

GST / ROC Company No:

201101753C

Third Party Insurer:

INDIA

Insured's Veh No:

SH8184H

Date of accident:

15/03/2018

Grab Rentals Pte Ltd 18 Sin Ming Lane #01-08 Midview City Singapore 573960

Quotation No: AR/QO18/03-1021

Quotation Date:

16/03/2018

Estimate To Repair

MAZDA 5

Vehicle No:

SLV1875C

Chassis No:

JM6CW1071H0126624

		Pa	ges: 1 of 1
S/NO	QUANTITY	DESCRIPTION	AMOUNT
		SPARE PARTS	
1	1PC	REAR BUMPER	\$960.50
2	2 PC	REAR BUMPER SIDE RETAINER @\$58.5	\$117.00
3	10 PC	REAR BUMPER CLIPS @\$5.50	\$58.00
4	1 PC	REAR BUMPER TOP GARNISH	
5	1PC	REAR BUMPER REFLECTOR RH	\$55.00
6	1 PC	REAR BUMPER REINFORCEMENT	\$185.80
7	1 PC	REAR TAIL LAMP RH	\$605.30
8	1PC	REAR END PANEL	\$495.50
9	1PC	END PANEL TOP GARNISH	
10	8 PC	TOP GARNISH CLIPS	
11	1PC	REAR GATE	\$1,550.80
12	1 PC	REAR GATE LOCK	\$325.50
13	1PC	REAR GATE LOGO	\$65.00
14	1PC	REAR GATE "MAZDA" PLATE	\$55.50
15	1PC	REAR GATE "5" PLATE	\$45.00
16	1PC	REAR GATE "SKYACTIVE TECHNOLOGY" PLATE	\$115.50
17	1 PC	REAR GATE LAMP RH	\$429.90
			\$5,064.30
		LESS 20%	\$1,012.86
			\$4,051.44
		MISC ITEMS	
1		REAR NUMBER PLATE	\$40.00
2		REAR REVERSE SENSOR	\$250.00
3		REAR WINDSCREEN GUM	\$60.00
		Total	\$350.00
		LABOUR & MISC. CHARGES	_
1		WIRE CHECKING	\$20.00
2		REMOVE & REFIX REAR WINDSCREEN	\$120.00
3		CAVITY PROTECTION ON ALL AFFECTED AREAS	\$100.00
4		LABOUR CHARGE	\$800.00
5		SPRAY PAINTING	\$800.00
	I	L	1
		Total	\$1,840.00



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		311100V1371110120021	Pages :	1 of 1
S/NO	QUANTITY	DESCRIPTION		AMOUNT
S/NO	QUANTITY	Sub Total GST (7.00%) Total	Pages:	1 of 1 AMOUNT \$6,241.44 \$436.90 \$6,678.34

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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 aforesaid.

TO MICE HE TO THE PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	16/03/2018 14:08
Date Of Accident	15/03/2018 09:10
Exact Location Of Accident	TPE TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV1875C
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85039141
Alternative Phone No	OFFICE-85039141
Vehicle Particulars	
Manufacturer	MAZDA
Model	5
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29069766MKF
Cover Note Number	
Driver	
Name of Driver	NURHANAFI BIN JOHARI
NRIC No	S7443929B
Date Of Birth	15/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2003
Driving Experience	15 YEARS AND 0 MONTHS

MALE

(LOCAL) +65-85039141

HONDAVTECSG@YAHOO.COM.SG

Address

Postcode

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

OTHER - HIKEK

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? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

