



## 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.esteempert.com.sg](http://www.esteempert.com.sg)

### Repair Estimates

SLH 7035 U

<b>Parts</b>	(a) Cost / List Price Items	\$	<b>5,117.30</b>
	Plus/Less 25%	\$	<b>1,279.33</b>
	<b>Total of Cost / List</b>	\$	<b>3,837.98</b>
	(b) Nett Price Items		
	Less		
	<b>Total of Nett Item</b>		
	(c) Special Nett Items		
<b>Total Parts Cost</b>		\$	<b>3,837.98</b>
<b>Labour</b>		\$	<b>1,300.00</b>
<b>Total</b>		\$	<b>5,137.98</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. :	<b>SLH 7035 U</b>	Submit By :	<b>Carmen Lim</b>
Make & Model :	<b>TOYOTA PRIUS</b>	Year Manufacture :	<b>2016</b>
Chassis No. :	<b>JTDKB3FU603537436</b>	Engine No. :	

## Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Headlamp RH	1	\$2,631.70		
2	Front bumper	1	\$470.80		
3	Front bumper clip	10	\$40.00		
4	Front bumper reinforcement	1	\$721.40		
5	Front bumper side retainer RH	1	\$92.30		
6	Front bumper bracket RH	1	\$124.70		
7	Front bumper sponge	1	\$125.70		
8	Fog lamp RH	1	\$910.70		
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under 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	02/01/2018 18:22
Date Of Accident	31/12/2017 08:25
Exact Location Of Accident	CASSIA CRES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7035U
<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

### Vehicle Particulars

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 HIRE

### 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	CHOY CHEE MENG (CAI ZHIMING)
NRIC No	S7906520Z
Date Of Birth	01/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2012
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90170179
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 177 YUNG SHENG RD #03-113
Postcode	610177
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRTER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER AS ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP7446A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK MEOW LING CHRISTINA
NRIC/Passport Number	S7838637A
Contact Number	9873 1147
Address	BLK 56 CASSIA CRESCENT #06-19
Postcode	391056
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

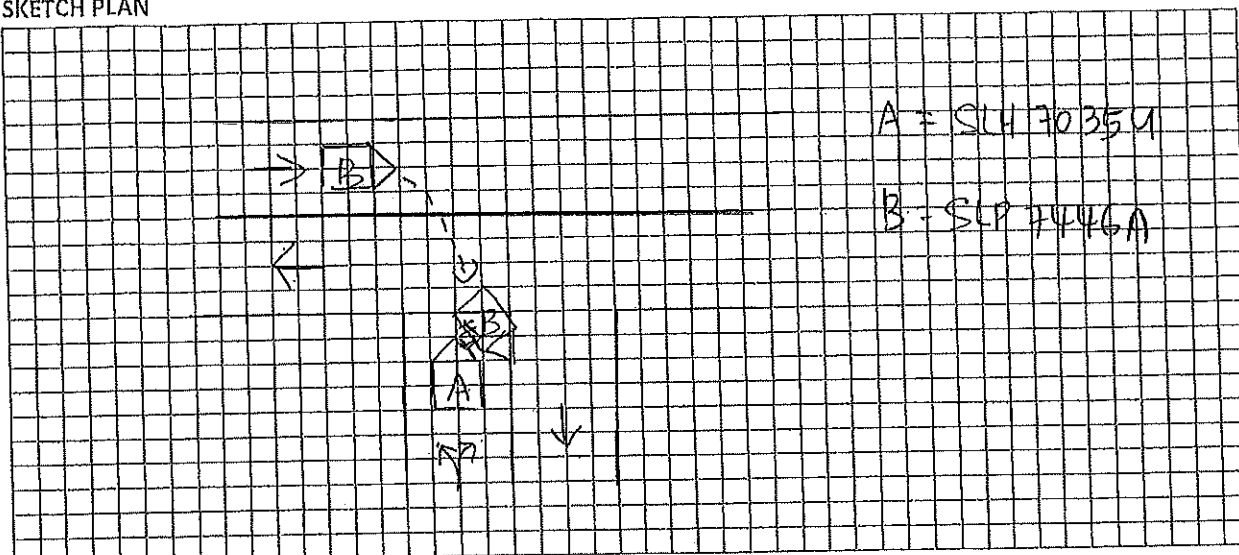


Policyholder's Signature  
Date & Time:

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

on 31/12/17 @ 8:25am, I was picking up my passenger at Cassia Cres towards Limau Garden. I stop at the "T" Junction Rd and out of sudden, vehicle SLP 7446A over steer into my lane, hit onto my RH side front portion.

## 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.: