



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

SLN 5697 R

Parts	(a) Cost / List Price Items	\$	<u>4,274.05</u>
	Plus/Less 25%	\$	<u>1,068.51</u>
	Total of Cost / List	\$	<u><u>3,205.54</u></u>
	(b) Nett Price Items		_____
	Less		_____
	Total of Nett Item		_____
	(c) Special Nett Items	\$	<u>200.00</u>
Total Parts Cost		\$	<u><u>3,405.54</u></u>
Labour		\$	<u><u>2,390.00</u></u>
Total		\$	<u><u>5,795.54</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. :	<u>SLN 5697 R</u>	Submit By :	<u>Carmen Lim</u>
Make & Model :	<u>TOYOTA PRIUS</u>	Year Manufacture :	<u>2017</u>
Chassis No. :	<u>JTDK3FU803557798</u>	Engine No. :	<u> </u>

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 tow cover	1	\$31.70		
10	Rear bumper under cover RH	1	\$187.60		
11	Rear bumper under cover clip	4	\$14.00		
12	Tail end panel	1	\$596.60		
13	Tail end panel garnish	1	\$151.60		
14	Tail end panel garnish clip	10	\$35.00		
15	Boot weatherstrip	1	\$353.10		
16	Tail lamp RH - UPPER	1	\$498.75		
17	Tail lamp RH - LOWER	1	\$511.60		
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.



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Labour

Vehicle No. : SLN 5697 R Submit By : Carmen Lim
 Make & Model : TOYOTA PRIUS Year of Manufacture : 2017

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER,END PANEL,TAILDOOR)	\$1,000.00	
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER,END PANEL,TAILDOOR)	\$800.00	
3	To check wiring	\$50.00	
4	To remove & refit reverse sensor	\$120.00	
5	To tuff coat	\$150.00	
6	To remove & refit spare tyre, spare tyre board, carpet trim to assist work load.	\$150.00	
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	04/08/2018 03:47
Date Of Accident	02/08/2018 09:00
Exact Location Of Accident	HENDERSON ROAD AND HENDERSON CRESCENT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5697R
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
Exact Purpose for which vehicle was being used at time of accident	HIRE AND 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	201617200G
Cover Note Number	N.A.

Driver

Name of Driver	TEO TIAN HAI
NRIC No	S1467862Z
Date Of Birth	07/12/1960
Occupation	INDOOR
Date Of Driving Pass	20/09/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97350562
Fax Number	
Contact Number	OFFICE-97350562
EMail Address	TEOTIANHAI@GMAIL.COM.SG

Address	BLK 225C COMPASSVALE WALK #03-347
Postcode	543225
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

My vehicle was stationary, waiting to Turn Left when vehicle B hit against my right rear bumper. Minor damages on my bumper and no injury 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	GBF1891H
Vehicle Make/Model/Colour	TOYOTA/ DYNA 150 MANUAL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAY CHEE WEI
NRIC/Passport Number	S7783532F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident in scope of the claims process.
2. The 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 show 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 insurers to the C&A 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 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 office and to copies of the report being made available aforesaid.

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 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 insurers) who have insured vehicles 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 obligations or responding to any enquiries by me;
 - (iv) administering my claims (including the making of assessments, 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.
- (b) All insurers who have insured vehicles 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 under C&A to their third party service providers or agents (including their lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

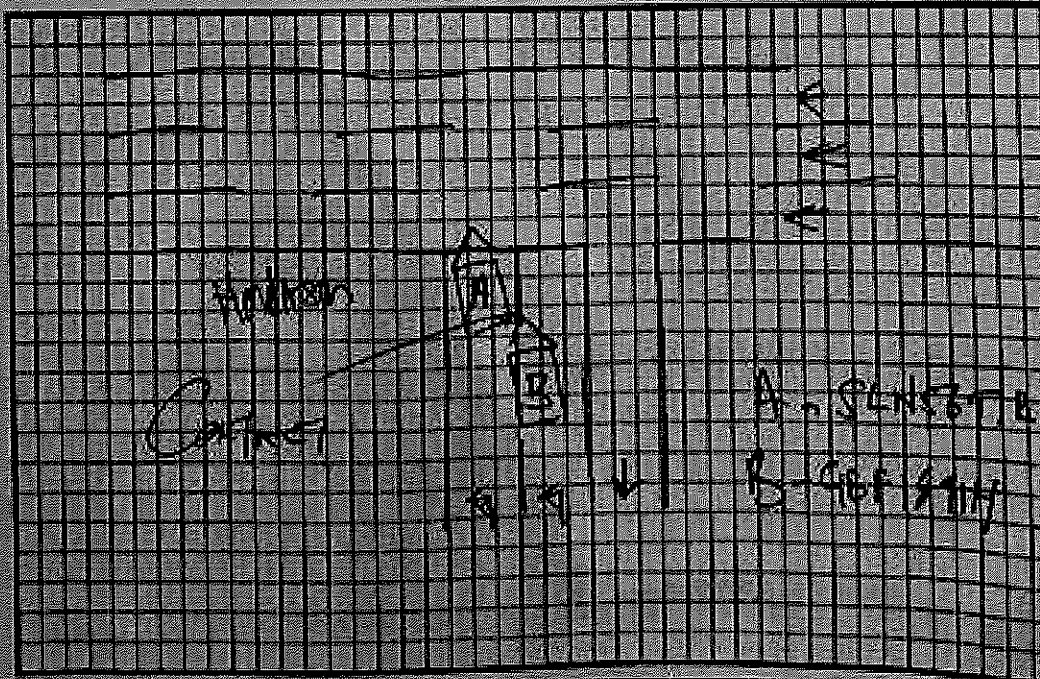
**VERIFIED BY ALIAX MARX
REPORTING OFFICER
Mia Shari**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

My veh was stationary, waiting to Turn Left when veh b hit against my right rear bumper. Minor damages on my bumper and no injury involved.

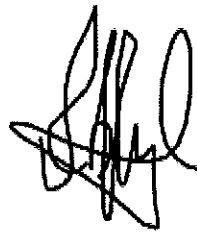
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 August 2018 at 11:43 AM

Date/Time:

3 August 2018 at 11:43 AM