1

If Yes, Please state which Police Station

Police Station Name

TAMPINES N.P.C

Police Station Address

ROAD: TAMPINES N.P.C, POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO: (T/20180315/2168) ON 15/03/2018, AT ABOUT 9:10AM, I WAS DRIVING ALONG EXIT OF TAMPINES EXPRESSWAY, SLIP ROAD TOWARDS PUNGGOL ROAD WITH NO PASSENGER ON BOARD. AT THAT POINT OF TIME, THE WEATHER WAS CLEAR, ROAD SURFACE WAS DRY, AND TRAFFIC VOLUME WAS HEAVY. AS THERE WERE TWO CARS IN FRONT OF ME THAT HAD CAME TO A COMPLETE STOP TO GIVE WAY TO A BUS COMING OUT OF THE BUS LANE, AS SUCH I HAD ALSO COME TO A COMPLETE STOP. SUDDENLY, A TAXI FROM THE REAR HAD COLLIDED RECORDING IN MY CAR. NO AMBULANCE OF TRAFFIC POLICE ATTENDED TO US AS NO INJURIES AS THAT POINT OF TIME. THE DAMAGES OF MY CAR WERE REAR BUMPER DENT AND SCRATCHES, AND REAR RIGHT REFLECTIVE LIGHT AT THE REAR WAS BROKEN. I HAD FELT PAIN ON MY NECK AND FELT GIDDY AS SUCH I HAD WENT TO SPEAK MEDICAL CONSULTATION AND WAS GIVEN 4 DAYS MEDICAL CERTIFICATE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: YES-RETRIEVING

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8184H

Vehicle Make/Model/Colour HYUNDAI/ I40 1.7L/BLUE

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG ZE HO TEDDY

NRIC/Passport Number S8335151I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

NURHANAFI BIN JOHARI

Approximate Age

Injuries Sustain

NECK PAIN AND FELT GIDDY

Injured person in which vehicle?

SLV1875C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

Y Please report correctly the details of the accident to speed up the claims process.
This Form must be completed by the Policyholder and/or the Authrolised Driver.
Information provided must be as trustful and accurate as possible. Any withit misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
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 application by interested parties.
By the lodgement of this report to the insurers, you nereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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 detarpersonal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collect/vely the Personal Information of and disclose and (ransfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collect/vely referred to as the Insurers is inspecially and firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) in the cases.

(b) involved in this accident and/or my claims.

- the claims.

 It investigating the accident and/or my claims.

 It investigating the accident and/or my claims.

 It carrying out and/or dealing with my instructions or responding to any enquines by me.

 It carrying out and/or dealing with my instructions or responding to any enquines by me.

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 It carrying out and/or dealing with my claims.
- declosure of certain personal data about me to bring about delivery of the same as well as on the extention of the personal data about me to bring about delivery of the same as well as on the extention of the extention of the same as well as on the extention of the same (collectively the "Purposes")

 (b) all insurers) who have insured vehicle(s) involved in this accident and the Insurers lawyers have firms, may are permitted to collect, use disclose and/or process my Personal information for one or more of the above Purposes, and

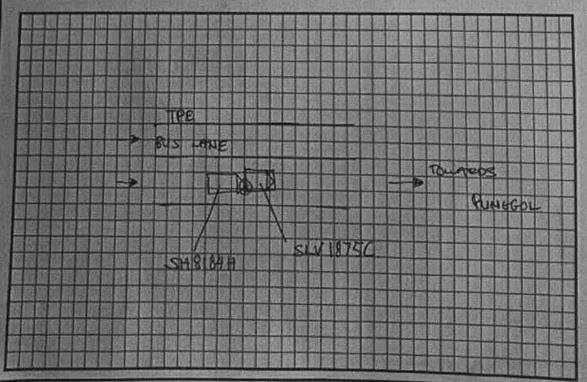
 (c) my Personal information may can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Dale & Time Driver's Signature (if dr

yer a not the policyholder) / Date & Time Witnessed by Reporting Centre

Sketch Plan







1 cf 3

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20180315/2168

REPORT OF A TRAFFIC ACCIDENT

Date/Time 15/03/2018	•	ide:	Vide Report No.: Station Diary No 89				
Informant'	s Particul	ars					
Name of In	formant:		Address:				
NURHANAFI BIN JOHARI			APT BLK 158 HOUGANG STREET 11 #02-03 SINGAPORE 530158				
ID Type / ID No.:			Contact No.:				
NRIC NO / S7443929B			Home/Office:	Home/Office: Mobile: 85039141			
Nationality:			Email:				
SINGAPOR	RE CITIZE	N			a 7		
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	43	15/11/1974	Driver				
Race:			Language: Institution / School Name:				
Chinese			English				
Occupation:			Driving Licence Information:				
GRAB DRIVER			Class: 2B,2A,2,3 Date of Expiry:				

