

ASS. REC. BY:

REF: CS/U0118012534/Ksbnz

Special Instruction:

SURVIVOR

## ASSIGNMENT (Office)

From (Person): Felis of UOL Date/Time: 10/07/2018 2:17pm

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLH 665Y Insured: WD 1188Sat Workshop m/s Esteem Performance Tel: 6484 1221of Bik 5033 Amk Ind Park 2 #01-259Policy No: DHOM110144931502 Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 06/07/2018

CA / REV / REP. / REV 24 HRS 'wp'

Date/Time: 10/07/2018 2:15pm Person Contacted: Carmen H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time Action/Instruction ( ☒ ) EstimateSLH 665Y - XWD 1188S - X2/8 81467.1P Confirmed by email( \$ 1,032.75 Red - 41% )

(08/11/13) wef

REF:

UOI

ASS. REC. BY:

## ASSIGNMENT

From: \_\_\_\_\_ Date: 24/7/18

Estimated Cost: \_\_\_\_\_

OF / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SLH 665Y

at Workshop m/s Esteem performance

of (AMIC)

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record) after 11am

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>lump</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLH 665Y Yr Regn: 10, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Prius (A) c.c. 1798

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 130840 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB31F4103536033

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: Yokohama 195/65R15

Haida R: Yokohama

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 2 mm R/Bal. 5 mm

L/Bal. 2 mm L/Bal. 5 mm

D.O.A. 6/7/18 D.O.I. 24/7/18

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

25/7 File passed to Customer

RECEIVED 02 AUG 2018

Date/Time, File Pass to?

02/08/18

1) Typist

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Preli. Report☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

180

60

80

12

332

Report Format :

Lump Sum / I.B.I: (\$ 1,467.19 p/p)

## 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	06/07/2018 15:16
Date Of Accident	06/07/2018 08:40
Exact Location Of Accident	ALONG HOLLAND RD TOWARDS SIXTH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH665Y
<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	TOYOTA 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	CHEW JOO NGUANG
NRIC No	S1428888J
Date Of Birth	13/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1981
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96357907
Fax Number	
Contact Number	
Email Address	CHEWJN@HOTMAIL.COM

Address HDB HOUGANG, 375 HOUGANG STREET 31 530375

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 2

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) 2

Passenger 1 NAME: : KAREN  
GENDER: : FEMALE

#### 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 I HAD MADE A STOP AT THE SAID TRAFFIC LIGHT JUNCTION WHEN MY VEHICLE WAS HIT FROM THE REAR BY VEHICLE B.. MY VEHICLE WAS STATIONARY WHEN IT WAS HIT. NOBODY WAS INJURED. 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? NO

Was there any audio recorded? NO

#### Details of Witness 1

Name KAREN

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number WD1188S

Vehicle Make/Model/Colour LIEBHERR / LTM 1130-5.1 / YELLOW

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

## IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Record 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.
8. Consent under the Personal Data Protection Act (PDPA):  
 I understand, acknowledge, agree and consent that:  
 (a) My insurer, my workplace 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 my vehicle(s) involved in this accident (all insurers 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 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 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 the 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.

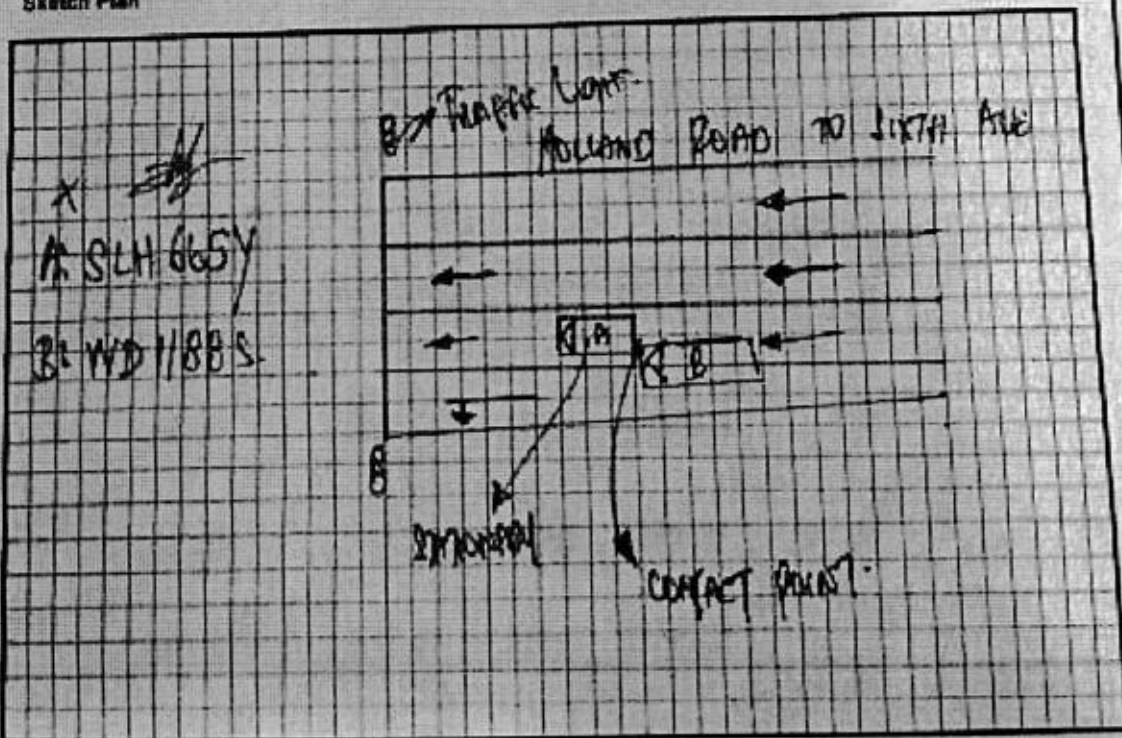
VERIFIED BY ALIAK MARS  
REPORTING OFFICER  
Hashim Kamari

