

ASS. REC. BY: Steve REF: CS/CTI21003213/Eg d3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD/TP/WS/TP RES/OD RES/EVA/INV/MY  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: DMHCSNA00004132000  
 Claims No: SNM21D201339C02  
 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
<i>X</i>	<i>X</i>

Rat. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLP 3967 P Yr Regn: 2/6/17  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Toyota Prius c.c. ~~1777~~ 1798  
 Colour: White A/C: Insured / Std / Nil / N  
 Sp. Reading: 163602 T/Radio: Insured / Std / Nil / N  
 Eng/No: \_\_\_\_\_  
 C/No: JTOKB3F4X03559458  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modl: NII / S/Rim / STD A/Rim or  
 Tyre Size: F: 195/65R15  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or 2  
 Front R/Bal. 5 mm Rear R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 7/3/21 D.O.I. 11/3/21  
 Survey held at Cycle & callage  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-70K</u>
<u>25/03/21 @ 12.06pm</u>	<u>revised to Tan Kah Leong via Merimen.</u>
<u>25/03/21</u>	<u>Steve finalised with Shashi final fig \$3428.40, 4 days (Red \$4885.10, 59%)</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

Days Of Repair: 4  
 Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Wheel and (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
S + RS:	_____
Photos:	_____
Others:	_____
TOTAL:	_____

Rep. Format: MER-TP  
 Lump Sum / L.E.I. P: 3428.40



# Borneo Motors



# TOYOTA

No. Reg No. : 198700086Z  
 GST Reg No. : MR-8500000-9  
 No. 2 PANDAN CRESCENT  
 SINGAPORE 128462. Tel no.: 6631 1188

## ESTIMATE

Account Details		Account No.	Customer Details	
THIRD PARTY CLAIM		S1000020 / TPCLAIM	M/S Grab Rentals Pte Ltd	
		Document No. 0	6 Battery Road #38-04 Singapore 049909	
		Document Date 09/03/2021	Work: 65703925	

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	ZVV50R	AHXEBW Q3	02/06/2017	SLP3967P	0	60546	66TP/SLP3967P/080321

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTDKB3FUX03559956	2ZRS052153	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.:SLF9470T ACC DATE:07/03/21 TOW/DRIVE IN: EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORIZED ON:				50 100.00
2	B	BP-LAB2 CHECK WIRING AND CONDUCT LEAK TEST				180.00 ✓
3	B	BP-LAB2 DRILL HOLE AND INSTALL REVERSE SENSOR				180.00 ✓
4	B	BP-LAB2 REPL ACC AFF PARTS AND PANEL 720 x 1 STRAIGHTEN AND REALIGN ACC AFF AREA				2160.00 720
5	B	BP-RES2 RESRPAY ACC AFF AREA 590 x 2 ?				1770.00 1180 590
6	1	SPC507-47001 16 BACK SENSOR WHITE PEARL SILVER ?	1.00	169.60		169.60
7	2	T52023-47030 REINFORCEMENT ?	1.00	332.70		332.70
8	3	T52159-47913 COVER, RR BUMPER / DO	1.00	442.60		442.60
9	4	T52453-47010 GUARD, RR BUMPER, / CUT (Black)	1.00	576.30		576.30
10	5	T52566-47900 FILLER, RR BUMPER ?	1.00	123.70		123.70
11	6	S52161-0K040 PIECE,RR BUMPER / REC ?	4.00	4.10		16.40
12	7	T52576-47040 RETAINER, RR BUMPER ?	1.00	116.50		116.50
13	8	T52575-47040 RETAINER, RR BUMPER ?	1.00	117.70		117.70
14	9	T75403-48010 PLATE,LUGGAGE Rec - Rec	1.00	47.90		47.90

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			
	Please acknowledge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others	Less
			Amount Due

Company Copy



# Borneo Motors



# TOYOTA

incharge  
 Co. Reg No. : 196700086Z  
 GST Reg No. : MR-8500000-9  
 No 2 PANDAN CRESCENT  
 SINGAPORE 128462, Tel no. : 6631 1188

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JTDKB3FUX03559956	2ZRS052153	60	Shashitharan	--/--	0.00 --/--

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
15	0	T75441-47130 PLATE, LUGGAGE COMPT * <i>AK</i>	1.00	54.60		54.60
16	1	T75442-47130 PLATE, LUGGAGE COMPT * <i>AK</i>	1.00	54.60		54.60
17	2	T76801-47110 A1 GARNISH SUB-ASSY, X	1.00	925.60		925.60
18	3	T81591-47011 LENS & BODY, RR X	1.00	502.00		502.00
19	4	T81561-47153 LENS & BODY, RR X	1.00	443.30		443.30

*Steve (LKK)*  
*8322 8813*

*wil Perjud*  
*11/3/21, 12.00pm*  
*P/P*  
*By Bol spy*  
*48 days*

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 information is subject to final approval from Insurance Company

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

For & on behalf of	Customer's Signature	Charge Summary		Total
Borneo Motors (Singapore) Pte Ltd		Parts	3,923.50	8,313.50
		Labour	4,390.00	GST 7.00%
		Sublet	0.00	581.95
		Lubrication/Fluid	0.00	Less
		Others	0.00	0.00
				Amount Due
				8,895.45

Company Copy

# 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 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 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 Submission ..... 08/03/2021 12:45 (SGT)  
Date of Accident ..... 07/03/2021 16:45 (SGT)  
Exact Location of Accident ..... Sims Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP3967P

INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRAB RENTALS PTE LTD  
Company Reg No ..... 2XXXXX200G  
Email Address ..... gr.sg.accident@grab.com  
Mobile Phone No ..... (Phone) +65-98738808  
Alternative Phone No ..... (Office) +65-66550005

## VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private hire

## INSURANCE COMPANY

Name of Insurance Company ..... MSIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... G400000730MCX  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... TAN TONG SAN  
NRIC No ..... SXXXX364I  
Date Of Birth ..... 03/10/1970  
Occupation ..... Outdoor

Date Of Driving Pass 09/05/2008  
 Driving experience 12 YEARS AND 10 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-98738808  
 Alt. Phone Number -  
 Email Address meridianlimosus@gmail.com  
 Address BLK 102 TAMPINES STREET 11 #04-113  
 Address complement -  
 Postcode 521102  
 Is the driver the policyholder? No  
 If No, Relationship of the Driver with the Insured Hirer  
 Does Driver Own Other Vehicles? No  
 Vehicle Registration Number of Other Vehicle Owned by Driver -  
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear  
 Weather Conditions Raining  
 Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No  
 Number of vehicles involved in the accident 2  
 Was anybody injured in the Accident? Yes  
 Was any injured conveyed to hospital by ambulance? No  
 Was any other material or property damaged? Yes  
 Number of Passengers (Including Driver) 4  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN  
 Gender Male

PASSENGER 2

Name UNKNOWN  
 Gender Female

PASSENGER 3

Name UNKNOWN  
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? No  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 7/3/21 AT AROUND 1645HRS, I WAS DRIVING MY VEHICLE A (SLP3967P) ALONG SIMS WAY INTENDING TO TURN RIGHT ONTO GEYLANG ROAD AT THE 3RD LANE. SUDDENLY VEHICLE B (SLF9470T) REAR ENDED MY VEHICLE WHILE I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. I SUFFER SOME SLIGHT INJURY AT MY BACK.

ATTACHMENT(S)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Registration Number	SLF9470T
Manufacturer	Honda
Model	Vezei
Variant	-
Colour	-
Category	Private car
Name of Driver	TRICIA LIM
NRIC No	SXXXX721C
Contact Number	(Phone) +65-84688648
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person	TAN TONG SAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY AT BACK
Injured person in which vehicle?	SLP3967P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



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 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 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' 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 enquires 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

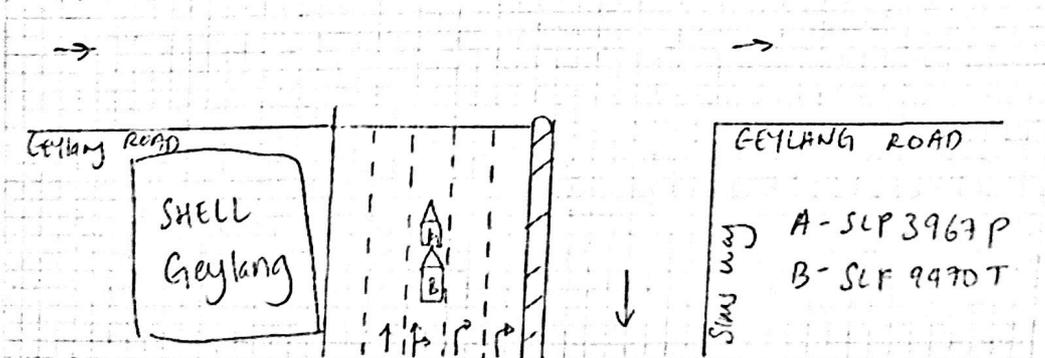
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
*[Signature]*  
7/13/21 20:30 hrs

Witnessed by Reporting Centre Personnel  
*[Signature]*  
KHAIKUL

Sketch Plan



Describe Circumstances of the Accident

on 9/3/21 at around 1645 hrs I was driving  
 my vehicle A(SLP 3967P) along Sims way intending to turn  
 right onto jayking road at the 3rd hse. Suddenly  
 vehicle B(SLP 9470T) rear ended my vehicle while we  
 was waiting for the traffic light to turn green. I suffer  
 some slight injury at my back.

Declaration

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  
 9/3/21 2030 hrs

Witnessed by Reporting Centre Personnel  
 K. H. H. H. H.