

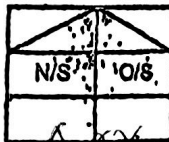
ASS. REC. BY: Steve CS/SMR 21007351/EUF3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: SLP 8805R
at Workshop m/s BORNEO MOTORS
of _____
Insured: SHF 178U
Policy No. _____
Claims No. TAX/07/21/2003
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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



Rel. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
SIA / PR Seen: _____ Consistent? : Yes or No
Est. Repair: 7 days Res.: Yes or No
Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: SLP 8805R Yr Regn: 21/6/17
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota VHS c.c. 1496
Colour: Grey A/C: Insured / Std / Nil / N
Sp. Reading: 313446 T/Radio: Insured / Std / Nil / N
Eng/No: _____
C/No: MHFB924F3302009857
Gen. Cond: Good / Fair / Poor / Buzpt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / 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 WERTIGKE
Front: _____ Rear: _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 2/7/21 O.O.L. 6/7/21
Survey held at Borneo Motors
Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>AKV-58K</u>
	<u>Confirmed P/P \$8793.40, 7 repair days. (RED \$4554.50; 34%)</u>

Time/Time, File, Pass list: ☐ : Prel. Report

7/10 TYPIST ☐ : Final Report

Time/Time, File Return list

Days Of Repair: 7

Resurvey No. of Trips: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (%) _____

☐ : Weekend (%) _____

Survey Fee:

Transportation: _____

\$ + RS: \$ _____

Private: _____

Culture: _____

TOTAL: _____

TP

\$8793.40



Borneo Motors

Inchcape

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

Steve CLKK

Steve cheng ikk auto.com

6/7/21, 11.30am

ESTIMATE



TOYOTA

Wk M
P/P

Ry Br sy
7 dgs

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 05/07/2021				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	NSP151R	CEXRKT Q1	21/06/2017	SLP8805R	0	63187	73/DS/SLP8805R
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
MHFB29F3302009857		2NRX145549	60	Ary Chua	--/--/----		0.00 --/--/----
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
1	Z	BP-GRAB-DS SUNDRIES - FLASH ARRIVE: 04/07/2021@15.5 4PMACC DATE:02-07-2021@19.45PM DRIVE IN:05-07-2021@15.00PM EXCESS: DATE SURVEY: NO OF REPAIR DAYS:15 DAY TP VEH: SHF178U TAXI				30	50.00
2	B	BP-ECU2 TO RESET ECU AND REPROGRAMME				180.00	X
3	Z	BP-SLANT SUPPLY SEALANT (NETT) FOR REAR END PANEL AND REAR BOOTLID				120.00	
4	B	BP-LAB2 TO CHECK WIRING AND LIGHTING. TO WATER TEST FOR LEAK.				122.40	✓
5	B	BP-LAB2 R/I REAR REVERSE SENSOR TO FACILITATE REPAIRS AND TEST FUNCTION.				180.00	✓
6	B	BP-LAB2 R/I REAR CARPET,TRIMMING,REAR CAMERA AND OTHER ATTACHMENT TO FACILITATE REPAIRS				360.00	X
7	B	BP-LAB2 TO REPLACE REAR ACCIDENT DAMAGE PARTS. 4 x 729 STRAIGHTEN/REALIGN ALL OTHER AFFECTED AREAS.				4320.00	
8	B	BP-RES2 TO SPRAY PAINT ON REAR ACCIDENT AFFECTED AREAS. 3 x 590				3540.00	
9	1	SPZ061-0D035 24 BACK SENSOR GREY METALLIC ✓ BR	1.00	146.70		146.70	
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

incorp

Co. Reg No. : 1967000562
GST Reg No. : MR-6500000-9
No 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no 6631 1188



TOYOTA

ESTIMATE

Account Details	Account No.	Customer Details
THIRD PARTY CLAIM	S1000020 / TPCLAIM	M/S Grab Rentals Pte Ltd
	Document No.	6 Battery Road
	0	#38-04
	Document Date	Singapore 049909
	05/07/2021	Work: 65703925

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	NSP151R	CEXRKT Q1	21/06/2017	SLP8805R	0	63187	73/DS/SLP8805R

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
MHFB29F3302009857	2NRX145549	60	Ary Chua	--/--/----	0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
10	2	K81550-0D550 LAMP ASSY, RR COMBIN / GR	1.00	323.00		323.00
11	3	K81560-0D550 LAMP ASSY, RR COMBIN / GR	1.00	323.00		323.00
12	4	K81580-0D190 LAMP ASSY, RR, RH X	1.00	191.30		191.30
13	5	K81590-0D150 LAMP ASSY, RR, LH X	1.00	191.30		191.30
14	6	K52159-0U908 COVER, RR BUMPER, L / DD	1.00	526.00		526.00
15	7	K52161-0K040 PIECE, RR BUMPER / nec	4.00	4.10		16.40
16	8	K52575-0D240 RETAINER, RR BUMPER / ?	1.00	121.30		121.30
17	9	K52576-0D240 RETAINER, RR BUMPER / ?	1.00	121.30		121.30
18	0	K52023-0D100 REINFORCEMENT SUB-AS / DD	1.00	336.30		336.30
19	1	K58307-0D250 PANEL SUB-ASSY, BODY / DD	1.00	722.50		722.50
20	2	K58387-0D160 PLATE, RR FLOOR FINI X	1.00	244.30		244.30
21	3	K90467-08186 C3 CLIP / nec	2.00	2.50		5.00
22	4	K64401-0D160 PANEL SUB-ASSY, LUGG / DD	1.00	798.90		798.90
23	5	K64461-0D130 WEATHERSTRIP, LUGGAG / TAI	1.00	177.60		177.60
24	6	K64610-0D080 LOCK ASSY, LUGGAGE C X	1.00	95.00		95.00
25	7	K75442-0D250 PLATE, LUGGAGE COMPT / nec	1.00	46.00		46.00
26	8	K90975-T2006 EMBLEM, SYMBOL / nec	1.00	53.70		53.70
27	9	K75444-0D460 PLATE, LUGGAGE COMPT / nec	1.00	35.90		35.90

For & on behalf of Borneo Motors (Singapore) Pte Ltd	Customer's Signature	Charge Summary	Total
	Please acknowledge receipt of vehicle	Parts 4,475.50	13,347.90
		Labour 8,872.40	GST 7.00% 934.35
		Sublet 0.00	Less 0.00
		Lubrication/Fluid 0.00	
		Others 0.00	Amount Due 14,282.25

Acknowledged by Repairer
Signature:
Date:

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	04/07/2021 15:54 (SGT)
Date of Accident	02/07/2021 19:45 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8805R
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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) +65-91177462
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	YOGASWARAN S/O THAMBOOSAMY
NRIC No	SXXXX498C

Date Of Birth	29/12/1959
Occupation	Outdoor
Date Of Driving Pass	29/12/2012
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91177462
Alt. Phone Number	-
Email Address	yoga3017@gmail.com
Address	BLK 876 WOODLANDS AVENUE 9 #09-264
Address complement	-
Postcode	730876
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	Clear
Road Surface	Dry

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

PASSENGER 1

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 02/07/21 AT ABOUT 1945HRS,I WAS DRIVING VEHICLE A SLP8805R ALONG PASIR RIS DRIVE 1 AND WANTED TO TURN LEFT INTO PASIR RIS STREET 11 WITH ONE MALE PASSENGER.ONCE SIGNAL TURNS GREEN I MOVE MY VEHICLE SUDDENLY ONE PEDESTRIAN DASH OUT AND CROSS THE ROAD SO I EMERGENCY BRAKE.SUDDENLY VEHICLE B SHF178U FROM BEHIND HIT ONTO MY VEHICLE REAR.EXCHANGED PARTICULAR AND NO INJURIES.

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:

Vehicle Registration Number	SHF178U
Vehicle Manufacturer	-
Vehicle Model	-



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-97554642
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

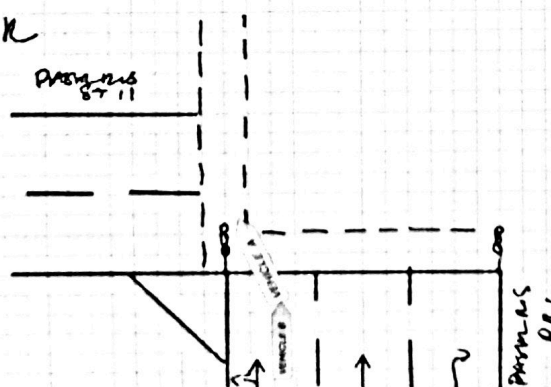
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A SLP5805 K
B SHF1784



Describe Circumstances of the Accident

ON 02/07/21 AT ABOUT 1945HRS,I WAS DRIVING VEHICLE A SLP8805R ALONG PASIR RIS DRIVE 1 AND WANTED TO TURN LEFT INTO PASIR RIS STREET 11 WITH ONE MALE PASSENGER.ONCE SIGNAL TURNS GREEN I MOVE MY VEHICLE SUDDENLY ONE PEDESTRIAN DASH OUT AND CROSS THE ROAD SO I EMERGENCY BRAKE.SUDDENLY VEHICLE B SHF178U FROM BEHIND HIT ONTO MY VEHICLE REAR.EXCHANGED PARTICULAR AND NO INJURIES.

Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



02/07/21 / 2153HRS

[Handwritten signature]
Balaji