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# 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.eesteemperf.com.sg

## Repair Estimates

SLK 3596 C

<b>Parts</b>	(a) Cost / List Price Items	\$	<b>2,414.50</b>
	Plus/Less 25%	\$	<b>603.63</b>
	<b>Total of Cost / List</b>	\$	<b>1,810.88</b>
	(b) Nett Price Items		
	Less		
	<b>Total of Nett Item</b>		
	(c) Special Nett Items		
<b>Total Parts Cost</b>			
<b>Labour</b>		\$	<b>1,300.00</b>
<b>Total</b>		\$	<b>3,110.88</b>

The above total will be subjected to 7% G.S.T.

Name of Surveyor	:		
Company	:		
Survey conducted on	:		at
<b>Remarks By Surveyor</b>			
(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. :	<b>SLK 3596 C</b>	Submit By :	<b>Carmen Lim</b>
Make & Model :	<b>TOYOTA PRIUS</b>	Year Manufacture :	<b>2016</b>
Chassis No. :	<b>JTDKKB3FU603540725</b>	Engine No. :	

**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front bumper	1	\$450.80		
2	Front bumper clip	10	\$40.00		
3	Front bumper reinforcement - upper	1	\$711.50		
4	Front bumper side retainer RH	1	\$107.20		
5	Front bumper side retainer LH	1	\$107.20		
6	Front bumper emblem	1	\$87.10		
7	Fog lamp LH	1	\$910.70		
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.*



## Labour

[illegible]

Company Reg No. 200005485N / GST No. 20-0005485-N

## 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	30/03/2019 15:55
Date Of Accident	30/03/2019 10:20
Exact Location Of Accident	BLK 321 BUKIT BATOK STREET 33 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3596C
<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 & 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	A29114756MKF
Cover Note Number	

### Driver

Name of Driver	NG BOONE SING
NRIC No	S2598607E
Date Of Birth	10/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93852379
Fax Number	
Contact Number	
EEmail 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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	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)	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

At the open space carpark of BLOCK 321 BUKIT BATOK STREET 33. I was drive straight when suddenly a vehicle dashed out from the parking Lot. Doing so the vehicle bumped onto my vehicle front left side portion.

#### 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	SJS9079X
Vehicle Make/Model/Colour	TOYOTA/ COROLLA ALTIS 1.6 AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG ZHIHENG
NRIC/Passport Number	
Contact Number	96231561
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN

### 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 Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful 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.
- 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 insured(s) who have insured my vehicle(s) involved in this accident (all insurers 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 making 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 investigation 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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

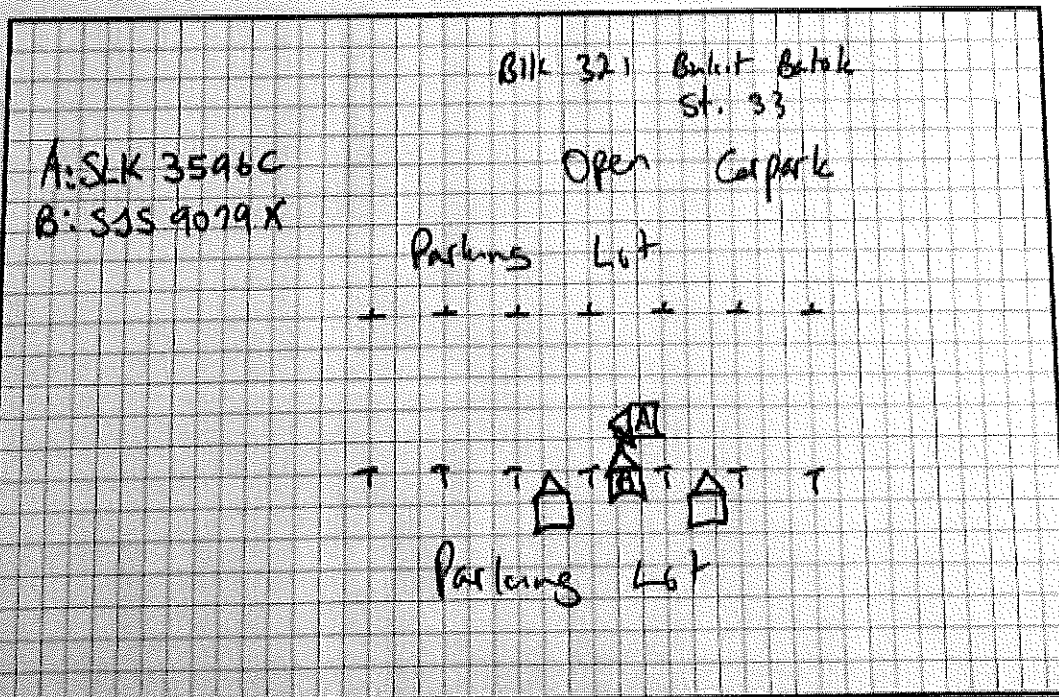
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

At the open space carpark of BLOCK 321 BUKIT BATOK STREET 33. I was drive straight when suddenly a vehicle dashed out from the parking Lot. Doing so the vehicle bumped onto my vehicle front left side portlon.

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 -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

30 March 2019 at 12:00 PM

Date/Time:

30 March 2019 at 12:00 PM

&gt; Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 08 Jul 2019 / 16:56:54

Receipt Date/Time : 08 Jul 2019 / 16:56:54

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190708-002649

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 - SJS9079X				
As at 30 Mar 2019/10:20:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SJS9079X Enquiry Fee 20190708165539502239	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
Result of Insurance Enquiry - GBB8615P				
As at 18 Mar 2019/17:25:00				
Insurance Co: LIBERTY INS P L				
2	Insurance Enquiry - GBB8615P Enquiry Fee 20190708165539569092	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
Result of Insurance Enquiry - GBB1407U				
As at 03 Apr 2019/09:25:00				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
3	Insurance Enquiry - GBB1407U Enquiry Fee 20190708165539627588	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
Result of Insurance Enquiry - FBK9102Z				
As at 10 Apr 2019/08:30:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
4	Insurance Enquiry - FBK9102Z Enquiry Fee 20190708165539683807	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	28.00	1.96	29.96
	<b>Rounding Difference</b>			0.01
	<b>Total Amount Payable</b>			29.95
Paid By				
	20190708165552958	Direct Debit: eNETS Debit (Internet Banking)		29.95
	<b>Total</b>			29.95
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			29.95
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!