



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 960 A

Parts	(a) Cost / List Price Items	\$	<u>13,593.76</u>
	Plus/Less <u>25%</u>	\$	<u>3,398.44</u>
	Total of Cost / List	\$	<u><u>10,195.32</u></u>
	(b) Nett Price Items		_____
	Less _____		_____
	Total of Nett Item		_____
	(c) Special Nett Items	\$	<u>45.00</u>
Total Parts Cost		\$	<u><u>10,240.32</u></u>
Labour		\$	<u><u>3,270.00</u></u>
Total		\$	<u><u>13,510.32</u></u>

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. : SLG 960 A Submit By : Carmen Lim
 Make & Model : TOYOTA PRIUS Year Manufacture : 2016
 Chassis No : JTDKB3FU803533761 Engine No. : _____

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front number plate	1	\$45.00	S.N	
2	Front number plate garnish	1	\$45.00		
3	Bonnet	1	\$812.40		
4	Bonnet lock	1	\$130.00		
5	Bonnet hinge LH	1	\$57.80		
6	Bonnet hinge RH	1	\$57.80		
7	Front support panel centre	1	\$338.50		
8	Front support panel LH	1	\$213.50		
9	Front support panel RH	1	\$213.50		
10	Headlamp panel LH	1	\$89.20		
11	Headlamp panel RH	1	\$89.20		
12	Support panel lower	1	\$387.95		
13	Front support panel top garnish	1	\$285.40		
14	Front support panel top garnish clip	10	\$35.00		
15	Air duct	1	\$195.40		
16	Brace panel	1	\$105.20		
17	Headlamp LH	1	\$2,531.60		
18	Headlamp RH	1	\$2,531.60		
19	Front bumper	1	\$450.80		
20	Front bumper clip	10	\$40.00		
21	Front bumper reinforcement - upper	1	\$711.50		
22	Front bumper reinforcement - lower	1	\$245.30		
23	Front bumper side retainer RH	1	\$107.20		

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	28/05/2018 17:49
Date Of Accident	28/05/2018 14:05
Exact Location Of Accident	CHURCH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG960A
Insured/Policyholder	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	LEE ANNIE
NRIC No	S6819739B
Date Of Birth	26/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86662522
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK416B FERVALE LINK #20-86
Postcode	792416
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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: : AYMERIC NDIAYE 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

REFER AS ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR4847K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
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.



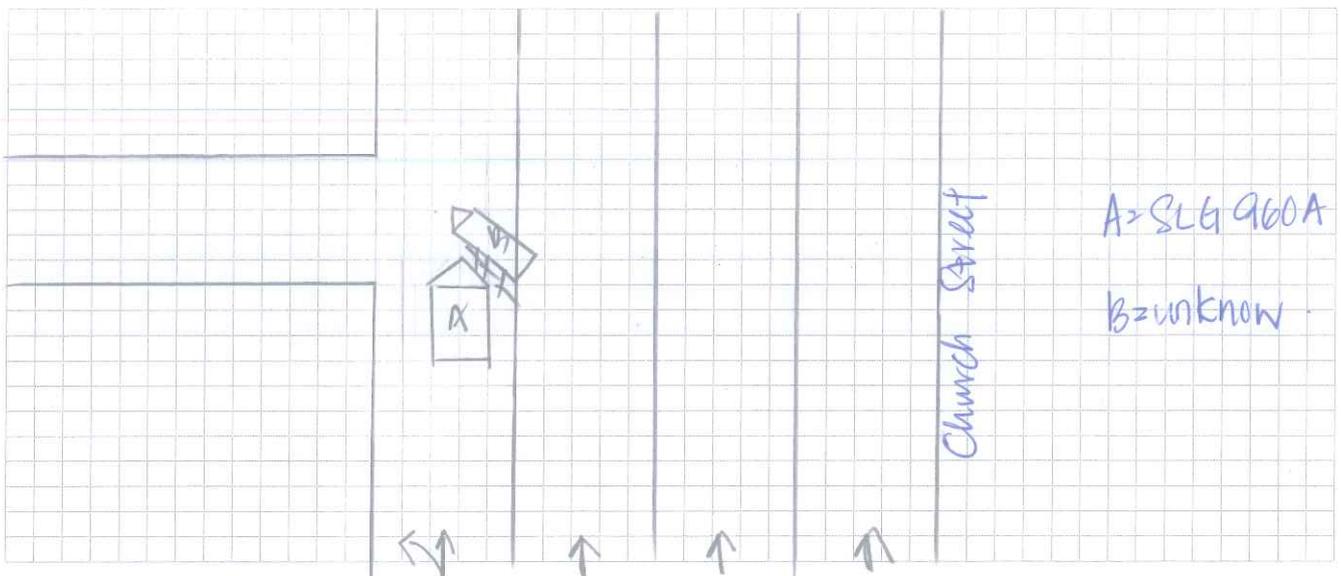
Policyholder's Signature
Date & Time:



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

I was driving straight along Church Street on
28/05/2018 @ 14:05.
All of sudden, the vehicle B cut into my lane and hit
onto my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Amas

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.: