



## 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

SLM 8995 R

Parts	(a) Cost / List Price Items	\$	1,288.80
	Plus/Less 25%	\$	322.20
	<b>Total of Cost / List</b>	<b>\$</b>	<b>966.60</b>
	(b) Nett Price Items		
	Less		
	<b>Total of Nett Item</b>		
	(c) Special Nett Items		
<b>Total Parts Cost</b>			
Labour		\$	850.00
<b>Total</b>		<b>\$</b>	<b>1,816.60</b>

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. : **SLM 8995 R**  
Make & Model : **TOYOTA PRIUS**  
Chassis No : **JTDKB3FU103555391**

Submit By : **Carmen Lim**  
Year Manufacture : **2017**  
Engine No. :  
**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front bumper	1	\$450.80		
2	Front bumper clip	10	\$40.00		
3	Front bumper side retainer RH	1	\$107.20		
4	Front bumper side retainer LH	1	\$107.20		
5	Front bumper upper grille	1	\$321.90		
6	Front bumper lower grille	1	\$148.60		
7	Front bumper tow cover LH	1	\$25.70		
8	RH wing mirror (cover)	1	\$87.40		
9					
10					
11					
12					
13					
14					
15					
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	07/06/2018 20:40
Date Of Accident	07/06/2018 12:25
Exact Location Of Accident	PIE EXIT CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8995R
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29069766MKF
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN TZE HOW
NRIC No	S7728868F
Date Of Birth	02/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98425859
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
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 - CHANGE/CROSS LANE
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?	NO
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)	1

#### 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

ON THE DATE AND TIME MENTIONED IN WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN VEHICLE B, CAME FROM THE LEFT REAR, AND DRIVING IN AN RESPONSIBLE MANNER BY CUTTING INTO MY PATH AND GRAZED AGAINST MY LEFT FRONT PORTION AND WITHOUT STOPPING AND CARRY ON MOVING FORWARD. I THEN GAVE CHASE A FEW METERS AHEAD AND VEHICLE B THEN MADE ANOTHER DRASTIC MOVE BY CUTTING INTO MY PATH AGAIN, FROM MY RIGHT AND GRAZED AGAINST MY RIGHT SIDE WING MIRROR, THEN ONLY HE STOPPED. I THEN TRIED ASKING FOR HIS PARTICULARS BUT THE DRIVER OF VEHICLE B REFUSED TO EXCHANGE AND ASKED ME TO REPORT TO MY INSURANCE, AND HE THEN MOVED OFF FROM THE SCENE. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### 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	SLM6368P
Vehicle Make/Model/Colour	HYUNDAI/AE IONIQ HEV/DARK BLUE
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)

1

# 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 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 insurers who have insured vehicles involved in the accident (as insurers) and have insured vehicles involved in the 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 purposes 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 making 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 envelops/postal 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 vehicles involved in the 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/are 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 sent outside of Singapore, for one or more of the above Purposes.

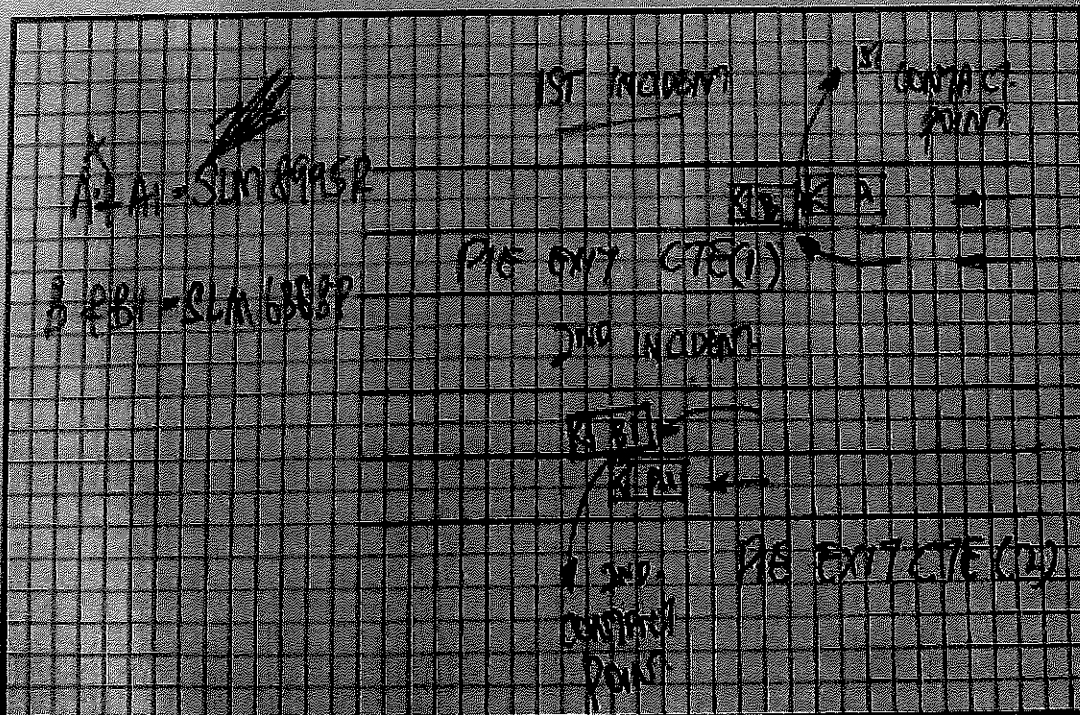
VERIFIED BY ALIAX MARS  
REPORTING OFFICER  
Hashim Kaman

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personal

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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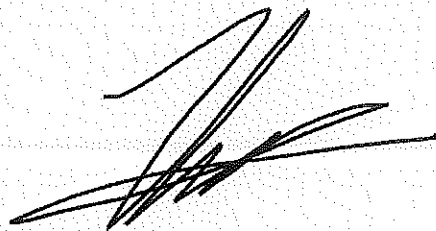
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

7 June 2018 at 5:59 PM

Date/Time:

7 June 2018 at 5:59 PM