



**ESTEEM  
PERFORMANCE**

**ESTEEM PERFORMANCE PTE LTD**

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.  
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

**Repair Estimates**

SLF 7531 P

<b>Parts</b>	(a) Cost / List Price Items	\$	<b>9,426.81</b>
	Plus/Less 25%	\$	<b>2,356.70</b>
	<b>Total of Cost / List</b>	\$	<b>7,070.11</b>
	(b) Nett Price Items		
	Less		
	<b>Total of Nett Item</b>		
	(c) Special Nett Items	\$	<b>300.00</b>
<b>Total Parts Cost</b>		\$	<b>7,370.11</b>
<b>Labour</b>		\$	<b>3,350.00</b>
<b>Total</b>		\$	<b>10,720.11</b>

The above total will be subjected to 7% G.S.T.

Name of Surveyor : \_\_\_\_\_  
Company : \_\_\_\_\_  
Survey conducted on : \_\_\_\_\_ at \_\_\_\_\_

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : \_\_\_\_\_ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : \_\_\_\_\_ Date: \_\_\_\_\_



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### Spare Parts

Vehicle No. : **SLF 7531 P**  
Make & Model : **TOYOTA PRIUS**  
Chassis No : **JTDKB3FU703532052**

Submit By : **Carmen Lim**  
Year Manufacture : **2016**  
Engine No. :

### Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Rear windscreen moulding	1	\$97.70		
2	Rear windscreen sealant	1	\$50.00	S.N	
3	Reverse sensor	2	\$200.00	S.N	
4	Rear bumper	1	\$497.50		
5	Rear bumper lower garnish RH	1	\$149.70		
6	Rear bumper lower garnish LH	1	\$149.70		
7	Rear bumper lower garnish centre	1	\$582.60		
8	Rear bumper clip	10	\$40.00		
9	Rear bumper side retainer LH	1	\$112.70		
10	Rear bumper side retainer RH	1	\$112.70		
11	Rear bumper reinforcement	1	\$398.90		
12	Rear bumper tow cover	1	\$31.70		
13	Rear bumper under cover	1	\$355.20		
14	Rear bumper under cover clip	4	\$14.00		
15	Tail door	1	\$1,122.50		
16	Tail door lock	1	\$487.70		
17	Tail door emblem	1	\$61.70		
18	Wording "TOYOTA"	1	\$65.70		
19	Wording "PRIUS"	1	\$61.70		
20	Wording "HYBRID"	1	\$55.47		
21	Tail door glass	1	\$523.70		
22	Tail door glass sealant	1	\$50.00	S.N	
23	Tail end panel	1	\$596.60		

*Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.*

**Spare Parts**

Vehicle No. : **SLF 7531 P**  
Make & Model : **TOYOTA PRIUS**  
Chassis No : **JTDKB3FU703532052**

Submit By : **Carmen Lim**  
Year Manufacture : **2016**  
Engine No. :

**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
24	Tail end panel garnish	1	\$151.60		
25	Tail end panel garnish clip	8	\$24.00		
26	Boot weatherstrip	1	\$353.10		
27	Tail lamp LH - top	1	\$498.75		
28	Tail lamp LH - bottom	1	\$511.60		
29	Tail lamp RH - top	1	\$498.75		
30	Tail lamp RH - bottom	1	\$511.60		
31	Spare tyre well panel	1	\$793.15		
32	Spare tyre board	1	\$566.79		
33					
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*Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.*



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### Labour

Vehicle No. : **SLF 7531 P** Submit By : **Carmen Lim**  
Make & Model : **TOYOTA PRIUS** Year of Manufacture : **2016**

S/No	Labour Description	Estimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER, TAILDOOR, END PANEL, SPARE TYRE WELL PANEL)	\$1,200.00	
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER, TAILDOOR, END PANEL, SPARE TYRE WELL PANEL)	\$1,200.00	
3	To check wiring	\$50.00	
4	To remove & refit reverse sensor	\$120.00	
5	To tuff coat	\$150.00	
6	To remove & refit rear windscreen to assist work load	\$120.00	
7	To remove & refit spare tyre, spare tyre board, carpet trim to assist work load.	\$150.00	
8	To transfer boot mechanism to new boot	\$120.00	
9	To conduct water leakage tests to ensure proper air and sealing	\$120.00	
10	To remove & refit taildoor glass to assist work load	\$120.00	

*Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.*

## 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 Authorised 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 ability.
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 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 Report	21/11/2017 12:38
Date Of Accident	20/11/2017 16:45
Exact Location Of Accident	ANCHORVALE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7531P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90777736
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	ONG BENG JIN
NRIC No	S7779620G
Date Of Birth	04/12/2001
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2001
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93830356
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 178A RIVERVALE CRESCENT #17-461
Postcode	541178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRED
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLOUDY
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NPP
Police Station Address	ROAD: 263 TAMPINES STREET 21 #01-138 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER AS POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDA5313L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG BENG JIN
NRIC/Passport Number	S7779620G
Contact Number	93830356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJE8765D

