

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

Your Ref: SHC 3744 G Our Ref: SLJ 1690 G

Date:

28-03-18

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street #04/05 10B Building Singapore 049711

RE

: ACCIDENT INVOLVING

SLJ 1690 G & SHC 3744 G

ACCIDENT DATE

11-02-2018

ACCIDENT ALONG

AMK STREET 52

We are the workshop for the owner of motor vehicle no: SLJ 1690 G which was involved in the captioned accident. The vehicle was surveyed by an independent appraiser and the claims below are based on its recommendation sum being for the repair cost and the period of repair (Strictly on a Without Prejudice Basis)

As the accident was caused by the negligent act of your insured SHC 3744 G we are submitting these claims for your consideration.

1	Cost of repair	S \$	856.00
2	Loss of rental 2 days @ \$ 79.95 / day	S \$	159.90
3	Surveyor Fee	S \$	0.00
4	GIA report fees (S\$ 15.00 for search fee & S\$ 14.00	S \$	0.00
	for each report fee)		
5	LTA Fee	S \$	7.45
		S \$	1,023.35

We enclosed herewith the following documents to support the claims:-

- a) Authorization letter
- b) Final repair bill(s)
- c) LTA search
- d) GIA report(s) / result
- e) Insurance certificate,etc.....

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible. Thank you.

Yours faithfully

Cauhen/Lim

Claims Executive

Email: carmen@esteemperf.com.sg



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Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg
GST Registration No: 20-0005485-N CO Registration: 200005485N

M/S: INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street

#04/05 10B Building

Singapore 049711

ATTN: Motor Claim Department

Your Ref No:

: SHC3744G

Claim Type: Accident Date: Third Party 11/02/2018

TP Veh Reg No: SHC3744G

D

Claim No: CER1300813

Date:

28 Mar 2018

CIV1301025

Policy No:

Final No:

Veh Reg No:

SLJ1690G

Make/Model:

TOYOTA PRIUS

HYBRID 1.8S

Chassis No:

JTDKB3FUX03537939

Engine No:

2ZRR965004

Reg. Date:

Tax Invoice to Vehicle No: SLJ1690G

PAGE:

			PAGEN
Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPECIAL NETITEMS:	1 PC	S\$ 800.00	S\$ 800.00
REFER TO LKK - KENNETH			
STB VEV/INSPECTION REPORT			

SURVEY/INSPECTION REPORT AS LUMP SUM REPAIRS (INCL. PARTS & LABOURS)

> Total Add GST @, 7%

S\$ 800.00 56.00

Total Amount payable

S\$ 856.00

TOTAL: SINGAPORE DOLLAR EIGHT HUNDRED FIFTY SIX ONLY The above vehicle was surveyed by LKK - KENNETH on 05/03/2018

For Esteem Performance Pte Ltd

E. & O. E.

AUTHORISED SIGNATUR



Our Ref: GR-ACC-2017-02

1st Nov 2017

Esteem Performance Pte Ltd Blk 5033 Ang Mo Kio Ind Park 2 #01-259 Singapore 569536 **Mailing Address**

18 Sin Ming Lane, #01-08 Midview City, Singapore 573960 Co. No. 201617200G

To whom it may concern,

Re: Vehicle Rental Rates for Loss of Rental Claims.

With regards to the above subject matter, we are pleased to inform you our Grab Rental rate for our various vehicles which are as follows:

S/No.	Make & Model	Daily Rental Rates (S\$)
01	Toyota Prius 1,798cc, 90kw, 120bhp, Automatic	\$ 79.95
02	Mazda 3 1.5 (A) Sedan	\$ 66.95
03	Nissan Qashqai 1.2L	\$78.95
04	Honda Vezel 1.5L	\$77.95
05	Honda Vezel 1.5L Hybrid	\$84.95
06	Toyota Vios 1.5L	\$66.95

Please note that the above stated rate is our daily rental rate to our drivers. For your necessary actions on third party accident claims on loss of rental.

Yours faithfully,

Tay Chee Wee Grab Rental Pte Ltd



ESTEEM PERFORMANCE PTE LTD

M/S: INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street

#04/05 10B Building

a, orogin

Singapore 049711

ATTN: Motor Claim Department

Your Ref No:

Claim Type:

SHC3744G Third Party

Accident Date: 1

11/02/2018

TP Veh Reg No: SHC3744G

Final No:

CIV1301025

Claim No:

CER1300813

Date:

28 Mar 2018

Policy No:

Veh Reg No:

SLJ1690G

Make/Model:

TOYOTA PRIUS

HYBRID 1.8S

Chassis No:

JTDKB3FUX03537939

Engine No: Reg. Date:

2ZRR965004

Tax Invoice to Vehicle No :SLJ1690G

PAGE:1

 Description
 | Quantity |
 List Price
 Amount

 S\$
 S\$
 S\$

 SPECIAL NETITEMS:
 1 PC
 S\$ 800.00
 S\$ 800.00

 REFER TO LKK - KENNETH
 S\$ 800.00
 S\$ 800.00

REFER TO LKK - KENNETH SURVEY/INSPECTION REPORT

AS LUMP SUM REPAIRS (INCL. PARTS & LABOURS)

Total S\$ 800.00

Add GST @ 7%

56.00

Total Amount payable

S\$ 856.00

TOTAL: SINGAPORE DOLLAR EIGHT HUNDRED FIFTY SIX ONLY

The above vehicle was surveyed by LKK - KENNETH on 05/03/2018

For Esteem Performance Pte Ltd

E. & O. E.

AUTHORISED SIGNATU

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 witholding 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 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

	ACCIDENT STATEMENT
Date Of Report	12/02/2018 16:17
Date Of Accident	11/02/2018 16:45
Exact Location Of Accident	ANG MO KIO STREET 52
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ1690G
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD

Email Address Mobile Phone No

Co Reg No

Alternative Phone No

Phone No OFFICE-90777736

Vehicle Particulars

Manufacturer TOYOTA

Model PRIUS HYBRID-1.8 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

201617200G

NOEMAIL

Vehicle Category

PRIVATE HIRE

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

YES

Policy Number

Cover Note Number

Driver

Name of Driver

NG YONG CHIN

NRIC No

S1795639F

Date Of Birth

29/10/1967

Occupation

OUTDOOR

Date Of Driving Pass

19/09/1993

Driving Experience 24 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98594390

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 116 BUKIT BATOK WEST AVENUE 6 #03-214

Postcode 650116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? N

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER AS ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Mae there any audio recorded?

Was there any audio recorded?

YES

NO

NO

NO

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3744G
Vehicle Make/Model/Colour HYUNDAI

Details Of Properties

Vehicle Category TAXI

Name of Driver YEO TOON KIANG

NRIC/Passport Number S0462307Z

Contact Number

Address BLK 275D COMPASSVALE LINK #11-238

Postcode 544275

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

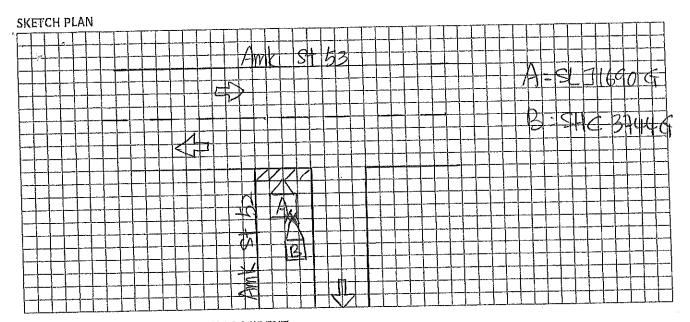
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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.:



On 11/2/18 @ 4:45pm, I was travelling along Ang mo keo st swards 3t 53.1'm Stop at the T'Junction' All of Suddenly, Vehicle SHC37.	SCRIBE CIRC	LCUMS	STANC	ES OF	THE A	CCIDEN	u 1			.			~ <u>~~</u>	-		
			<u>on</u>	11/2/	18 @	9 4:0	45pw	1 , <u>I</u>	wgs	trave	ling	alone) Ang	S MO 1	(10 S	+ 52
Pathind me hit outs my Rear RH portion.	bwards	st l	53.1	m s	3top	at ·	the	7 ⁴ J0	ınctio	1" - Al	of	Suld	ouly,	Vehicle	946	<u> 3744</u>
	behind m	ne l	hif c	ohto_	mY	Rear	Ŕӊ	l porti	oh -			J. 20. N. V.				
	14						1977									
			· · · · · · · · · · · · · · · · · · ·									Marilla .				

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.:



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 20 Feb 2018 / 15:12:06

Receipt Date/Time: 20 Feb 2018 / 15:12:06

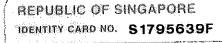
Tax Invoice/Receipt

Receipt No.: ITNET-00000-180220-001351

Previous Receipt No. :				
S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLE6050Y		GG1 (GQ)	(04)	(04)
As at 09 Feb 2018/14:45:00				
Insurance Co: FWD SINGAPORE PTE, LTD),			
1 Insurance Enquiry - SLE6050Y Enquiry Fee		7.00	0,49	7.49
20180220150932314990	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - XD6359X	oub rotal	7.00	0,10	,,,,
As at 14 Feb 2018/09:10:00	· NIGHT LUCE LUCE			
Insurance Co: GREAT EASTERN GENERA Insurance Enquiry - XD6359X	L INSURANCE LIMITED			
Enquiry Fee		7.00	0.49	7.49
20180220150932347413				
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - FBG4944P As at 10 Feb 2018/22:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
3 Insurance Enquiry - FBG4944P				
Enquiry Fee		7.00	0.49	7.49
20180220150932383253	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SHC3744G	Sup-Total	7.00	0.43	7.43
As at 11 Feb 2018/16:45:00				
Insurance Co: INDIA INT'L INS PTE LTD				
4 Insurance Enquiry - SHC3744G				
Enquiry Fee 20180220150932421921		7.00	0.49	7.49
20 100220130332421321	Sub-Total	7,00	0.49	7.49
	Total Before Rounding	28.00	1.96	29,96
	Rounding Difference			0.01
	Total Amount Payable			29,95
	Paid By			
	20180220151109904	Direct Debit: eN (Internet Bankin		29.95
	Total			29.95
	Cash Change			0.00
	Tendered Amount			29.95
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.





Name

NG YONG CHIN



黄阳

CHINESE Date of birth

Date of birth 29-10-1967 Country of birth SINGAPORE