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel 060718

## Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I HAD MADE A STOP AT THE SAID TRAFFIC LIGHT JUNCTION WHEN MY VEHICLE WAS HIT FROM THE REAR BY VEHICLE B.. MY VEHICLE WAS STATIONARY WHEN IT WAS HIT.

NOBODY WAS INJURED. STATEMENT WAS READ RO ME AND I ACKNOWLEDGED IT.

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

6 July 2018 at 11:44 AM

Date/Time:

6 July 2018 at 11:45 AM





## 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

SLH 665 Y

Parts	(a) Cost / List Price Items	\$	1,773.25
	Plus/Less 25%	\$	443.31
	<b>Total of Cost / List</b>	<b>\$</b>	<b>1,329.94</b>
	(b) Nett Price Items		
	Less		
	<b>Total of Nett Item</b>		
	(c) Special Nett Items	\$	200.00
<b>Total Parts Cost</b>		<b>\$</b>	<b>1,529.94</b>
<b>Labour</b>		<b>\$</b>	<b>970.00</b>
<b>Total</b>		<b>\$</b>	<b>2,499.94</b>

The above total will be subjected to 7% G.S.T.

Not Authorized  
Resurvey By painting

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Name of Surveyor

Company

Survey conducted on

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 03 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : \_\_\_\_\_

Date: 24/7/18





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## Spare Parts

Vehicle No. : **SLH 665 Y**  
Make & Model : **TOYOTA PRIUS**  
Chassis No. : **JTDKB3FU103536033**

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

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Reverse sensor <i>Sn</i>	1	\$200.00	S.N	X
2	Rear bumper <i>Del / Bm</i>	1	\$497.50		✓
3	Rear bumper clip <i>mc</i>	10	\$40.00		✓
4	Rear bumper side retainer LH <i>Sn</i>	1	\$112.70		X
5	Rear bumper side retainer RH <i>Sn</i>	1	\$112.70		X
6	Tail lamp LH - UPPER <i>CRA</i>	1	\$498.75		✓
7	Tail lamp LH - LOWER <i>Sn</i>	1	\$511.60		X
8					
9					
10					
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15					
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17					
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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.





# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No: 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18012534/Ksbn2

3 ANSON ROAD #28-01  
SPRINGLEAF TOWER SINGAPORE 079909

Date : 06-08-2018



Code : UOI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	WD 1188S	Veh. Inspected	SLH 665Y
Policy No.	DHOM110144931502	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	FELIS	Assign Date	10/07/2018

## 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU103536033	Colour	METALLIC SILVER
Odometer	130840	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	8 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	8 mm
R/H Rear Tyre	195/65 R15	HAIDA	5 mm
L/H Rear Tyre	195/65 R15	HAIDA	5 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	06/07/2018	Inspection Date	24/07/2018
Survey held at	ESTEEM PERFORMANCE PTE LTD BLK 5033 ANG MO KIO INDUSTRIAL PARK 2 #01-259 SINGAPORE 569536		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLH 665Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DENTED / BUCKLED	497.50	497.50
10	REAR BUMPER CLIP	NECESSARY	40.00	40.00
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	112.70	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	112.70	-
1	TAIL LAMP LH -UPPER	CRACKED	498.75	498.75
1	TAIL LAMP LH -LOWER	SERVICEABLE	511.60	-
	LESS 25% DISCOUNT		-443.31	-259.06
			1,329.94	777.19
<b>SPECIAL NETT ITEMS</b>				
1	REVERSE SENSOR (SN)	SERVICEABLE	200.00	-
			200.00	-
<b>LABOUR</b>				
	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER).		400.00	220.00
	TO PUTTY,RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER).		400.00	400.00
	TO CHECK WIRING.		50.00	20.00
	TO REMOVE & REFIT REVERSE SENSOT TO ASSIT WORK LOAD.		120.00	50.00
			970.00	690.00
<b>GRAND TOTAL</b>			<b>2,499.94</b>	<b>1,467.19</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>1,467.19</b>

Report Ref No. CS/UOI18012534/Ksbn2

KONG SENG CHEONG

Licensed Appraiser

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