



## CITYCAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHA8081M

DATE 29.07.2023

MAKE/REG 28.07.2021

MODEL : HYUNDAI IONIQ G3

CHIANG/INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR WHHEL CAP LH			<i>act</i> \$346.40
	SUB TOTAL			\$346.40
	LESS 20%			\$69.20
	DISCOUNTED TOTAL			\$277.12
1	REAR PETROL STICKER			<i>act</i> \$25.00
				\$22.50
	Labour Charge			✓ \$350.00
	Panel Beating			✓ \$600.00
	Spray Painting Charge			✓ \$950.00
	TOTAL LABOUR			\$950.00
	ESTIMATE TOTAL			\$1,249.62
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.				

Tanji 97495749  
 up' 218/73 C 430pm  
 -2 days  
 4/5 Resurvey after repair  
 Tanji & Khumtawin

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:

Date/Time: 02.08.2023 12:58

Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order: 5906396

JC NO305562509

STOMER

REGN NO:

SHA8081M

MILEAGE

MS CITYCAB PTE LTD

7010070

STOMER NO.

DRESS 383 SIN MING DRIVE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

Singapore SINGAPORE 575717

MODEL

IONIQ(G3)

DATE/TIME IN 02.08.2023 11:30

(R) 65551188

(O)

YR OF MANU

28.07.2021

TARGET DATE

(P)

CHASSIS CODE

KMHC851CVLU183150

COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

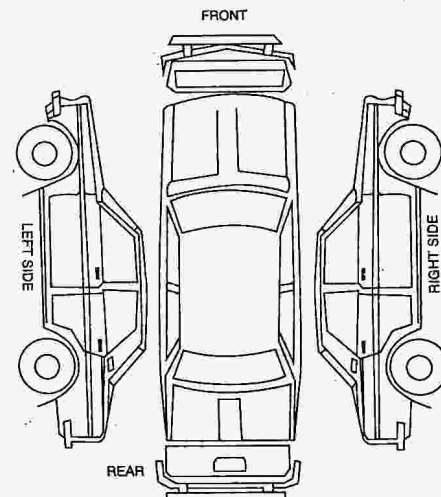
Accident Date: 29.07.2023

NATURE: 3P 29.07.2023

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHA8081M

CHIANG

Vehicle No.:

SHA8081M

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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 First Submission	31/07/2023 19:18 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2023 16:05 (SGT)
Exact Location of Accident	Tanglin Rd, Singapore
Additional Location Information	TOWARDS ORCHARD ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8081M
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) +65-91711610
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	SEE SOO KING
NRIC No	SXXXX505A
Date Of Birth	30/01/1960
Occupation	Outdoor



Date Of Driving Pass	23/12/1981
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91711610
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 538 UPPER CROSS STREET # 18 - 263
Address complement	-
Postcode	050538
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)	4
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

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

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 29.07.2023 AT ABOUT 1605HRS I WAS DRIVING VEHICLE A SHA8081M FETCHING MY PASSENGERS ORCHARD ROAD.  
VEHICLE A WAS ON THE RIGHT LANE OF TANGLIN ROAD TOWARDS ORCHARD ROAD.  
VEHICLE B,SFP2018G ON MY LEFT CUT INTO MY LANE AND SIDE SWIPE VEHICLE B RIGHT FRONT ONTO VEHICLE A LEFT  
REAR.  
PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM 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 IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SFP2018G
Vehicle Manufacturer	Honda
Vehicle Model	Odyssey
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KUO YI
NRIC No	SXXXX633D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
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 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]*

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI



Policyholder's Signature / Date & Time

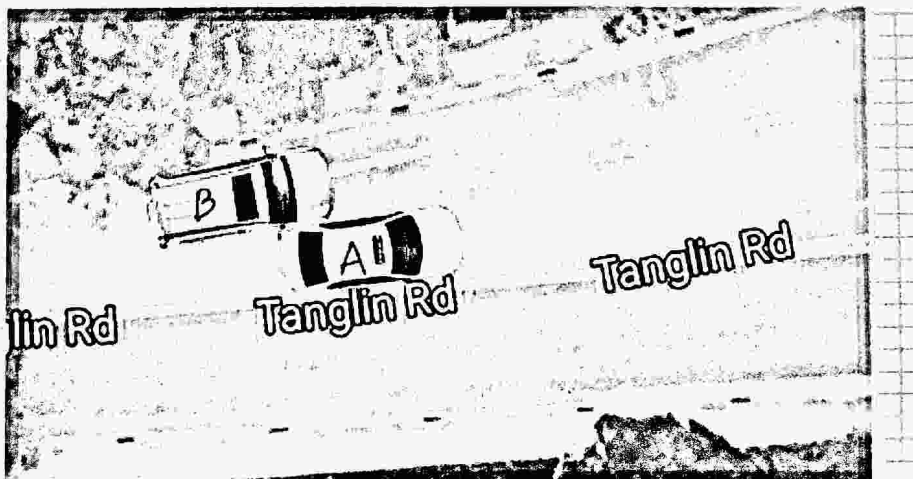
Driver's Signature (If driver is not the policyholder) / Date & Time  
31.07.2023. 1050HRS

Witnessed by Reporting Centre Personnel

## Sketch Plan

A - SHA8081M

B - SFP2018G



Describe Circumstances of the Accident

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 VEHICLE B SFP2018G ON MY LEFT CUT INTO MY LANE AND SIDE SWIPE VEHICLE B RIGHT FRONT ONTO VEHICLE A LEFT REAR.  
 PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION.  
 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 31.07.2023. 1100HRS

FLASH ACCIDENT  
 REPORTING OFFICER  
 KYMI



Witnessed by Reporting Centre Personnel