



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 7008 Z

Parts	(a) Cost / List Price Items	\$	4,726.37
	Plus/Less 25%	\$	1,181.59
	Total of Cost / List	\$	3,544.78
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items	\$	200.00
Total Parts Cost		\$	3,744.78
Labour		\$	2,360.00
Total		\$	6,104.78

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.esteemperf.com.sg

Spare Parts

Vehicle No. :	SLH 7008 Z	Submit By :	Carmen Lim
Make & Model :	TOYOTA PRIUS	Year Manufacture :	2016
Chassis No. :	JTDKB3FU503537444	Engine No. :	

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Reverse sensor	1	\$200.00	S.N	
2	Rear bumper	1	\$497.50		
3	Rear bumper clip	10	\$40.00		
4	Rear bumper side retainer LH	1	\$112.70		
5	Rear bumper side retainer RH	1	\$112.70		
6	Rear bumper reinforcement	1	\$398.90		
7	Rear bumper lower garnish centre	1	\$582.60		
8	Rear bumper lower garnish RH	1	\$149.70		
9	Rear bumper under cover	1	\$355.20		
10	Rear bumper under cover LH	1	\$187.60		
11	Rear bumper under cover RH	1	\$187.60		
12	Rear bumper under cover clip	4	\$14.00		
13	Tail door emblem	1	\$61.70		
14	Wording "PRIUS"	1	\$51.90		
15	Wording "HYBRID"	1	\$55.47		
16	Tail door plate garnish	1	\$782.50		
17	Tail end panel	1	\$596.60		
18	Tail end panel garnish	1	\$151.60		
19	Tail end panel garnish clip	10	\$35.00		
20	Boot weatherstrip	1	\$353.10		
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.

Blk 5033 Ang Mo Kio Industrial Park 2 #01-259 Singapore 569536 Tel: 64841221 Fax: 64847829

Company Reg No. 200005485N / GST No. 20-0005485-N



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

Labour

Vehicle No. : **SLH 7008 Z** Submit By : **Carmen Lim**
Make & Model : **TOYOTA PRIUS** Year of Manufacture : **2016**

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER, TAILDOOR, END PANEL)	\$1,000.00	
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER, TAILDOOR, END PANEL)	\$800.00	
3	To check wiring	\$50.00	
4	To remove & refit reverse sensor	\$120.00	
5	To remove & refit spare tyre, spare tyre board, carpet trim to assist work load.	\$150.00	
6	To tuff coat.	\$120.00	
7	To conduct water leakage tests to ensure proper air and sealing	\$120.00	

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a 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	08/08/2018 20:34
Date Of Accident	08/08/2018 15:00
Exact Location Of Accident	ALONG CTE/CITY TOWARDS BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7008Z
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	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	TOH JHONNY
NRIC No	S1572569I
Date Of Birth	25/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1985
Driving Experience	33 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90614912
Fax Number	
Contact Number	
Email Address	TOHJHONNY63@GMAIL.COM

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	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?	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)	3
Passenger 1	NAME: : ONG CHIN MEI GENDER: : FEMALE
Passenger 2	NAME: : TOH ZHAO YU 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 was travelling along CTE/City exiting into BUKIT TIMAH Exit, vehicle in front of me stop & I stop, after a while I felt an impact onto rear of my car SLH7008Z. No injuries involved.

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	SHD739L
Vehicle Make/Model/Colour	RENAULT/LATITUDE 2.0L DCI AUTO D/AB 4DR/RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN TIONG MENG
NRIC/Passport Number	S1739508D
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKN9796Z
Vehicle Make/Model/Colour TOYOTA/ VIOS 1.5E A
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ABDUL BARI ABUTHAHIR
NRIC/Passport Number S8579729H
Contact Number 86414204
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

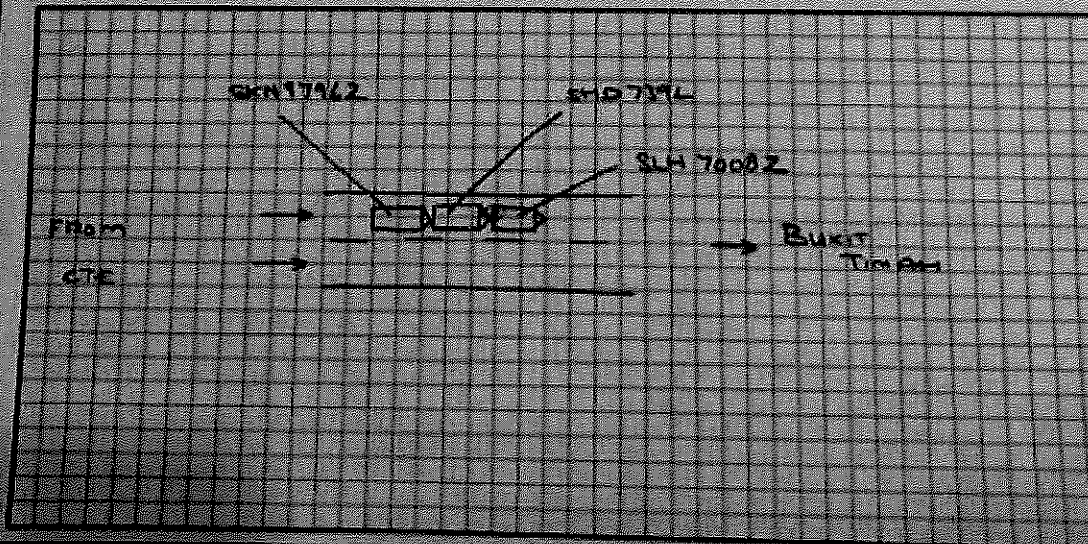
1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 members of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon request by interested parties.
7. By the submission 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 thereafter.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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 generated by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all individuals who have insured vehicles involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"); the insurers' lawyers/tax firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the enforcement of:
 - (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) investigating the accident within my claims;
 - (iv) carrying out and/or dealing with my obligations or responding to any inquiries by me;
 - (v) 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 correspondence/ notices); and/or
 - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (b) all individuals who have insured vehicles involved in this accident and the Insurers' lawyers/tax 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/tax firms) which may be ad hoc insurers of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FAZLY BIN ISMAIL
Witnessed by Reporting Officer
Personal

Policyholder's Signature / Date & Time

Driver's Signature of driver is not the policyholder / Date & Time

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was travelling along CTE/City exiting into BUKIT TIMAH Exit, vehicle in front of me stop & I stop, after a while I felt an impact onto rear of my car SLH7008Z. No injuries involved.

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 -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 August 2018 5:00 pm

Date/Time:

8 August 2018 5:00 pm