

A.S.S. REC. BY:

Steve

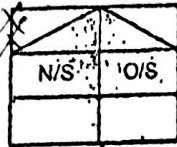
CS/SMR21004439/Euf3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLL 9508M
 at Workshop m/s BORNEO MOTORS
 of _____
 Insured: SHB 5973D
 Policy No. _____
 Claims No. TAX/03/21/2081
 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
 SIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLL 9508M Yr Regn: 16/3/17
 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 / N
 Sp. Reading: 302672 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: MHE029F3002007645
 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: 195/50R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 26/3/21 D.O.I. 7/4/21
 Survey held at Borneo Motors
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
FL LM
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-58K</u>
	<u>FINAL FIGURE \$4395.50. 5 DAYS</u>
	<u>(RED \$1997.80. 31%)</u>

Date/Time, File, Pass to? ☐ : Prel. Report12/4 TYPIST ☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)☐ : Weekend (\$ _____)APPROVED: TP

Net Sum / U.P. : \$4395.50



Borneo Motors



TOYOTA

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

Steve (LKK)

with Pm
5 Lyr

Ry BL Ry
7/4/21, 11:00am

ESTIMATE P/P

Account Details			Account No.		Customer Details		
THIRD PARTY CLAIM			S1000020 / TPCLAIM		M/S Grab Rentals Pte Ltd 6 Battery Road #38-04 Singapore 049909 Work: 65703925		
			Document No. 0				
			Document Date 29/03/2021				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	NSP151R	CEXRKT Q1	16/03/2017	SLL9508M	0	60979	66TPSLL9508M/290321
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
MHFB29F3002007645		2NRX131423	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.: SHB5973D ACC DATE: 26/03/21 DRIVE IN: 29/03/21 @ 1000 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50	100.00
2	B	BP-LAB2 CHECK WIRING AND REFOCUS HEADLAMP				180.00	✓
3	B	BP-LAB2 REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALIGN ACC AFF AREA	1.5			1080	2160.00
4	B	BP-RES2 RESRPAY ACC AFF AREA				1770.00	✓
5	1	S53812-K0020 L/FRONT FENDER PANEL	1.00	706.80		706.80	
6	2	S53876-0D380 LINER, FR FENDER, LH	1.00	303.40		303.40	
7	3	S52119-0U920 COVER, FR BUMPER, L/	1.00	495.70		495.70	
8	4	S52536-0D190 RETAINER, FR BUMPER	1.00	68.70		68.70	
9	5	S81150-0D831 HEADLAMP ASSY, LH	1.00	608.70		608.70	
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <p>For & on behalf of Borneo Motors (Singapore) Pte Ltd</p> <p>Customer's Signature</p> <p>Charge Summary</p> <p>Total 6,393.30</p> <p>GST 7.00% 447.53</p> <p>Less 0.00</p> <p>Amount Due 6,840.83</p>							

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 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 Submission	29/03/2021 10:44 (SGT)
Date of Accident	26/03/2021 14:20 (SGT)
Exact Location of Accident	Moulmein Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9508M
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) +65-90278375
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	G400000730MCX
Cover Note Number	-

DRIVER

Name of Driver	ONG MUN SENG
NRIC No	SXXXX760I

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

28/03/1971
 Outdoor
 23/03/1993
 28 YEARS
 Male
 (Phone) +65-90278375
 -
 ERICONG3835@GMAIL.COM
 BLK 487A CHO A CHU KANG AVENUE 5 #04-75
 -
 681487
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Change/cross lane
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 4
 No

PASSENGER 1

Name
 Gender

UNKNOWN
 Male

PASSENGER 2

Name
 Gender

UNKNOWN
 Male

PASSENGER 3

Name
 Gender

UNKNOWN
 Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

ON 26.03.2021 AT ABOUT 1420HRS, I WAS DRIVING MY VEH A SLL9508M ON MOULMEIN ROAD TOWARDS BALESTIER. I WAS ON THE MOST RIGHT LANE FILTERING ONTO THE 2ND RIGHT LANE. AS I ENTERED INTO 2ND LANE, VEH B SHB5973D FROM MY LEFT COMING AT A FAST SPEED, SIDE SWIPE MY VEH A FRONT LEFT SIDE. AT THE POINT OF IMPACT MY VEH A WAS ALREADY IN THE 2ND RIGHT LANE. I CHECK WITH MY PASSENGERS, THEY ASSURE ME THEY ARE NOT INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?

Yes
 No

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHR5973D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

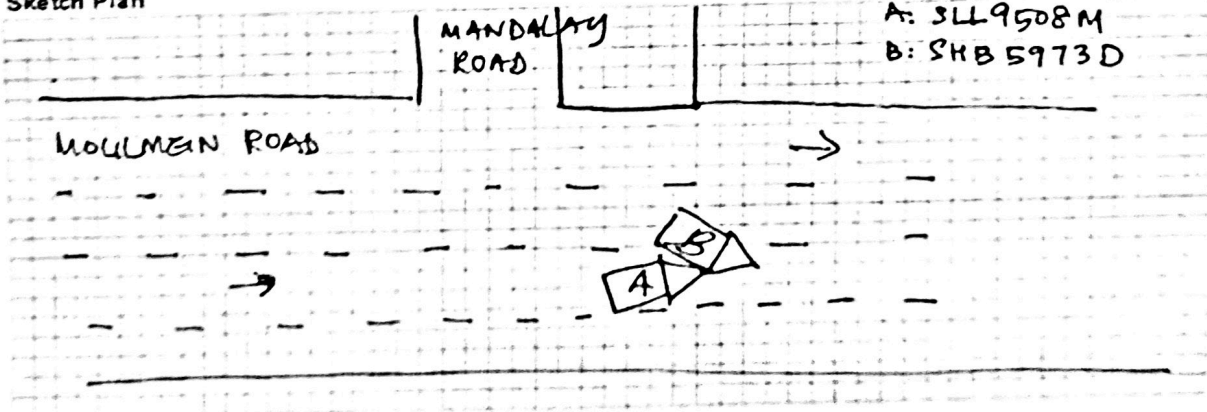
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
 - (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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 26.03.2021 AT ABOUT 1420 HRS I WAS DRIVING MY
 VEH A SLL 9508 M AN MOULMEIN ROAD TOWARDS BOLESHIER.
 I WAS ON THE MOST RIGHT LANE FILTERING ONTO THE 2ND
 RIGHT LANE. AS I ENTERED INTO 2ND LANE, VEH B 8HB 5973D
 FROM MY LEFT COMING AT A FAST SPEED, SIDE-SWIPE MY
 VEH A FRONT LEFT SIDE. AT THAT POINT OF IMPACT MY
 VEH A WAS ALREADY IN THE 2ND RIGHT LANE.
 I CHECK WITH MY PASSENGERS THEY ASSURE ME THEY
 ARE NOT INJURED.

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

27.03.2021 1300 HRS

Witnessed by Reporting Centre
 Personnel

Kyau Tng