



# 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

SLK 7409 J

<b>Parts</b>	(a) Cost / List Price Items	\$	<u>5,581.22</u>
	Plus/Less 25%	\$	<u>1,395.31</u>
	<b>Total of Cost / List</b>	\$	<u><u>4,185.92</u></u>
	(b) Nett Price Items		_____
	Less		_____
	<b>Total of Nett Item</b>		_____
	(c) Special Nett Items		_____
<b>Total Parts Cost</b>		\$	<u><u>4,185.92</u></u>
<b>Labour</b>		\$	<u><u>1,420.00</u></u>
<b>Total</b>		\$	<u><u>5,605.92</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: \_\_\_\_\_



# 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. : SLK 7409 J  
 Make & Model : TOYOTA PRIUS  
 Chassis No : JTDKB3FU003540154

Submit By : Carmen Lim  
 Year Manufacture : 2016  
 Engine No. : \_\_\_\_\_

### Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	LH front fender	1	\$868.70		
2	LH front fender undershield	1	\$176.50		
3	LH front fender undershield clip	10	\$25.00		
4	LHF fender wording "HYBRID"	1	\$45.17		
5	LH front fender quarter garnish	1	\$122.70		
6	LH front hub cap	1	\$195.65		
7	Headlamp LH	1	\$2,531.60		
8	Front bumper	1	\$450.80		
9	Front bumper clip	10	\$40.00		
10	Front bumper side retainer RH	1	\$107.20		
11	Front bumper side retainer LH	1	\$107.20		
12	Fog lamp LH	1	\$910.70		
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	11/09/2018 10:45
Date Of Accident	10/09/2018 09:35
Exact Location Of Accident	FINLAYSON GREEN TOWARDS RAFFLES QUAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7409J
<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

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8 CVT
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	A29069766MKF
Cover Note Number	

### Driver

Name of Driver	SARAVANAN S/O PONNAMPALM
NRIC No	S7305684E
Date Of Birth	20/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90124014
Fax Number	
Contact Number	
Email Address	SARAPARU693@GMAIL.COM

Address APT BLK 736 WOODLAND CIRCLE #10-523 SINGAPORE 730736  
 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 SIDE SWIPE  
 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?  
 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: : P1  
 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**

While I was making a right from FINLAYSON GREEN towards RAFFLES QUAY a lorry GBH2216R that was on my left side hit onto my SLK7409J front left side. No injuries involved at that point of time.

**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 GBH2216R  
 Vehicle Make/Model/Colour TOYOTA/DYNA 150 5MT  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver AHMED FOYEZ  
 NRIC/Passport Number G6838014L  
 Contact Number 91080813  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

**IMPORTANT NOTICE**

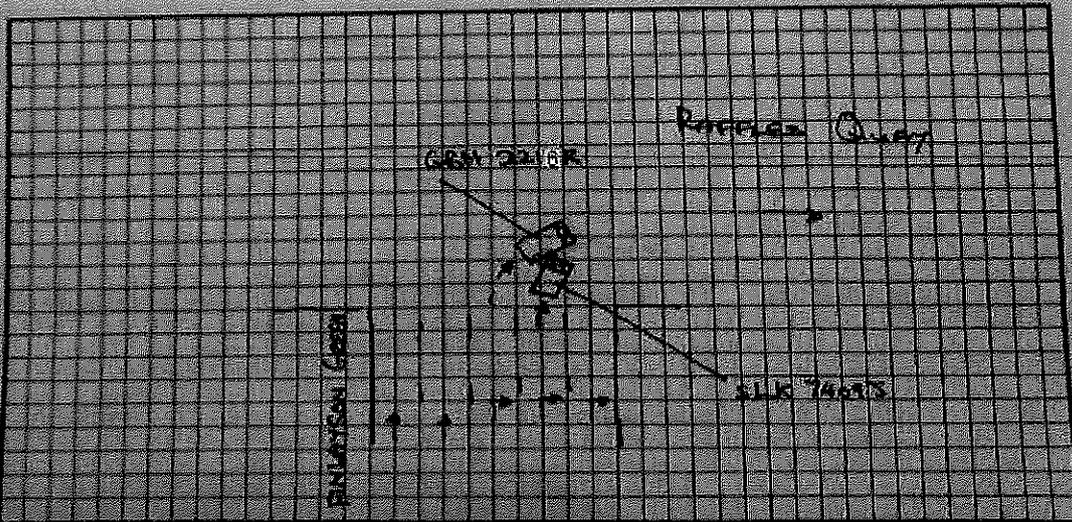
1. Please report promptly the details of the accident to speed up the claims process.
  2. Your report must be witnessed by the Policyholder or the Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may give rise to a claim being rejected or a possible award being reduced.
  4. The time and convenience of the claim or insurance companies is not an admission of policy liability on the part of insurance companies.
  5. Any claim reporting may be referred to the Police for investigation.
  6. The report will be forwarded by the Insurers to the Claims Management Centre established by the General Insurance Association of Singapore (GIAS) for accident and that copies of the report will be available upon request by mail or in person.
  7. By the submission of this report to the insurers, you hereby consent to the analysis of this report at the centre and to copies of the report being made available to insurers.
- Consent under the Personal Data Protection Act (PDPA)**
1. I consent to the collection, use and disclosure that:
    - (a) My name, my residential and the General Insurance Association of Singapore (GIAS) details provided to date of the accident and/or previous my residential details and a statement of circumstances set out in this form and any other personal information provided by me or possessed by my insurer (including the Personal Information) and details and transfer such personal information to all persons who have been 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 firm, 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 involving the settlement of the claims and any necessary investigations relating to the claims;
      - (ii) investigating the accident involving my claims;
      - (iii) carrying out routine dealing with my Insurers or responding to any enquiries by me;
      - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being about delivery of the same as well as to the external cover of envelopes/ email packages); and/or
      - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (including the PDPA purposes).
    - (b) all requests for data, records, records, records or information involved in the accident and the Insurers' lawyers/ law firm, may/are permitted to collect, use, process and/or disclose my personal information for one or more of the above purposes; and
    - (c) my personal information may/are to be disclosed by any of the Insurers' lawyers/ law firm to their third party service providers or agents (including their representative firms), which may be used outside of Singapore, for one or more of the above purposes.



**VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHD FADZLY BIN ISMAIL**

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)

While I was making a right from FINLAYSON GREEN towards RAFFLES QUAY a lorry GBH2216R that was on my left side hit onto my SLK7409J front left side. No injuries involved at that point of time.

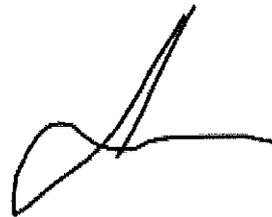
Taxi Voucher No.:

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

10 September 2018 5:15 pm

Date/Time:

10 September 2018 5:15 pm