



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 5426 M

Parts	(a) Cost / List Price Items	\$	<u>1,744.40</u>
	Plus/Less 25%	\$	<u>436.10</u>
	Total of Cost / List	\$	<u><u>1,308.30</u></u>
	(b) Nett Price Items		_____
	Less		_____
	Total of Nett Item		_____
	(c) Special Nett Items	\$	<u>200.00</u>
Total Parts Cost		\$	<u><u>1,508.30</u></u>
Labour		\$	<u><u>1,520.00</u></u>
Total		\$	<u><u>3,028.30</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. :	SLH 5426 M	Submit By :	Carmen Lim
Make & Model :	TOYOTA PRIUS	Year Manufacture :	2016
Chassis No. :	JTDKB3FU703536716	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					
9					
10					
11					
12					
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	14/08/2018 15:25
Date Of Accident	14/08/2018 10:30
Exact Location Of Accident	JUNCTION OF HENDERSON ROAD & DEPOT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5426M
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
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	COMMERCIAL VEHICLE

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	CHAN FUN YONG
NRIC No	S0112262B
Date Of Birth	26/02/1949
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1969
Driving Experience	49 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96332415
Fax Number	
Contact Number	
EMail Address	CHANFUNYONG@GMAIL.COM

Address NA
 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 -
 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: : 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

I was travelling along HENDERSON RD towards JLN BUKIT MERAH, my car SLH5426M was stationary at the traffic light junction, about 03 seconds later I felt an impact onto rear of my car SLH5426M. No injuries involved.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: YES-RETRIEVING
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK7997P
 Vehicle Make/Model/Colour MERCEDES BENZ/SL350
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver WU CONAN
 NRIC/Passport Number S2186100F
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

1

ACCIDENT STATEMENT (2000 characters)

I was travelling along HENDERSON RD towards JLN BUKIT MERAH, my car SLH5426M was stationary at the traffic light junction, about 03 seconds later I felt an impact onto rear of my car SLH5426M. 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

14 August 2018 12:42 pm

Date/Time:

14 August 2018 12:42 pm