

ASS. REC. BY: Tough

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seer: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

MS LOWVeh No: SWA 8352G Yr Regn: 2019, Nov

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai c.c. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 429648 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H85/C664182655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NJ / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 12/6/23Survey held at Compt Wagon

Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or

Frt N/S

The U/G / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS \$

REPAIR ESTIMATE

Model : IONIQ(G2)

MVA: MS. LOKE YY

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.

KKK 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 submitted for final approval from Insurance Company

Date/Time: 12.06.2023 10:31

Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5899868

JC NO305557339

OMER

REGN NO: SHA8352G

MILEAGE

CITYCAB PTE LTD

MAKE: HYUNDAI

FUEL

S 7010070

OMER NO 383 SIN MING DRIVE

MODEL: IONIQ(G3)

DATE/TIME IN 12.06.2023 09:50

ESS Singapore SINGAPORE 575717

YR OF MANU: 14.11.2019

TARGET DATE

(R) 65551188

(O)

(P)

CHASSIS CODE: KMHC851CVLU182655

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 08.06.2023

ATURE: 3P 08.06.2023

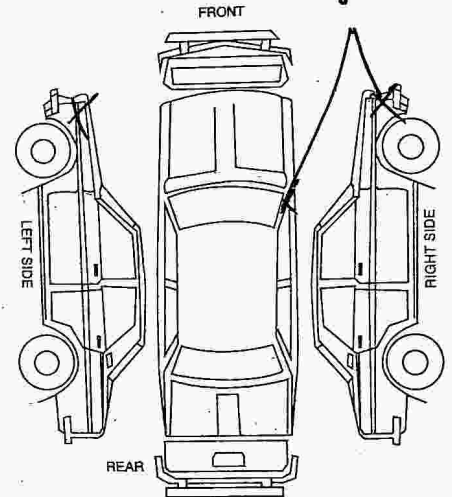
/NO

LABOR CODE

DESCRIPTION

In come - SHC 67948 (SilverCab)

Driver ask for touch up.



**TAKE PHOTOGRAPH
BEFORE / AFTER
SPRAY PAINTING**

ED & PASSED OUT BY:

Loke Wei Yiong

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA8352G

YY

Vehicle No.:

SHA8352G

Loke Wei Yiong

Loke Wei Yiong

Service Advisor

Signature/Date

Name of Service Advisor

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 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	08/06/2023 17:56 (SGT)
Reported by	Actual Driver
Date of Accident	08/06/2023 12:00 (SGT)
Exact Location of Accident	North Buona Vista Rd, Singapore
Additional Location Information	TOWARDS AYE/ CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8352G

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) +65-96377656
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	ONG ANN MENG
NRIC No	SXXXX488B
Date Of Birth	14/03/1959
Occupation	Outdoor

Date Of Driving Pass	13/12/1983
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96377656
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 618 ANG MO KIO AVENUE 4 # 12 - 1055
Address complement	-
Postcode	560618
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	Side Swipe
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	Male

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 08.06.2023 AT ABOUT 1200HRS I WAS DRIVING VEHICLE A SHA8352G FETCHING MY PASSENGER TO ANSON ROAD. VEHICLE A WAS FROM NORTH BOUNA VISTA TOWARDS AYE/ CITY. AT THE SLIP ROAD, VEHICLE B SHC6794S LEFT SIDE SWIPE VEHICLE A LEFT FRONT. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHC6794S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM TIT TUAY JEFF
NRIC No	SXXXX612Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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 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) Collectively the "Purposes"
 - (c) 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
 - (d) 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 08.06.2023. 1440HRS

 FLASH ACCIDENT
REPORTING OFFICER
KYMI


Witnessed by Reporting Centre Personnel

A - SHA8352G	
B - SHC6794S	
FROM NORTH BOUNA VISTA TOWARDS AYE / CITY	

Describe Circumstances of the Accident

ON 08.06.2023 AT ABOUT 1200HRS I WAS DRIVING VEHICLE A SHA8352G FETCHING MY PASSENGER TO ANSON ROAD. VEHICLE A WAS FROM NORTH BOUNA VISTA TOWARDS AYE/ CITY.
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 SCENE PHOTOS TAKEN.
 PARTICULARS TAKEN.
 NO HANDPHONE EXCHANGED.

Declaration

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 08.06.2023. 1445HRS

**FLASH ACCIDENT
 REPORTING OFFICER
 KYMI**



 Witnessed by Reporting Centre Personnel