

ASS. REC. BY: Taujiah

REF: CS/SMR24/20386/TqP3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD 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

Sal. or Market Value: d 185K

IDAC Accident Rport _____ Consistent? : Yes or No

GIA / PR Seent _____ 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: Mei Yun

Vehicle: IN / OUT

Veh No: SNT2885D Yr Regn: 2024 09

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

Truck / Trailer or

Make: Toyota Sienta Hybrid 1490

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 17515 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD BBB A36 0 L 00 1837

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 185 / 65R15

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 26/12/24

Survey held at Borneo Pandan

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.S.: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

- Add Fee:
- : Site Insp (\$ _____)
 - : Interview (\$ _____)
 - : Tech. Invs (\$ _____)
 - : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS: SI	_____
Photos	_____
Others	_____
TOTAL	_____



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no.: 6631 1188



TOYOTA

ESTIMATE

Account Details			Account No.		Customer Details				
THIRD PARTY CLAIM			S1000020 / TPCLAIM		M/S Grab Rentals Pte. Ltd 3 Media Close #01-03/06 Singapore 138498 Work: 65703925				
			Document No.						
			0						
			Document Date						
			23/12/2024						
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks		
2024	MXPL10R	MWXNB S2	25/09/2024	SNT2885D	0	35738	75/DS/SNT2885D		
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On		
JTDBBBA360L001837		M15AZ043586	60	Ng Mei Yen	--/--/----		0.00 --/--/----		
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount	
1	Z	BP-GRAB-DS SUNDRIES - FLASH ARRIVE: DD/MM/YY 0000HR TP VEH NO.: SHB1120A ACC DATE:22/12/24 DRIVE IN:23/12/24 EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORIZED ON:						30 100.00	
2	B	BP-LAB2 CHECK WIRING SYSTEM						198.00	
3	B	BP-LAB2 REPL ACC AFF AREA						1584.00	
4	B	BP-RES2 RESPRAY ACC AFF AREA						1312.00	
5	1	U87910-52M00 MIRROR ASSY, OUTER			1.00	1681.50		1681.50	
6	2	U87915-12130 C2 COVER, OUTER MIRROR,			1.00	173.30		173.30	
		<p><i>Tanfiki 97495749/62563561</i></p> <p><i>WP 26/12/24 @ 1515</i></p> <p><i>p/p Resurvey new parts o/day</i></p> <p><i>tanfiki@lkhauto.com</i></p>							
For & on behalf of Borneo Motors (Singapore) Pte Ltd					Customer's Signature			LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> 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 	
					Please acknowledge receipt of vehicle			Change Summary Total 5,048.80 GST 9.00% 454.39 Parts 1,854.80 Labour 3,194.00 Sublet 0.00 Lubrication/Fluid 0.00 Others 0.00 Less 0.00 Amount Due 5,503.19	

Customer Copy

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 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. 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	23/12/2024 11:03 (SGT)
Reported by	Actual Driver
Date of Accident	22/12/2024 09:15 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNT2885D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-96328254
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	HYBRID STANDARD
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	Private hire
Transmission	Auto
CC	1490
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDBBBA360L001837
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_03

DRIVER

Name of Driver	LIM KWANG NYAR (LIN GUANGYING)
NRIC No	SXXXX039D
Date Of Birth	24/03/1973
Occupation	Outdoor
Driving Pass Date	26/01/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96328254
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	15 FARRER PARK ROAD #29-41
Address complement	-
Postcode	210015
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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO: T/20241222/2026

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1120A
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS HYBRID 1.8 CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-98635423
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

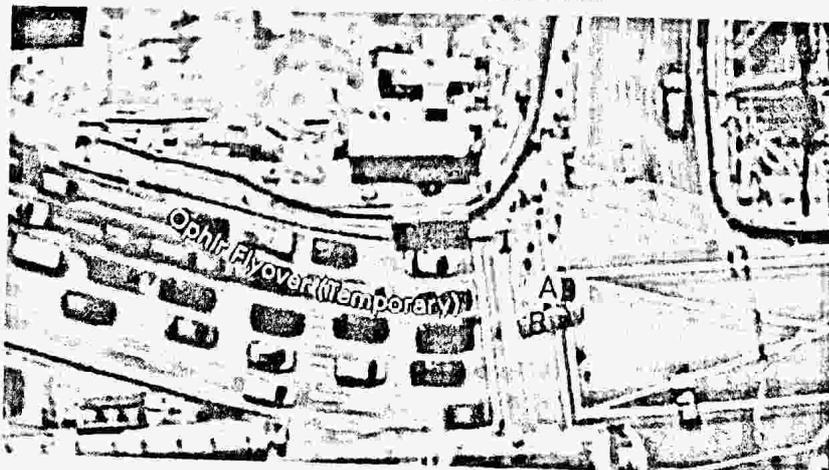
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