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver TAN HSIEN LOONG

NRIC/Passport Number S7641186G

Contact Number 91459553

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF INJURED PERSON 1

Name ONG BENG JIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLF7531P

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### 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 Authorised 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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

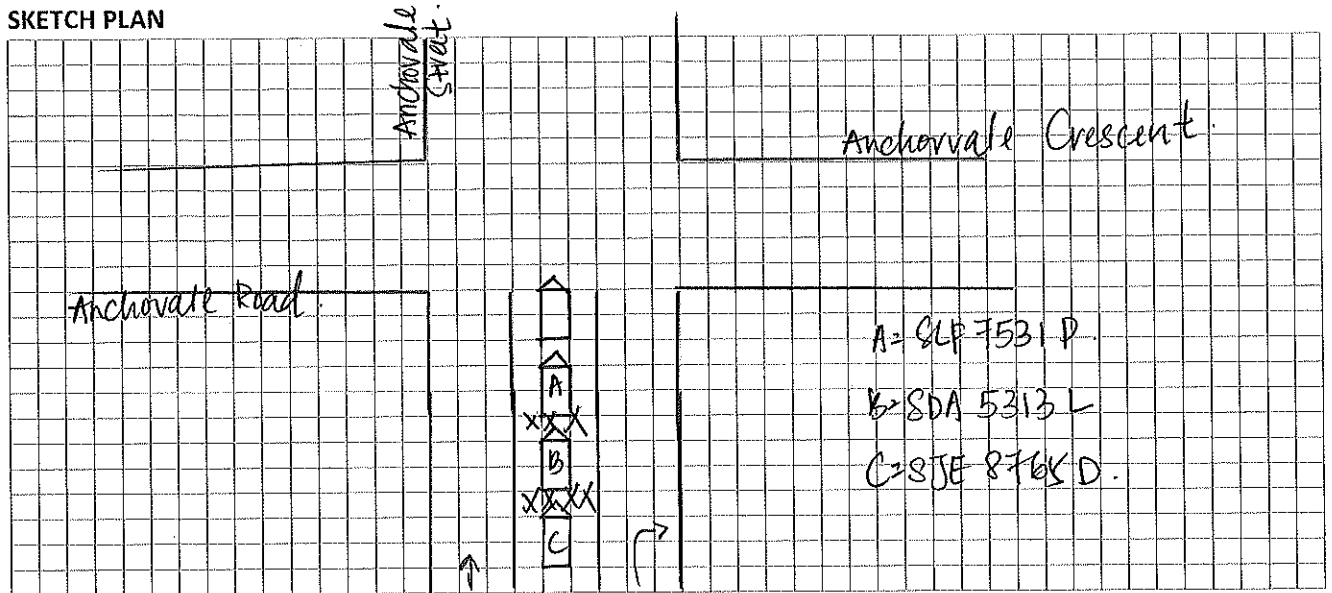
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer as police report.

## DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20171120/2147

1 of 4

Report No. T/20171120/2147

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/11/2017 20:05	Vide Report No.:	Station Diary No.: 51
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**Informant's Particulars**

Name of Informant: ONG BENG JIN	Address: APT BLK 178A RIVERVALE CRESCENT #17-461 SINGAPORE 541178		
ID Type / ID No.: NRIC NO / S7779620G	Contact No.: Home/Office: Mobile: 93830356		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 40	Date of Birth: 08/10/1977	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2017 16:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANCHORVALE ROAD ANCHORVALE STREET				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDA5313L	Car	HONDA	CROSSROAD 1.8 A	Black	Slightly Damaged	0
SJE8765D	Car	HONDA	FIT 1.3G SKYROOF A	Black	Seriously Damaged	0
SLF7531P	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	2



# SINGAPORE POLICE FORCE



T/20171120/2147

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Report No. T/20171120/2147

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HSIEN LOONG	ID No.	S7641186G
Related Vehicle	SJE8765D (Car)	Contact No.	91459553
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ONG BENG JIN	ID No.	S7779620G
Related Vehicle	SLF7531P (Car)	Contact No.	93830356
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 20/11/2017 at about 1645hrs, I was driving along Anchorvale Street towards Fernvale. I had two passengers on board.

I was at the cross junction of Anchorvale Street and Anchorvale Road. I noticed that the car in front of me had slowed down and I had applied my brakes as well. When I saw that the car in front of me had moved off, I had begun to accelerate as well.

All of a sudden, there was an impact from the rear. I had alighted to make a check and saw that another vehicle had rear ended me. There were two other vehicles involved in the accident, SDA5313L (Mr Yang H/P : 96710421) and SJE8765D. There were no visible injuries at that point of time.

Traffic police was also at scene. We had exchanged our particulars and went on our way.

After sending my passengers home, I felt ache in my neck and back and as such went to Sunshine Clinic for outpatient treatment and I received 5 days of medical leave.

My car suffered damages to the rear as a result of the accident.



**SINGAPORE  
POLICE FORCE**



T/20171120/2147

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Report No. T/20171120/2147

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 2 BRYAN LIM GHIM SONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN

Contact No.: 65476213

SN 102

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:  
20/11/2017 20:05

Classification Of Case: