



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

SLG 6082 U

Parts	(a) Cost / List Price Items	\$ 4,099.35
	Plus/Less 25%	\$ 1,024.84
	Total of Cost / List	\$ 3,074.51
	(b) Nett Price Items	
	Less	
	Total of Nett Item	
	(c) Special Nett Items	
Total Parts Cost		
Labour		\$ 2,420.00
Total		\$ 5,494.51

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: \_\_\_\_\_



## 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.esteemp.com.sg

### Spare Parts

Vehicle No. : **SLG 6082 U**  
Make & Model : **TOYOTA PRIUS**  
Chassis No : **JTDKB3FUX03535835**

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

### Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Rear bumper	1	\$497.50		
2	Rear bumper clip	10	\$40.00		
3	Rear bumper side retainer LH	1	\$112.70		
4	Rear bumper side retainer RH	1	\$112.70		
5	Rear bumper reinforcement	1	\$398.90		
6	Rear bumper lower garnish centre	1	\$582.60		
7	Rear bumper lower garnish RH	1	\$149.70		
8	Rear bumper tow cover	1	\$31.70		
9	Rear bumper under cover	1	\$355.20		
10	Rear bumper under cover clip	4	\$14.00		
11	Tail end panel	1	\$596.60		
12	Tail end panel garnish	1	\$151.60		
13	Tail end panel garnish clip	8	\$24.00		
14	Tail lamp RH - UPPER	1	\$498.75		
15	Tail lamp RH - LOWER	1	\$533.60		
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 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	25/03/2018 13:39
Date Of Accident	25/03/2018 11:00
Exact Location Of Accident	PIE TO KALLANG NEAR CTE/AMK/UPPER SERANGOON EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6082U
<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-66550005

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID
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	LAU HON MUN
NRIC No	S7812763E
Date Of Birth	11/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96898644
Fax Number	
Contact Number	
EEmail Address	DILLAU@SINGNET.COM.SG

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

MR SHAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBK7585B

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Address BLK 630 SENJA ROAD #20-214 SINGAPORE 670630  
 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 -  
 -  
 -  
 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  
 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. NO  
 Number of Passengers (Including Driver) 2  
 Passenger 1

NAME: : DAVID

GENDER: : MALE 9797 3814

#### 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

I WAS DRIVING ALONG PIE TOWARDS KALLANG AREA AND I WAS DRIVING AT THE SECOND LANE. I WAS DRIVING STRAIGHT NORMALLY. SUDDENLY, ME AND MY PASSENGER HEARD SOME SOUND OVER THE REAR SO I DECIDED TO STOP A SIDE TO CHECK. VEHICLE B COLLIDED ONTO MY REAR RIGHT PORTION AND THE RIDER WAS INJURED. AMBULANCE AND MARSHALL CAME BUT RIDER DID NOT CONVEYED TO THE HOSPITAL. WE TOOK PHOTO AND EXCHANGED PARTICULARS.

#### 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 FBK7585B  
 Vehicle Make/Model/Colour YAMAHA/SNIPE T150/RED  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver MR SHAH  
 NRIC/Passport Number  
 Contact Number 90088714  
 Address  
 Postcode  
 Insurance Company Name

### Sketch Plan

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 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 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 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.

#### 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.
- (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 (excluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Handwritten Signature]*

12:39 pm  
25/7/18

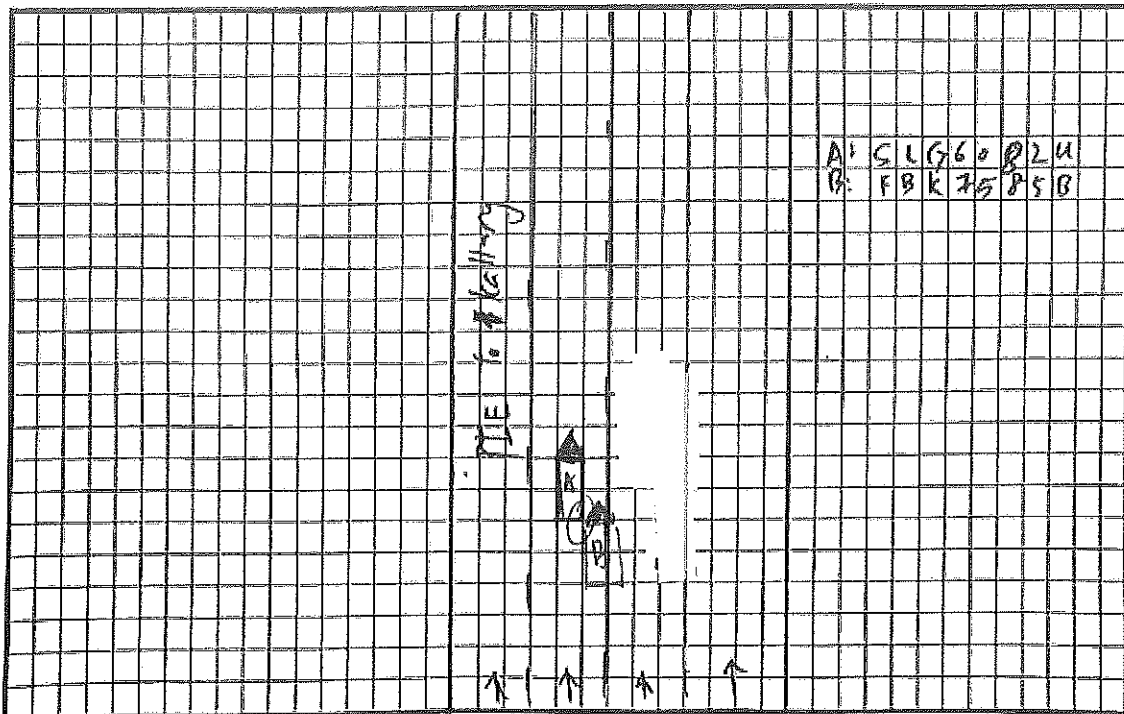
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG PIE TOWARDS KALLANG AREA AND I WAS DRIVING AT THE SECOND LANE. I WAS DRIVING STRAIGHT NORMALLY. SUDDENLY, ME AND MY PASSENGER HEARD SOME SOUND OVER THE REAR SO I DECIDED TO STOP A SIDE TO CHECK. VEHICLE B COLLIDED ONTO MY REAR RIGHT PORTION AND THE RIDER WAS INJURED. AMBULANCE AND MARSHALL CAME BUT RIDER DID NOT CONVEYED TO THE HOSPITAL. WE TOOK PHOTO AND EXCHANGED PARTICULARS.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

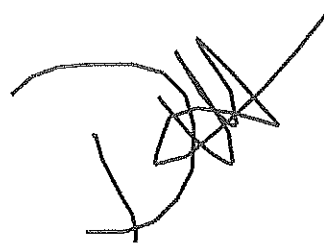
No, Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

25 March 2018 at 12:42 PM

Date/Time:

25 March 2018 at 12:42 PM