



Borneo Motors

Inchcape

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



TOYOTA

ESTIMATE

Account Details	Account No.	Customer Details
MSIG Insurance (Singapore) Pte Ltd 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807 Attn: Motor Claims Dept	S1000004 / ICCUA1	M/S Borneo Motors (Singapore) Pte Ltd 2 Pandan Crescent Inchcape Centre Singapore 128462 Work: 64751288
	Document No. 0	
	Document Date 23/04/2021	

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2021	GXPA16R	AGFGZW R1	16/04/2021	SMZ2346Z	0	61636	65OD/SMZ2346Z
Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On		
JTD4F4E350A005685	G16E0011085	60	Francis Cher T S	--/--/----	0.00	--/--/----	0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES POLICY NO.: ACC DATE:22.04.21 TOW/DRIVE IN: EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				100.00
2	Z	BP-SLANT SUPPLY SEALANT (NETT)				60.00
3	B	BP-LAB2 CHK WIRING SYSTEM AND CONDUCT WATER TEST.				180.00
4	B	BP-LAB2 REMOVE R/F DOOR COMPONENTS TO TRANSFER ONTO NEW DOOR.				360.00
5	B	BP-ECU2 TO RESET ECU AND REPROGRAMME				180.00
6	B	BP-MECH2 CONDUCT WHEEL ALIGNMENT.				360.00
7	S	BP-SUBLET REPLACE AND BALANCE R/F RIM				40.00
8	B	BP-LAB2 REPLACE R/R 1/4 GLASS.				360.00
9	B	BP-LAB2 REMOVE ALL NECESSARY DAMAGED PARTS TO REPLACE, REPAIR, STRAIGHTEN FRT BUMPER, R/F FENDER, R/F DOOR, R/R FENDER, R/SIDE SKIRTING AND AFFECTED PORTION OF CAR.				4320.00

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

Customer Copy



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Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
JTDAF4E350A005685		G16E0011085	60	Francis Cher T S	--/--/----		0.00 --/--/---- 0.00
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
10	B	BP-RES2 SPRAY PAINT ON DAMAGED AFFECTED PORTION OF CAR.				3540.00	
11	1	T53811-52600 PANEL, FR FENDER, RH	1.00	728.00	15.00	618.80	
12	2	T67001-59025 DOOR SUB-ASSY, RH	1.00	2107.70	15.00	1791.54	
13	3	T90269-06013 RIVETS	4.00	1.90	15.00	6.44	
14	4	T75851-52904 MOULDING, BODY	1.00	716.60	15.00	609.11	
15	5	T42611-52D00 WHEEL, DISC	1.00	11331.30	15.00	9631.60	
16	6	T61601-52730 PANEL SUB-ASSY,	1.00	1258.20	15.00	1069.47	
17	7	T21000-20 SIKI 182010 SIKI TACK GO! (BLA	1.00	108.00	15.00	91.80	
18	8	T21000-22 SIKI 207. G+P ADHESIVE PRIMER	1.00	200.00	15.00	170.00	
19	9	T08826-08115 PANEL BONDING AD	1.00	267.20	15.00	227.12	
20	0	T62710-52320 WINDOW ASSY,	1.00	692.70	15.00	588.79	
21	1	T75361-52110 PLATE, FR FENDER	1.00	416.80	15.00	354.28	
22	2	T53875-52540 LINER, FR FENDER, RH	1.00	240.70	15.00	204.59	
For & on behalf of		Customer's Signature	Charge Summary		Total		
Borneo Motors (Singapore) Pte Ltd		Please acknowledge receipt of vehicle  _____	Parts 15,363.54		24,863.54		
			Labour 9,460.00		GST 7.00% 1,740.45		
			Sublet 40.00		Less 0.00		
			Lubrication/Fluid 0.00				
			Others 0.00		Amount Due 26,603.99		

Customer Copy

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☐ DS

MCA: _____

MOTOR ACCIDENT REPORT

Date Of Report : 22/4/21	Time: 1634	Date Of Accident : 22/4/21	Time: 1500
Exact Location Of Accident : South Bt Buang Vista Road			
Country/State of Loss: Singapore <input checked="" type="checkbox"/> / Wilayah Persekutuan <input type="checkbox"/> / Selangor Darul Ehsan <input type="checkbox"/> / Negeri Sembilan <input type="checkbox"/> / Melaka <input type="checkbox"/> / Pahang <input type="checkbox"/> /			
OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)			
Vehicle Registration Number: SM7 2346 Z		Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No : 1967000862	
Name Of Registered Owner: Borneo Motor Singapore Pte Ltd			
Mobile Number:	Alternative No:	Email Address:	
(Compulsory)			
Vehicle Particulars			
Manufacturer: Toyota <input checked="" type="checkbox"/> Lexus <input type="checkbox"/> Suzuki <input type="checkbox"/> Hino <input type="checkbox"/>		Model: Yaris GR	
Exact Purpose for which vehicle was being used at time of accident: Normal Usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please specify):			
Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/>			
Third Party <input type="checkbox"/> - If Liability Clearance UNSUCCESSFUL within 14 Days, I will revert to Own Insurance Policy Claim			
Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>			
Insurance Company			
Name of Insurance Company: MSIH			
Type Of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>			
Fleet Policy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Policy / Cover Note No:	
DRIVER DETAILS AT POINT OF ACCIDENT			
Name of Driver: GOM QIAN JUN		NRIC/ Passport / FIN No : S830100871	
Date Of Birth: 20/1/1983		Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date Of Driving Pass: 12/10/2004		Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Number: 98241738		Fax No: Alternative No:	
Address: 32 Fernvale Link #22-11		Postal Code: 797531	
Email Address: qian83@hotmail.com			
Was driver an employee of the Insured's Company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured:			
Vehicle Registration Number of Driver's Own Vehicle (if applicable):			
Insurance Company of Driver's Own Vehicle (if applicable):			
GENERAL INFORMATION OF THE ACCIDENT			
Type Of Accident: Right Side Collision			
Number of Passengers in the above vehicle (Including Driver): 2 / If more than 2 Pax Please fill ANNEX B			
PASSENGER 1			
Name: Ernie Lee Yu En		Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Weather Conditions: Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/> (If others, please state condition):			
Road Surface: Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/> (If others, please state condition):			
Was any body injured in the Accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was any injured conveyed to hospital by ambulance? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was any foreign vehicle involved in this accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Vehicle No: Vehicle type:			
Number of vehicles involved in the accident: 2			
Was there any witness? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, please furnish witness details column below			
Witness Name:		Contact No.:	Email:
Was there any other vehicle or property damaged? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was there any video captured by Car Camera? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		Are accident scene photos available for attachment? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was the accident reported to the police? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, please state which Police Station):			
Was notice of intended Prosecution given? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, please state against whom):			
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No <input type="checkbox"/> Yes <input type="checkbox"/>			
DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)			
Vehicle Registration Number: GBF 5526 L		Vehicle Make/Model/Colour: TOYOTA HIALE	
Details Of Properties Damage in Accident:			
Vehicle Category:			
Name of Driver: PONNIRULU JAYAKARTHIK			
NRIC/Passport/FIN Number: O 36592516		Contact Number: 88275008	
Address:		Postal Code:	
Insurance Company Name:			
Nature Of Damage:		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 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 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.


(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.

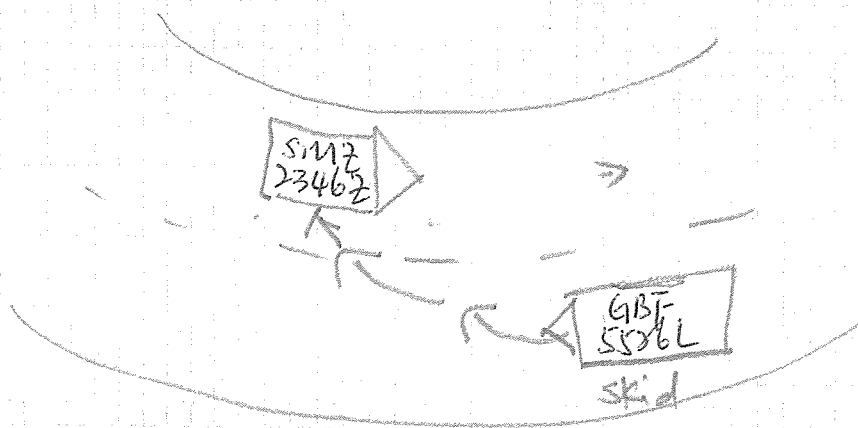

Policyholder's Signature / Date & Time




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


Francis Chier
Motor Claims Assessor
Borneo Motors (S) Pte Ltd
Witnessed By Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


Driving normally along South Buona Vista Road behind another car. While entering a curve, a van coming from the other direction lost control and skidded towards our lane. It was 1 lane in each direction road. The van skidded and hit head on onto the side of our vehicle. The road was ~~not~~ wet and it was raining lightly. The tyres of the van was very worn off.


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


Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd
Witnessed by Reporting Centre Personnel