



GST / ROC Company No : 201101753C

Third Party Insurer : AXA

Insured's Veh No : SKD2107L

Date of accident : 19/05/2018

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

Quotation No : AR/QO18/05-1020

Quotation Date : 21/05/2018

Estimate To Repair TOYOTA PRIUS

Vehicle No : SLS853M

Chassis No : JTDKB3FU003569783

Pages : 1 of 1

| S/NO | QUANTITY | DESCRIPTION | AMOUNT |
|---------------------------|----------|--|------------|
| <u>SPARE PARTS</u> | | | |
| 1 | 1PC | FRT BUMPER | \$681.00 |
| 2 | 1PC | FRT BUMPER CENTRE LOGO | \$130.00 |
| 3 | 1PC | FRT BUMPER INNER SPONGE | \$115.00 |
| 4 | 1PC | NUMBER PLATE GARNISH | \$70.00 |
| 5 | 1PC | REAR GATE | \$64.00 |
| 6 | 1PC | REAR GATE OUTER GARNISH | \$64.00 |
| 7 | 1PC | REAR GATE OUTER GARNISH "PRIUS" PLATE | \$44.00 |
| 8 | 1PC | REAR GATE OUTER GARNISH "HYBRID" PLATE | \$361.00 |
| 9 | 1PC | REAR GATE OUTER GARNISH CENTRE LOGO | \$295.00 |
| 10 | 1PC | REAR BUMPER (TOP) | \$28.00 |
| 11 | 1PC | REAR BUMPER (LOWER) | \$105.00 |
| 12 | 1PC | REAR BUMPER RETAINER | \$22.00 |
| 13 | 1PC | REAR BUMPER CLIPS | \$861.00 |
| 14 | 1PC | REAR CORNER BUMPER | \$76.00 |
| 15 | 1PC | REAR BUMPER REINFORCEMENT | \$55.00 |
| 16 | 1PC | REAR TAIL LAMP (LOWER) | \$95.00 |
| 17 | 1PC | REAR LH TAIL LAMP (TOP) | \$435.00 |
| 18 | 1PC | REAR END PANEL | \$28.00 |
| 19 | 1PC | REAR END PANEL TOP GARNISH | \$110.00 |
| 20 | 1PC | TOP GARNISH CLIPS | \$570.00 |
| 21 | 1PC | REAR EXHAUST BOX | \$100.00 |
| 22 | 1PC | REAR EXHAUST BOX HEAT SHIELD | \$381.00 |
| | | | \$4,690.00 |
| LESS 20% | | | \$938.00 |
| | | | \$3,752.00 |
| <u>MISC ITEMS</u> | | | |
| 23 | 1PC | REAR WINDSCREEN GUM | \$60.00 |
| 24 | 1PC | REAR GATE GLASS GUM | \$60.00 |
| 25 | 1PC | REAR NUMBER PLATE | \$40.00 |
| 26 | 1PC | REVERSE SENSOR | \$250.00 |
| 27 | 1PC | FRT NUMBER PLATE | \$40.00 |
| Total | | | \$330.00 |

Please conduct the survey at

Pegasus Engineering @ SME c/o 1 Kaki Bukit Ave 6 Autobay@Kaki Bukit #02-15/16/17/18, Singapore 417883

GARY 8338 8418



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| S/NO | QUANTITY | DESCRIPTION | AMOUNT |
|------|----------|---|------------|
| | | <u>LABOUR & MISC. CHARGES</u> | |
| 1 | | WIRE CHECKING | \$30.00 |
| 2 | | REMOVE & REFIX REAR WINDSCREEN | \$120.00 |
| 3 | | REMOVE & REFIX REAR GATE GLASS | \$80.00 |
| 4 | | R & R REAR BOOT UPHOLSTERY TO FACILITATE REPAIR | \$150.00 |
| 5 | | CAVITY PROTECTION ON ALL AFFECTED AREAS | \$120.00 |
| 6 | | REMOVE & REFIX EXHAUST BOX | \$150.00 |
| 7 | | LABOUR CHARGE | \$850.00 |
| 8 | | SPRAY PAINTING | \$900.00 |
| | | Total | \$2,400.00 |
| | | Sub Total | \$6,482.00 |
| | | GST (7.00%) | \$453.74 |
| | | Total | \$6,935.74 |

Please conduct the survey at

Pegasus Engineering @ SME c/o 1 Kaki Bukit Ave 6 Autobay@Kaki Bukit #02-15/16/17/18, Singapore 417883

GARY 8338 8418

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 | 19/05/2018 16:52 |
| Date Of Accident | 19/05/2018 12:40 |
| Exact Location Of Accident | TAN TOCK SENG RD TOWARDS CTE CITY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLS853M |
| Insured/Policyholder | |
| 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 1.8 CVT |
| 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 | TEO WEE HSUEN |
| NRIC No | S9142685D |
| Date Of Birth | 18/11/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/03/2015 |
| Driving Experience | 3 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97718999 |
| Fax Number | |
| Contact Number | |
| EMail Address | AHWEPPWN@LIVE.COM |

| | |
|---|--------------------------------------|
| Address | 316 JURONG EAST STREET 32 #10-281 |
| Postcode | 600316 |
| 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 | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|--------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 3 |
| 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) | 5 |
| Passenger 1 | NAME: : P1 GENDER: : FEMALE |
| Passenger 2 | NAME: : P2 GENDER: : FEMALE |
| Passenger 3 | NAME: : P3 GENDER: : FEMALE |
| Passenger 4 | NAME: : P4 GENDER: : MALE |

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 SLS0853M was driving along Moulmein rd towards CTE City on the first lane, my vehicle was stationary due to the traffic. After a few seconds of stop suddenly the other party SKD2107L bang onto my rear vehicle and due to the impact my vehicle move forward and bang the 1st vehicle SKA785H rear vehicle. We manage to exchange particular.

