

**Grab Rentals Pte Ltd** 18 Sin Ming Lane #01-08 Midview City Singapore 573960

GST / ROC Company No :

201101753C

Third Party Insurer: Insured's Veh No:

SHB4355U 20/08/2018

Date of accident : **Estimate To Repair** 

MAZDA 5

**INDIA** 

Vehicle No:

SLT744P

Chassis No:

JM6CW1071H0126564 Quotation No: AR/QO18/08-1003

Quotation Date:

21/08/2018

1 of 1

		Pages	
S/NO	QUANTITY	DESCRIPTION	AMOUNT
		SPARE PARTS	
1	1 PC	REAR BOOT	\$1,447.60
2	1 PC	REAR BOOT CENTRE LOGO	\$58.50
3	1 PC	REAR BOOT "MAZDA 5"PLATE	\$80.00
4	1 PC	EAR BOOT LOCK	\$244.00
5	1 PC	REAR BOOT INNER RUBBER	\$175.70
6	1PC	REAR WINDSCREEN MOULDING	\$62.50
7	1 PC	REAR BOOT INNER TRIM BOARD	\$455.30
8	8 PC	REAR BOOT INNER TRIM BOARD CLIPS @\$5.80	\$46.40
9	1PC	REAR BUMPER	\$915.40
10	2 PC	REAR BUMPER RETAINER @\$42.50	\$85.00
11	10 PC	REAR BUMPER CLIPS @\$5.80	\$58.00
12	1 PC	REAR BUMPER REFLECTOR RH	\$45.00
13	1 PC	REAR BUMPER REINFORCEMENT	\$165.20
14	1PC	EAR END PANEL	\$492.00
15	1 PC	REAR END PANEL TOP GARNISH	\$95.00
16	4 PC	REAR END PANEL TOP GARNISH CLIPS @\$5.80	\$23.20
17	1PC	REAR SPARE TYRE FLOOR PANEL	\$1,052.06
18	1PC	FRT BONNET	\$1,000.00
19	1PC	FRT BONNET RUBBER (WITH CLIPS)	\$75.20
20	2 PC	FRT BONNET HINGES @\$68.50	\$137.00
21	1 PC	FRT BONNET LOCK	\$240.50
22	1PC	FRT BUMPER	\$1,055.40
23	2 PC	FRT BUMPER RETAINER @\$22.50	\$45.00
24	10 PC	FRT BUMPER CLIPS @\$8.70	\$87.00
25	1PC	FRT BUMPER CENTRE LOGO	\$48.50
26	1PC	FRT BUMPER INNER SPONGE	\$80.25
27	1PC	FRT BUMPER REINFORCEMENT	\$506.20
28	1PC	FRT GRILLE	\$657.00
29	2 PC	HEADLAMP @\$1411.40	\$2,822.80
30	1PC	HEADLAMP SUPPORT PANEL	\$399.00
31	2 PC	HEADLAMP LOWER BRACKET @\$45.30	\$90.60
32	1PC	BRACE PANEL	\$46.50
33	1PC	AIRCON CONDENSER	\$725.50
34	1 PC	RADIATOR	\$685.20
35	1 PC	RADIATOR MOTOR COWLING ASSY	\$1,406.50
36	2 PC	FRT FENDER @\$285	\$570.00
37	2 PC	FRT FENDER INNER COWLING @\$215.20	\$430.40
38	20 PC	INNER COWLING CLIPS @\$5.80	\$116.00



**Grab Rentals Pte Ltd** 

#01-08 Midview City

18 Sin Ming Lane

Singapore 573960

GST / ROC Company No: 201101753C

> Third Party Insurer: **INDIA** Insured's Veh No: SHB4355U Date of accident: 20/08/2018 MAZDA 5 Estimate To Repair

Vehicle No: SLT744P

21/08/2018

Chassis No: JM6CW1071H0126564 Quotation No: AR/QO18/08-1003 Quotation Date:

SillBabe	ne 373300	Pag	es: 1 of 1
S/NO	QUANTITY	DESCRIPTION	AMOUNT
39	1 PC	AIR DUCT	\$165.00
40	1 PC	AIR HOSE	\$125.20
41	1 PC	AIR CLEANER BOX TOP	\$95.00
42	1 PC	AIR CLEANER BOX LOWER	\$185.20
			\$17,295.81
		LESS 20%	\$3,459.16
			\$13,836.65
		MISC ITEMS	
43	1 PC	FRT NUMBER PLATE	\$40.00
44	1 PC	REAR NUMBER PLATE	\$40.00
45	1 PC	REVERSE SENSOR	\$250.00
46	1 PC	REAR WINDSCREEN GUM	\$60.00
		Total	\$390.00
		LABOUR & MISC. CHARGES	\$50.00
		WIRE CHECKING	\$120.00
2		REMOVE & REFIX REAR WINDSCREEN	\$120.00
3		R & R REAR BOOT UPHOLSTERY TO FACILITATE REPAIR CAVITY PROTECTION ON ALL AFFECTED AREAS	\$150.00
4		REMOVE & REFIX AIRCON AND GAS	\$100.00
5 6		LABOUR CHARGE	\$1,800.00
7		SPRAY PAINTING	\$1,800.00
		Total	\$4,170.00
		Sub Total	\$18,396.65
		GST (7.00%)	\$1,287.77
		Total	\$19,684.41
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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible, Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	21/08/2018 09:17
Date Of Accident	20/08/2018 14:20
Exact Location Of Accident	CTE (CITY) LAMP POST 407,
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT744P
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	MAZDA
Model	5
Exact Purpose for which vehicle was being used a time of accident	t
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	NO
Policy Number	A29069766MKF
Cover Note Number	
Driver	
Name of Driver	HO SZE HIAN
NRIC No	S6845874I
Date Of Birth	03/12/1968
Occupation	INDOOR
Date Of Driving Pass	25/11/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-92471181

**NOEMAIL** 

Address BLK 893D WOODLANDS DR 50 #10-99

Postcode 733893

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

HICIO

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

FRONT VEHICLE BRAKE AND STOP, I BRAKE AND SLOW DOWN WHEN SUDDENLY VEHICLE B HIT INTO MY VEHICLE'S REAR PORTION PUSHING MY VEHICLE TO HIT INTO VEHICLE C REAR PORTION.

YES

1

NO

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 OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHB4355U

Vehicle Make/Model/Colour

Details Of Properties VEH B
Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER:

### Accident Sketch Plan Pg. 1

### SKETCH PLAN

# IMPORTANT NOTICE

- $\mathbf{1}_{-}$  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)

Lunderstand, 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, involces, 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.: DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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RATION										

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

Policyholder's Signature Date & Time:

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Driver's Signatore (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.

# REPUBLIC OF SINGAPORE

DENTITY CARD NO. \$68458741





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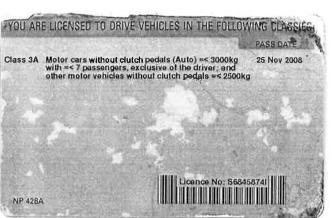
CHINESE Date of Birth 03-12-1968 Country of Birth
SINGAPORE











# Land Transport X Authority

Z Z
IC:
395
188
147
1

to 375 HAIH

Name:

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL). TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

29 JUN 2018

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car. PDVL Commencement Date:

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL. You must collect your Vocational Licence Card within 6 months of the PDVL Commencement Date and display it in your car

GRGAPORE TAXI ACA

VINCENT OFFICER

thereafter. Otherwise, your PDVL may be revoked.

Kwan Mei Fong Land Transport Authority of Singapore Assistant Registrar of Vehicles

This Temporary PDVL is handed to you by, (centre officer designation), of .

CAPORE TAXI ACADE Officer name). (centre name)

# > Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

21 Aug 2018 / 10:05:55

Receipt Date/Time 21 Aug 2018 / 10:05:55

# Tax Invoice/Receipt

Receipt No.: ITNET-00000-180821-000505

Previous Receipt No.::

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHB4355U As at 20 Aug 2018/14:20:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SHB4355U Enquiry Fee		7.00	0.49	7.40
20180821100507346392		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx8065	Credit Card: Visa/MasterCard		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

# THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.