22 DEC 2024
1300HRS



OPHIR ROAD
A-SNT2885D
B-SHB1120A

Describe Circumstances of the Accident

AS PER POLICE REPORT NO: T/20241222/2026

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
22 DEC 2024
1300HRS

 CARAVINTAN

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20241222/2028

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20241222/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2024 11:39	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: LIM KWANG NYAR		Address: 15 FARRER PARK ROAD #29-41 SINGAPORE 210015	
ID Type / ID No.: NRIC NO / S7311039D		Contact No.: Home/Office:	Mobile: 98280332
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 24/03/1973	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: PRIVATE HIRER DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

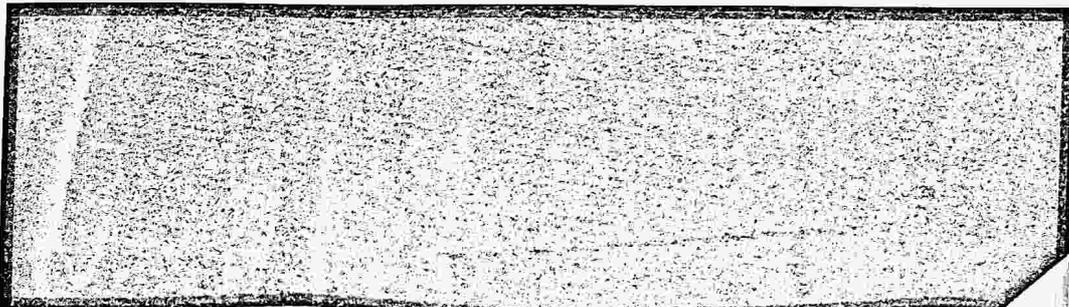
Type of Accident: Non-injury	Drink Drive: No	Date/Time of Accident: 22/12/2024 09:15	Type of Location: Junction
Location: OPHIR RD			
Weather: Clear		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1120A	Taxi				No Damage	1
SNT2885D	Motor car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20241222/2026

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No T/20241222/2026

CONTINUATION OF REPORT

Driver				
Name	MD JOHAN		ID No.	S2013901C
Related Vehicle	NIL		Contact No.	98635423
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL			
No. of Days granted Medical Leave	NIL	Date Discharge	NIL	
Driver			Degree of	NIL
Driver				
Name	LIM KWANG NYAR		ID No.	S7311039D
Related Vehicle	NIL		Contact No.	98280332
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL			
No. of Days granted Medical Leave	NIL	Date Discharge	NIL	
		Degree of	NIL	

Brief Details.

On 22/12/2024 at about 0915hrs, I was driving my vehicle registration plate number SNT2885D with one passenger along Ophir Road towards ECP on the 4th lane. Subsequently, a taxi registration plate number SHB1120A from 3rd lane wanted to turn left towards Beach Road, side swept and hit right side of my vehicle.

Both of them drove forward and stopped at the left side of the road along Ophir Road. I alighted from my vehicle and discovered my right-side mirror was damaged. I made a check on the taxi and no damages. Both of us exchange particulars and decided to claim insurance. I wish to inform that there is built in car camera. Lastly, no one was injured.



**SINGAPORE
POLICE FORCE**



T:202412220026

3 of 3

Report No. T:202412220026

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No. 1800-2949899

CONTINUATION OF REPORT

Signature of Officer Recording The A/ SGT 2 MUHAMMAD SHAHFIEUDIN BIN SIRAJUDDIN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / INSP (1) BOON YEN KIAN Contact No.: 65472079	

Signature Of Informant:	
Date/Time: 22/12/2024 11:39	
Classification Of Case:	

NP188