Attachment(s)

| | |
|---|------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | RETRIEVING |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKD2107L |
|-----------------------------|----------|

| | |
|-------------------------------------|---|
| Vehicle Make/Model/Colour | RENAULT / MEGANE RS250 2.0T 6MT D/AB 2WD 2DR GAS/D/ DARK GRAY |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SIM KOK YANG,GIDEON |
| NRIC/Passport Number | S8722110E |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------------------|
| Vehicle Registration Number | SKA785H |
| Vehicle Make/Model/Colour | TOYOTA/VIOS E AUTO /SIL |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | UNKNOWN DRIVER |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | TEO WEE HSUEN |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SLS853M |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|---------|
| Name | P1 |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SLS853M |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|----------------------------------|---------|
| Name | P2 |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SLS853M |

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name P3

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLS853M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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) I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 insurers who have insured vehicles 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 insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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 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 based outside of Singapore, for one or more of the above Purposes.

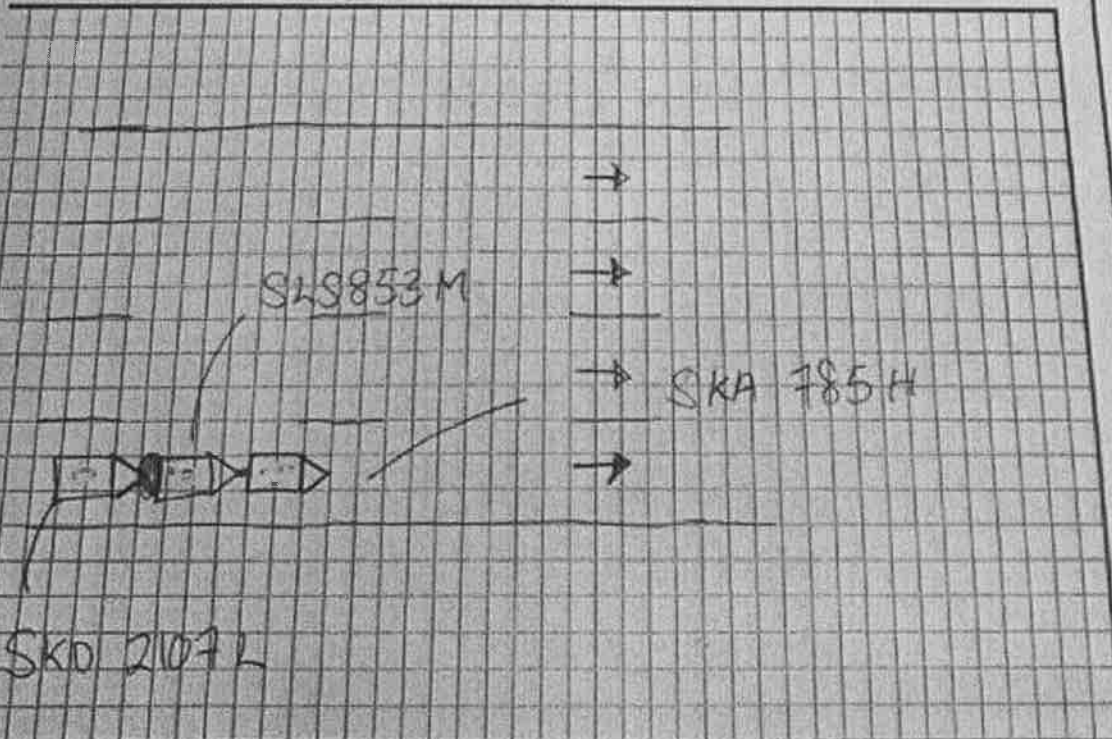
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

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 SLS0853M was driving along Moulmein rd towards CTE City on the first lane, my vehicle was stationary due to the traffic. After a few seconds of stop suddenly the other party SKD2107L bang onto my rear vehicle and due to the impact my vehicle move forward and bang the 1st vehicle SKA785H rear vehicle. We manage to exchange particular.

Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

19 May 2018 4:01 pm

Date/Time:

19 May 2018 4:01 pm

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9142685D**

Name: **TEO WEE HSUEN**

Birth Date: **18 Nov 1991**

Issue Date: **09 Mar 2015**

0024033708

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9142685D

Name: **TEO WEE HSUEN**

張 曉 軒

Race: **CHINESE**

Date of birth: **18-11-1991**

Sex: **M**

Country of birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S9142685D**

Name: **TEO WEE HSUEN**

Card Issue Date: **16/03/2018**

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE: **09 Mar 2015**

Licence No: **S9142685D**

NP 428A

3968666

NRIC No: **S9142685D**

Date of issue: **01-12-2006**

Address: **APT BLK 316 JURONG EAST STREET 32 #10-281 SINGAPORE 600316**

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

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 16/03/2018 |



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-076419
Date of Request: 19/05/2018

Your Ref No: Online Purchase

SME Motor Pte Ltd
1 Kaki Bukit Ave 6 #02-15
AutoBay @ Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 19/05/2018
Enquiry By Gary Seah
TP Vehicle No. SKD2107L
Accident Date 19/05/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SKD2107L | AXA Insurance Pte Ltd | 27/09/2017-26/09/2018 | 6338 7288 |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-076419

Date of Request: 19/05/2018

Your Ref No: Online Purchase

SME Motor Pte Ltd
1 Kaki Bukit Ave 6 #02-15
AutoBay @ Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 19/05/2018

Enquiry By Gary Seah

TP Vehicle No. SKD2107L

Accident Date 19/05/2018

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque