ASS. REC. BY: Taufik

REF: CS/GA/20011821/Tiv03

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.

N/S	O/S

Bal. or Market Value: 45 3K.

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

'WP'

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: Sasha

Veh No: SLL9439C Yr Regn: 2017, March

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Vios c.c 1496

Colour: Grey A/C: Insured / Std / NI / NA

Sp.Reading: 31415 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MHFB29F3302008000

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60 R15

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	29/10/20	D.O.I.	30/10/20

Survey held at Borneo Pavilion

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? [ ] : Preli. Report

1) _____ [ ] : Final Report

Date/Time, File Return to?

2) 26/11/20-Typist

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($ _____)

[ ] : Interview ($ _____)

[ ] : Tech. Invs ($ _____)

[ ] : Weekend ($ _____)

Survey Fee: _____

Transportation: ___S + RS.___SI

Photos _____

Others _____

TOTAL _____

Report Former : TP

Lump Sum / I.B.I: (% $6510.60)

TOYOTA

Co Reg No : 196700086Z
GST Reg No : MR-8500000-9

Download "My Toyota SG" app on Playstore or Appstore to access your Toyota ME account & more!

ESTIMATE

Borneo Motors (Singapore) Pte Ltd
Online Service Booking :
www.toyota.com.sg
Toyota Bodycare Centre
No. 2 Pandan Crescent
Singapore 128462
Tel no.: 6631 1188

Account Detail	Account No	Customer Detail
THIRD PARTY CLAIM	S1000020 /TPCLAIM	M/S Grab Rentals Pte Ltd 6 Shenton Way #38-01 Oue Downtown Singapore 068809
	Document No: 0	
	Document Date: 29/10/2020	Work: 65703925

Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks
17	CEXRKT	Q1 NSP151R	17/03/2017	SLL9939C	0	57638	6TP/SLL9939C/29102

Chassis No	Engine No	Terms	Service Engineer	Vehicle In	Collected On
MHFB29F3302008000	2NRX133735	60	Shashitharan	--/--/---- 0.00	--/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-GRAB-DS SUNDRIES - FLASH ARRIVE: DD/MM/YY 0000HR TP VEH NO.:SDZ8863P ACC DATE:29/10/20 DRIVE IN:29/10/20 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:		Sundries	→	450
2	B	BP-LAB2 CHECK WIRING AND REFOCUS HEADLAMP				180.00
3	B	BP-LAB2 REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALLIGN ACC AFF AREA				1800 3600.00
4	B	BP-RES2 RESPRAY ACC AFF AREA				1770 2360.00
5	B	BP-MECH2 RESET ECU UPON COMPLETION OF REPAIR				180.00
6	1	S52021-0D140 REINFORCEMENT SUB-AS	1.00	399.50		399.50
7	2	S52536-0D190 RETAINER, FR BUMPER	1.00	68.70		68.70
8	3	S52535-0D190 RETAINER, FR BUMPER	1.00	68.70		68.70
9	4	S53112-0D360 GRILLE, RADIATOR, LW	1.00	287.60		287.60
10	5	S52128-0D250 COVER, FR BUMPER HOL	1.00	59.70		59.70
11	6	S53101-0D904 GRILLE SUB-ASSY, RAD	1.00	204.10		204.10
12	7	S53124-0D140 MOULDING, RADIATOR G	1.00	69.40		69.40
13	8	S53121-0D200 MOULDING, RADIATOR G	1.00	69.40		69.40
14	9	S53867-0D160 SEAL, FR FENDER TO C	1.00	45.90		45.90

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

For & on behalf of Borneo Motors	Customer's Signature	Change Summary	Total
	Please acknowledge receipt of vehicle	Parts	Tanfik 97495749 30/10/20 @ 12pm
		Labour	
		Materials	Less
		Lubrication/Fluid	
		Others	
			Amount Due

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

'WP' Rounvey before paint
tanfik@lkkauto.com
6 days

4300083

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

Acknowledged by Repairer
Signature:
Date:

DATE 29/10/2020
TIME 16:41

PLEASE ALLOW THE UNDERMENTIONED VEHICLE TO LEAVE THE COMPANY PREMISES.

4300083

VEHICLE NO SLL9939C

CUSTOMER

SIGNATURE
FOR *BORNEO MOTORS (SINGAPORE) PTE LTD*

Inchcape

Borneo Motors

TOYOTA

Co Reg No : 196700086Z
GST Reg No : MR-8500000-9

Download "My Toyota SG" app on Playstore or Appstore to access your Toyota ME account & more!

ESTIMATE

Borneo Motors (Singapore) Pte Ltd
Online Service Booking :
www.toyota.com.sg
Toyota Bodycare Centre
No. 2 Pandan Crescent
Singapore 128462
Tel no.: 6631 1188

Account Detail	Account No	Customer Detail
THIRD PARTY CLAIM	S1000020 /TPCLAIM	M/S Grab Rentals Pte Ltd 6 Shenton Way #38-01 Oue Downtown Singapore 068809
	Document No: 0	
	Document Date: 29/10/2020	Work: 65703925

Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks
17	CEXRKT	Q1 NSP151R	17/03/2017	SLL9939C	0	57638	6TP/SLL9939C/29102

Chassis No	Engine No	Terms	Service Engineer	Vehicle In	Collected On
MHFB29F3302008000	2NRX133735	60	Shashitharan	--/--/---- 0.00	--/--/---- 0.00

