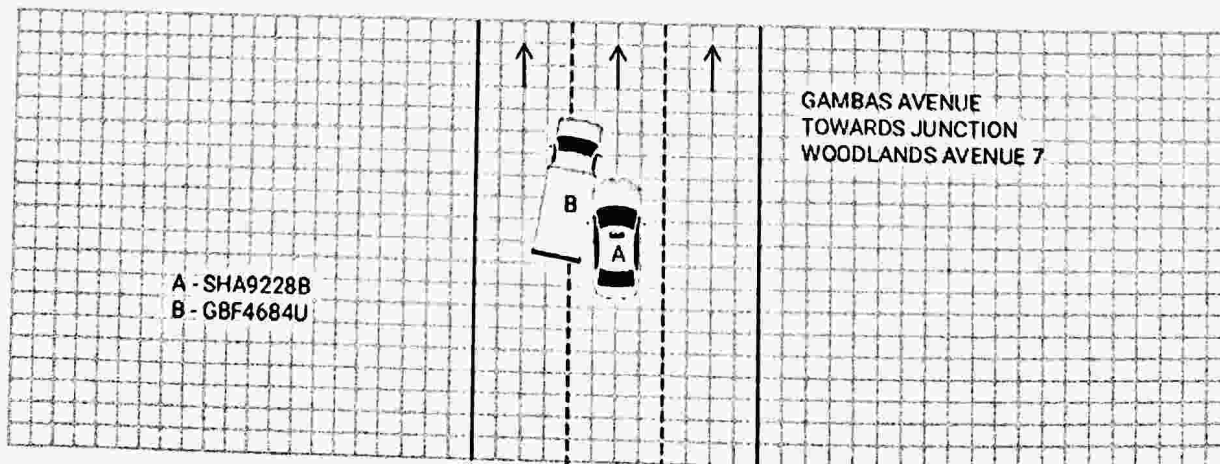


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

ON 08/06/23 AT ABOUT 1940HRS, I WAS DRIVING VEHICLE A (SHA9228B) ALONG GAMBAS AVENUE ON THE CENTER LANE WHEN SUDDENLY VEHICLE B (GBF4684U) FROM THE LEFT LANE CHANGED LANES AND COLLIDED INTO THE LEFT PORTION OF VEHICLE A. NO INJURIES.

Declaration

We declare the foregoing particulars are true in every respect.



090623 1145

Policyholder's Signature / Date & Time

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

FLASH ACCIDENT  
REPORTING OFFICER

FRO AMIN



Witnessed by Reporting Centre  
Personnel