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/03/2018 09:10	Type of Location:	
Location:		.,		,	
TAMPINES E PUNGGOL R	XPRESSWAY OAD				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:	1	Traffic Volume:	
				Heavy	
Type of Collis Between Mov	sion: ring Vehicles - Head T	Го Rear		Anyone conveyed by ambulance:	

Details of V	ehicle Involve	ed			EW THE STORY AS THE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH8184H	TAXI	HYUNDAI	140	Blue		0
SLV1875C	Car	MAZDA	5	Red		0

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





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

2 of 3 Report No. T/20180315/2168

Driver		w Supplied		TO REAL		
Name	Ng Ze Ho Teddy			ID No	× 1841	S8335151I
Related Vehicle	SH8184H (TAXI)		(6)	Contact No.		NIL
Hospital/Clinic	NIL		81	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of			
Driver	STATE OF THE PARTY			S YERVE	No.	
Name	NURHANAFI BIN JO	HARI		ID No		S7443929B
Related Vehicle	SLV1875C (Car)	*		Conta	ct No.	85039141
Hospital/Clinic	HORIZON MEDICAL	CENTRE		Class Driving Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/03/2018	-	Date Disc			3/2018
No. of Days granted Medical Leave 04			Degree of			

Brief Details.

On 15/03/2018, at about 9:10am, I was driving along exit of Tampines Expressway, Slip Road towards Punggol Road with no passenger on board. At that point of time, the weather was clear, road surface was dry, and traffic volume was heavy.

As there were two cars infront of me that had came to a complete stop to give way to a bus coming out of the bus lane, as such I had also come to a complete stop. Suddenly, a Taxi from the rear had collided onto the rear of my car. I had alighted to exchange particulars with the driver. There is front in-car camera recording in my car. No ambulance or traffic police attended to us as no injuries at that point of time.

The damages of my car were rear bumper dent and scratches, and rear right reflective light at the rear was broken. I had felt pain on my neck and felt giddy as such I had went to seek medical consultation and was given 4 days medical certificate.





3 of 3

Report No. T/20180315/2168

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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

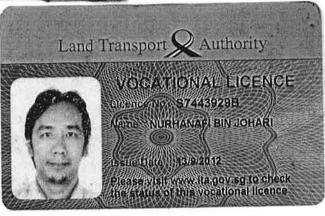
74885 stating the report number as relevence.
Signature Of Informant:
Date/Time:
15/03/2018 19:29
Classification Of Case:
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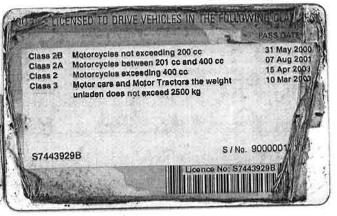
CHINESE' Date of birth 15-11-19.7.4 ountry of birth SINGAPORE











This card is not transferable and is the property of the Land Transport Authority (LTA), it must be surrendered to the LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description TAXI VL

Issue Date 10/09/2009





Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

16 Mar 2018 / 16:59:52

Receipt Date/Time 16 Mar 2018 / 16:59:52

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180316-001704

Previous Receipt No.:

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	7.00	0.49	7.49
Sub-Total	7.00	0.49	7.49
Total Before Rounding	7.00	0.49	7.49
Rounding Difference			0.04
Total Amount Payable			7.45
Paid By			
xxxxxxxxxxxx8065	Credit Card: Visa/MasterCard		7.45
Total			7.45
Cash Change			0.00
Tendered Amount			7.45
Excess Refundable Amount			0.00
	Total Before Rounding Rounding Difference Total Amount Payable Paid By xxxxxxxxxxxxxx8065 Total Cash Change Tendered Amount	Refore GST (S\$) 7.00 Sub-Total 7.00 Total Before Rounding 7.00 Rounding Difference Total Amount Payable Paid By	Refore GST (S\$) 7.00 0.49 Sub-Total 7.00 0.49 Total Before Rounding 7.00 0.49 Rounding Difference Total Amount Payable Paid By xxxxxxxxxxxxxx8065 Credit Card: Visa/MasterCard Total Cash Change Tendered Amount

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.