L	Cd	Job/Parts Description		Qty	Unit Price	Disc %	Amount
15	0	S53812-K0020	L/FRONT FENDER PANEL	1.00	706.80		706.80
16	1	S53876-0D380	LINER, FR FENDER, LH	1.00	303.40		303.40
17	2	S53208-0D160	SUPPORT SUB-ASSY, HO	1.00	149.40		149.40
18	3	S53288-0D170	EXTENSION, RADIATOR	1.00	65.80		65.80
19	4	S53286-0D240	SEAL, RADIATOR SIDE	1.00	80.70		80.70
20	5	S53214-0D140	SUPPORT, RADIATOR, U	1.00	78.90		78.90
21	6	S81110-0D831	HEADLAMP ASSY, RH	1.00	608.70		608.70
22	7	S81150-0D831	HEADLAMP ASSY, LH	1.00	608.70		608.70

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

For & on behalf of Borneo Motors	Customer's Signature	Change Summary			
	Please acknowledge receipt of vehicle	Parts	3,875.40	Total	10,195.40
		Labour	6,320.00	GST 7.00%	713.68
		Materials	0.00	Less	0.00
		Lubrication/Fluid	0.00		
		Others	0.00	**Amount Due**	10,909.08

4300084

PLEASE TEAR ALONG PERFORATED LINE

4300084

TO SECURITY GUARD

PLEASE ALLOW THE UNDERMENTIONED VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 29/10/2020
TIME 16:41

VEHICLE NO SLL9939C

CUSTOMER

SIGNATURE
FOR ***BORNEO MOTORS (SINGAPORE) PTE LTD***

Inchcape

Borneo Motors

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 witholding 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	29/10/2020 15:47
Date Of Accident	29/10/2020 13:50
Exact Location Of Accident	TELOK BLANGAH ROAD TOWARDS HENDERSON ROAD
Country/State of Loss	SINGAPORE

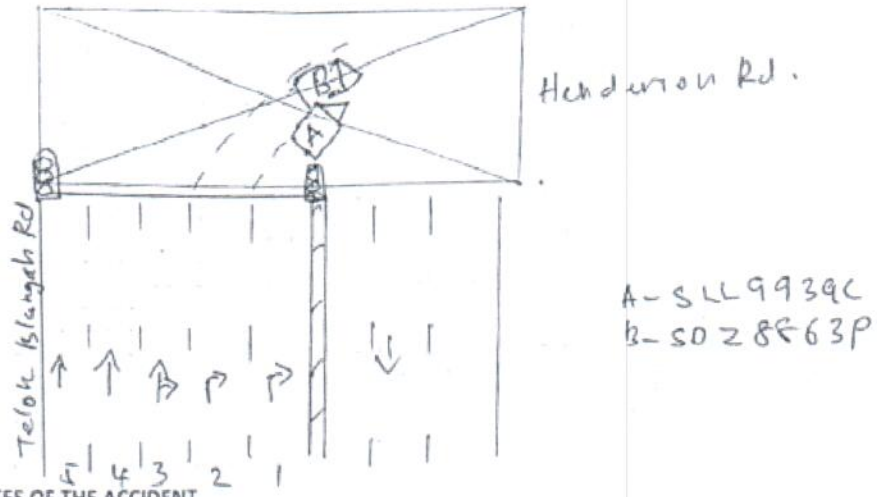
DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9939C
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	2XXXXX200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88793900
Alternative Phone No	OFFICE-66550005
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E GRADE 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	TAY CHUAN LIM
NRIC No	SXXXX522I
Date Of Birth	09/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	30/11/1982
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88793900
Fax Number	
Contact Number	
EMail Address	JAMESTAY0911@GMAIL.COM

No. Of Passenger (Including Driver)	1

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/10/20, at about 1350hrs, I was driving my vehicle along Telok Blangah Rd towards Henderson. While I drive my vehicle SLL 9939C I stop my vehicle due to red traffic light. My vehicle was at first lane. Once traffic light turn green, I make a right turn when suddenly vehicle SOZ 8863P at second lane make a u-turn and swiped onto my front left side portion. He have no right to make a u-turn from second lane. He admit his fault and intended to pay my access if he afford to pay. He mentioned to me that he intended to make u-turn.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 20/10/2020 1525	Reporting Centre Personnel's Signature Name: Dhamaraj NRIC/FIN No.:

Address	BLK 367 TAMPINES STREET 34 #06-83
Postcode	520367
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 (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

ON 29/10/20, AT ABOUT 1350HRS, I WAS DRIVING MY VEHICLE ALONG TELOK BLANGAH RD TOWARDS HENDERSON. WHILE I DRIVE MY VEHICLE SLL9939C, I STOPPED MY VEHICLE DUE TO RED TRAFFIC LIGHT. MY VEHICLE WAS AT FIRST LANE. ONCE TRAFFIC LIGHT TURNED GREEN, I MADE A RIGHT TURN WHEN SUDDENLY VEHICLE SDZ8863P AT SECOND LANE MADE A U-TURN AND SWIPED ONTO MY FRONT LEFT SIDE PORTION. HE HAD NO RIGHT TO MAKE A U-TURN FROM SECOND LANE. HE ADMITTED HIS FAULT AND INTENDED TO PAY MY EXCESS IF HE AFFORD TO PAY. HE MENTIONED TO ME THAT HE INTENDED TO MAKE A U-TURN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDZ8863P
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97600838
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 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. 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 upon application by interested parties.
7. By the lodgment 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' 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 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' 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 24/10/2015 15:54	Reporting Centre Personnel's Signature Name: Wheaver Ng NRIC/FIN No.: