



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 156 T

Parts	(a) Cost / List Price Items	\$ 7,782.91
	Plus/Less 25%	\$ 1,945.73
	Total of Cost / List	\$ 5,837.18
	(b) Nett Price Items	
	Less	
	Total of Nett Item	
	(c) Special Nett Items	\$ 350.00
Total Parts Cost		\$ 6,187.18
Labour		\$ 1,870.00
Total		\$ 8,057.18

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**

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Spare Parts

Vehicle No. : **SLN 156 T**
 Make & Model : **TOYOTA PRIUS**
 Chassis No. : **JTDKB3FU103556203**

Submit By : **SERENCE**
 Year Manufacture : **2017**
 Engine No. :

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Headlamp RH	1	\$2,531.60		
2	Fog lamp RH	1	\$910.70		
3	Front bumper	1	\$450.80		
4	Front bumper clip	10	\$40.00		
5	Front bumper reinforcement - upper	1	\$711.50		
6	Front bumper reinforcement - lower	1	\$245.30		
7	Front bumper side retainer RH	1	\$107.20		
8	Front bumper side retainer LH	1	\$107.20		
9	RH front fender	1	\$868.70		
10	RH front fender undershield	1	\$185.64		
11	RH front fender undershield clip	10	\$25.00		
12	RHF fender wording "HYBRID"	1	\$44.17		
13	RH front rim	1	\$1,555.10		
14	RH front tyre	1	\$350.00	S.N	
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.



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Vehicle No. : SLN 156 T Submit By : SERENCE
Make & Model : TOYOTA PRIUS Year of Manufacture : 2017

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 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. 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	06/05/2019 17:17
Date Of Accident	05/05/2019 17:35
Exact Location Of Accident	DROP OFF POINT OPEN SPACE CARPARK OF BLK 93
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN156T
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
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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
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Vehicle Category	PRIVATE HIRE
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Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29114756MKF

Cover Note Number	
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Driver

Name of Driver	YEO HWEI CHIN
NRIC No	S17098511
Date Of Birth	20/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92338647
Fax Number	
Contact Number	
Email Address	NOEMAIL

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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 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: : TAN JUNHUI
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TOA PAYOH N.P.C.
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190506/2072 (LODGED AT TOA PAYOH N.P.C) ON 05/05/2019 AT ABOUT 1738HRS, I WAS DRIVING GRAB (SILVER TOYOTA PRIUS, BEARING VEHICLE REGISTRATION NUMBER SLN156T) AND WAS ABOUT TO ALIGHT MY PASSENGER AT BLK 93 WHAMPOA DRIVE AT THE SHELTER DROP OFF POINT AT THE OPEN SPACE CAR PARK. THERE WAS ANOTHER CAR (DARK BLUE MERCEDES, BEARING VEHICLE REGISTRATION NUMBER SDN3883C) IN THE RIGHT SIDE OF ME. THE SAID CAR ALIGHTED ONE FEMALE PASSENGER. SUDDENLY, THE SAID CAR IN THE FRONT RIGHT SIDE OF ME REVERSED VERY QUICKLY AND COLLIDED INTO THE FRONT OF MY CAR. MY RIGHT LEG WAS ON THE BRAKE PEDAL (VEHICLE WAS STATIONARY) WHEN THE COLLISION HAPPENED. WE ALIGHTED FROM OUR VEHICLE AND EXCHANGED CONTACT NUMBERS. WE ALSO TOOK PHOTOGRAPHS OF THE ACCIDENT. THERE WAS A CHILD (ABOUT 8 YEARS OLD) SEATED IN THE OTHER PARTY'S VEHICLE. NO POLICE OR AMBULANCE ATTENDED TO THE ACCIDENT SCENE. DUE TO THE ACCIDENT, MY CAR'S FRONT BUMPER RIGHT SIDE WAS SLIGHTLY DENTED, POP-OUT AND SUSTAINED SCRATCHES. MY PASSENGER INFORMED THAT HE ALSO FELT SOME PAIN HENCE I KEPT CONTACT WITH HIM REPORTED THE MATTER TO GRAB. AFTER THAT, WE BOTH DROVE OFF. DUE TO THE ACCIDENT, I FELT PAIN IN MY NECK, SHOULDER, BACK, AND LEG AREA HENCE I WENT TO UNIHEALTH 24-HR CLINIC (TOA PAYOH) FOR A CHECK-UP AND WAS GIVEN MEDICAL CERTIFICATE FOR 3 DAYS FROM 06/05/2019 TO 08/05/2019. MY PASSENGER ALSO WENT TO UNIHEALTH 24-HR CLINIC (TOA PAYOH) FOR A CHECK AND WAS GIVEN MEDICAL CERTIFICATE FOR 3 DAYS FROM 06/05/2019 TO 08/05/2019. I HAVE A FRONT CAMERA INSTALLED IN MY CAR.

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	SDN3883C
Vehicle Make/Model/Colour	MERCEDES BENZ / E200 SEDAN (R18) / BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SONG AH LOI
NRIC/Passport Number	S0408798D
Contact Number	9632655
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	YEO HWEI CHIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN156T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN JUNHUI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN156T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

(SLN 1567)

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 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 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 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.
8. **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/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' lawyer/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 instructions 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 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' lawyer/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

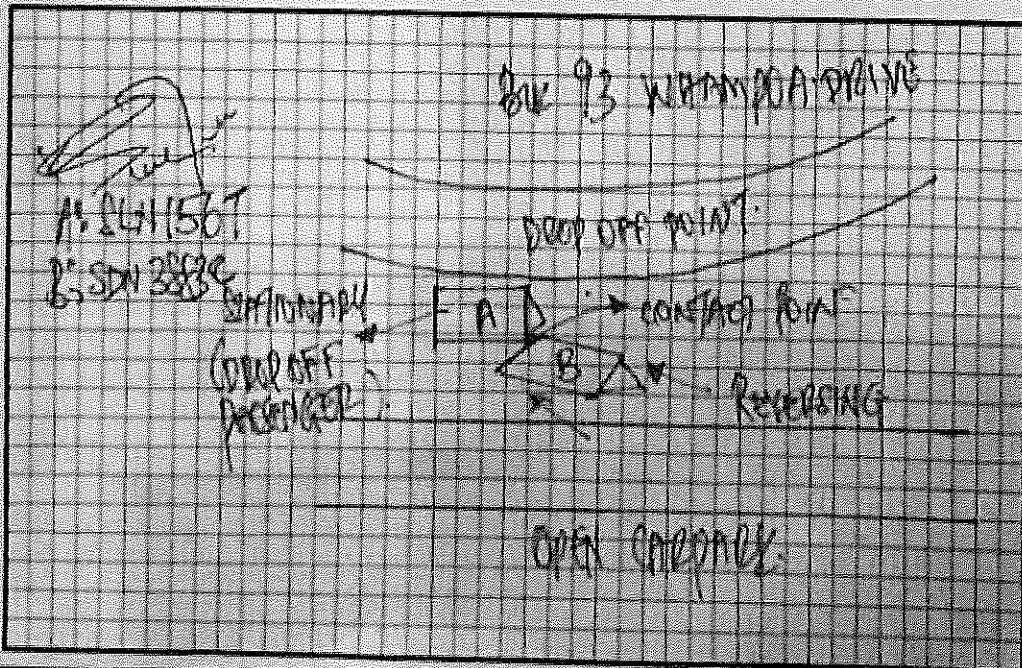
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

060519

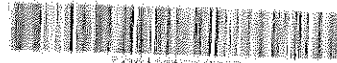
Sketch Plan



POLICE REPORT



SINGAPORE
POLICE FORCE



12011005060000

Police Station Of Origin
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2516699

1.0.4

Report for 12011005060000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 06/05/2019 13:45	Video Report No.	Station Diary No. 79
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Informant's Particulars

Name of Informant YEO HWEI CHIN		Address APT BLK 404 CHOA CHU KANG AVENUE 3 #06-243 SINGAPORE 680404	
ID Type / ID No. NRIC NO / S17098511		Contact No. Home/Office: Mobile: 92338647	
Nationality SINGAPORE CITIZEN		Email	
Sex Female	Age 53	Date of Birth 20/06/1965	Type of Informant Driver
Race Chinese		Language English	Institution / School Name
Occupation GRAB DRIVER		Driving Licence Information Class: 3 Date of Expiry	

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 05/05/2019 17:35	Type of Location Car Park
Location Along Road 1 WHAMPOA DRIVE				
At the shelter drop off point at the Open Space Car Park of Blk 93 Whampoa Drive				
Weather Clear	Road Surface Dry	Road Speed Limit		
Traffic Flow Two Way	Traffic Control Not Controlled	Traffic Volume Moderate		
Type of Collision Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance No

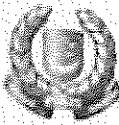
Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SDN3883C	Car	MERCEDES BENZ		Blue	Slightly Damaged	1
SLN156T	Car	TOYOTA	PRIUS	Silver	Slightly Damaged	1

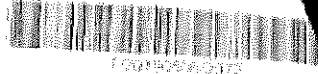
Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

POLICE REPORT



SINGAPORE
POLICE FORCE



100190560172

Police Station Of Origin:
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 4

Report Ref: T2019050470172

CONTINUATION OF REPORT

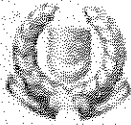
Driver			
Name	SONG AH LOI		ID No
Related Vehicle	SDN3653C (Car)		Contact No
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
Date Treatment	NIL		Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL
Driver			
Name	YEO HWEI CHIN		ID No
Related Vehicle	SLN156T (Car)		Contact No
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date
Date Treatment	NIL		Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave	03	Date Discharge	NIL
		Degree of Injury	Slight
Passenger			
Name	TAN JUNHUI		ID No
Related Vehicle	SLN156T (Car)		Contact No
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date
Date Treatment	NIL		Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	03	Date Discharge	NIL
		Degree of Injury	Slight

Brief Details.

On 05/05/2019 at about 1735hrs, I was driving Grab (silver Toyota Prius, bearing vehicle registration number SLN156T) and was about to alight my passenger at Blk 93 Whampoa Drive at the shelter drop off point at the Open Space Car Park. There was another car (dark blue Mercedes, bearing vehicle registration number SDN3653C) in the front right side of me. The said car alighted one female passenger.

Suddenly, the said car in the front right side of me reversed very quickly and collided into the front of my car. My right leg was on the brake pedal (vehicle was stationary) when the collision happened. We alighted from our vehicles and exchanged contact numbers. We also took photographs of the accident. There was a child (about 8 years old) seated in the other party's vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



17413006/06/2019

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-3516999

3 of 4

Report No: 1201904062019

CONTINUATION OF REPORT

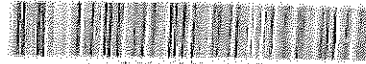
No Police or ambulance attended to the accident scene. Due to the accident, my car's front bumper right side was slightly dented, pop-out and sustained scratches. My passenger informed that he also felt some pain hence I kept contact with him and reported the matter to Grab. After that, we both drove off.

Due to the accident, I felt pain in my neck, shoulder, back, and leg area hence I went to Unihealth 24 Hr Clinic (Toa Payoh) for a check-up and was given Medical Certificate for 3 days from 08/05/2019 to 08/05/2019. My passenger also went to Unihealth 24-Hr Clinic (Toa Payoh) for a check-up and was given Medical Certificate for 3 days from 08/05/2019 to 08/05/2019. I have a front camera installed in my car.

POLICE REPORT



SINGAPORE
POLICE FORCE



T201905062572

Police Station Of Origin

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No: T201905062572

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

E/

Sgt 2 WEE SHUN QIANG JOSEPH

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

06/05/2019 13:46

Officer In Charge Of Case

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDU BIN

ABDULLAH

Contact No: 65476204

Authentication Stamp

NP123

Classification Of Case

5th 1st



DATE