

ASS. REC. BY:

REF: AG1 / 200057101K.

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

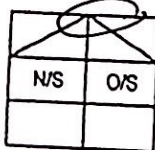
Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

02 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: \_\_\_\_\_

SL5 419J

Yr Regn: \_\_\_\_\_

09.17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: \_\_\_\_\_

Toyota Proace

c.c

1798

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

273857

T/Radio:

Insured / Std / NI / NA

Eng No: \_\_\_\_\_

C/No: \_\_\_\_\_

JTDKB3FU103569498

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / A/Rlm or

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

195/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal. \_\_\_\_\_

8 mm

R/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

8 mm

L/Bal. \_\_\_\_\_

mm

D.O.A. \_\_\_\_\_

10/5/20

D.O.I. \_\_\_\_\_

18/5/2020

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

FR O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS - SI

Fuel

Others

TOTAL

Add Fee: \_\_\_\_\_

Site Insp (\$ \_\_\_\_\_)

Interview (\$ \_\_\_\_\_)

Tech Invs (\$ \_\_\_\_\_)

Weekend (\$ \_\_\_\_\_)

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_

Auto &amp; General

LKK- Kenneth


**ESTEEM  
PERFORMANCE**
**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.esteempert.com.sg

**Repair Estimates**

SLS 419 J

Parts	(a) Cost / List Price Items	\$	3,980.15
	Plus/Less 25%	\$	995.04
	<b>Total of Cost / List</b>	<b>\$</b>	<b>2,985.11</b>
	(b) Nett Price Items		
	Less		
	<b>Total of Nett Item</b>		
	(c) Special Nett Items	\$	45.00
<b>Total Parts Cost</b>		<b>\$</b>	<b>3,030.11</b>
<b>Labour</b>		<b>\$</b>	<b>900.00</b>
<b>Total</b>		<b>\$</b>	<b>3,930.11</b>

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

Not Authorized

Resurvey After Paint B4

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Name of Surveyor

:

Kenneth

Company

:

LKK

Survey conducted on

:

18/15/20

at

**Remarks By Surveyor**
(a) The repair of this vehicle is authorized / is not authorized until further notice..

(b) Recommended Days of Repair : 02 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$

(e) Signature of surveyor

:

Le

Date:

18/15/20



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## Spare Parts

Vehicle No. : **SLS 419 J**  
Make & Model : **TOYOTA PRIUS**  
Chassis No : **JTDKB3FU103569498**

Submit By : **Serence chee**  
Year Manufacture : **2017**  
Engine No. :  
**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front number plate <i>Ref</i>	1	\$45.00	S.N	✓
2	Front number plate garnish <i>cmf</i>	1	\$129.00		✓
3	Front bumper <i>Bul/cmf</i>	1	\$450.80		✓
4	Front bumper clip <i>Ref</i>	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 <i>Ref</i>	1	\$107.20		X
9	Front bumper upper grille <i>Ref</i>	1	\$321.90		✓
10	Front bumper lower grille	1	\$148.60		?
11	Front bumper emblem <i>Ref</i>	1	\$87.10		✓
12	Front bumper tow cover RH <i>Ref</i>	1	\$25.70		X
13	Front bumper tow cover LH <i>Ref</i>	1	\$25.70		X
14	Front bumper sponge - upper	1	\$89.81		?
15	Front bumper sponge - lower	1	\$135.70		?
16	Fog lamp RH <i>Ref</i>	1	\$910.70		X
17	Engine under cover <i>Ref</i>	1	\$198.30		X
18	Engine under cover clip <i>Ref</i>	10	\$35.00		X
19	RH front fender undershield <i>Ref</i>	1	\$185.64		X
20	RH front fender undershield clip <i>Ref</i>	10	\$25.00		X
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.

Blk 5033 Ang Mo Kio Industrial Park 2 #01-259 Singapore 569536 Tel: 64841221 Fax: 64847829  
Company Reg No. 200005485N / GST No. 20-0005485-N



Submit By : : Serence chee  
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 11/05/2020 13:10  
Date Of Accident 10/05/2020 19:55  
Exact Location Of Accident CARPARK OF BLK 101 YISHUN AVE 5  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS419J  
**Insured/Policyholder**  
Name Of Registered Owner GRAB RENTALS PTE LTD  
Co Reg No 2XXXXX200G  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-31388644

### Vehicle Particulars

Manufacturer TOYOTA  
Model PRIUS-1.8 HYBRID CVT (A)  
Exact Purpose for which vehicle was being used at time of accident  
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 29141713  
Cover Note Number

### Driver

Name of Driver NG TNG, EMILY  
NRIC No SXXXX594J  
Date Of Birth 03/08/1957  
Occupation OUTDOOR  
Date Of Driving Pass 09/05/1979  
Driving Experience 41 YEARS AND 0 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-96223857  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 335 ANG MO KIO AVE 1 #06-2019  
 Postcode 560335  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - LESSEE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 Weather Conditions DRIZZLING  
 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?  
 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

ON 10/05/2020 AROUND 1955HRS, I JUST ENTERED BLK 101 YISHUN AVE 5 CARPARK TO PICK UP MY GRABFOOD ORDER. UPON REACHING A LEFT TURN, VEHICLE B SUDDENLY DROVE PAST ME FROM MY RIGHT AT A FAST SPEED. I TRIED TO BRAKE BUT WAS NOT IN TIME. MY VEHICLE'S FRONT PORTION HIT INTO VEHICLE B'S REAR LEFT PORTION. MY VEHICLE'S FRONT PORTION IS DAMAGED. THERE WAS NO INJURIES.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: SD CARD WITH WORKSHOP  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD8477S  
 Vehicle Make/Model/Colour HONDA / VEZEL  
 Details Of Properties VEH B  
 Vehicle Category PRIVATE CAR  
 Name of Driver XUE ZHIXIONG RAY  
 NRIC/Passport Number SXXXX473A  
 Contact Number 91061776  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage