


**Borneo Motors**

**Borneo Motors (Singapore) Pte Ltd**  
 Inchcape Bodycare Centre  
 Level 4, Inchcape Centre  
 2 Pandan Crescent  
 Singapore 128462  
 Tel: +65 6631 1855/1500  
 Fax: +65 6872 7260  
[www.borneomotors.com.sg](http://www.borneomotors.com.sg)

**Our Ref: BMS2022/01/PD0075/DS(ARY)**

**Your Ref: CC4/LPC21008100/R1pa3**

**27 Jan 2022**

**BY HAND (INS COPY)**

**M/S. LONPAC INSURANCE BERHAD C/O LKK AUTO CONSULTANTS PTE LTD**

Attn : Hsiao Tong

Dept : Motor Claims

**RE : ACCIDENT INVOLVING SLM9015M AND XE2148J ON 28 Jul 2021**

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

A. Repair Cost - \$11,725.81	B. LTA Search - \$2.00
C. Excess -	D. Loss of Use -
E. Loss of Rental - \$740.35(\$56.95x13days)	F. Others -
G. Medical Claims - -Undertake By Claimant <input type="checkbox"/>	<b>Total Claim - \$12,468.16</b>

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

(✓) Original Tax Invoice	(X) Discharge Voucher
(✓) Car Rental Invoice/Agreement	(X) Original Photograph X _____
(✓) GIAS/Police Report/s	(X) Original/Photocopy Survey
(✓) Certificate of Insurance	(✓) LTA Search Fees
(✓) Letter of Authority	(X) Medical Receipt

\*Cheque is to be made payable to **BORNEO MOTORS (SINGAPORE) PTE LTD** & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department\*

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: [claimstatusenquiry@borneomotors.com.sg](mailto:claimstatusenquiry@borneomotors.com.sg)

(As this is a computer generated letter, no signature is required.)



# Borneo Motors

Inchcape

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



# TOYOTA

## TAX INVOICE

Account Details				Account No.		Customer Details			
Lonpac Insurance Berhad 100 Beach Road #19-00 Shaw Tower Singapore 189702 Attn: Ms Lily Koh/Mr Chia				S1000007 / ICLPI1		Bodyshop Retail Cash Sales Pandan TCBC Toyota  Bodyshop Retail Cash Sales Pandan TCBC Toyota			
				Document No. 38059601					
				Document Date 20/10/2021					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks		
2017	ZVW50R	AHXEBW Q3	17/04/2017	SLM9015M	470260	63657	73/DS/SLM9015M		
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On		
JTDKB3FU503555264		2ZRS034797	60	Ary Chua	29/07/2021	15.21	20/10/2021	19.12	
L	Cd	Job/Parts Description				Qty	Unit Price	Disc %	Amount
11	5	U52565-47900 FILLER, RR BUMPER				1.00	124.90		124.90
12	6	U52575-47040 RETAINER, RR BUMPER				1.00	118.90		118.90
13	7	U61601-47150 PANEL SUB-ASSY,				1.00	881.80		881.80
14	8	T75763-47010 MOULDING, RR DOOR				1.00	93.20		93.20
15	9	U75730-47040 MOULDING ASSY, RR				1.00	114.70		114.70
16	0	U75765-47010 MOULDING, RR DOOR				1.00	39.00		39.00
17	1	U67003-47211 PANEL SUB-ASSY, RR				1.00	1306.50		1306.50
18	2	U75977-47080 STRIPE, RR DOOR,				1.00	22.10		22.10
19	3	U75987-47060 STRIPE, RR DOOR,				1.00	35.30		35.30
20	4	U75979-47070 STRIPE, RR DOOR,				1.00	15.50		15.50
21	5	L90269-04051 RIVET				1.00	1.50		1.50
22	6	U67895-47011 WEATHERSTRIP, RR				1.00	36.50		36.50
23	7	T67896-47011 WEATHERSTRIP, RR				1.00	36.50		36.50
24	8	U90269-05034 RIVET				10.00	3.80		38.00
25	9	L90269-04051 RIVET				10.00	1.50		15.00
26	0	U90269-06013 RIVET				10.00	2.00		20.00
For & on behalf of		Customer's Signature		Charge Summary		Total 10,958.70			
Borneo Motors (Singapore) Pte Ltd									
<div></div>		<div>Please acknowledge receipt of vehicle</div>		Parts	4,426.30	GST 7.00%		767.11	
				Labour	30.00	Less		0.00	
				Sublet	6,502.40				
				Lubrication/Fluid	0.00				
				Others	0.00	Amount Due		11,725.81	

Company Copy



# Borneo Motors

Inchcape

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



# TOYOTA

## TAX INVOICE

Account Details		Account No.	Customer Details				
Lonpac Insurance Berhad 100 Beach Road #19-00 Shaw Tower Singapore 189702 Attn: Ms Lily Koh/Mr Chia		S1000007 / ICLPI1	Bodyshop Retail Cash Sales Pandan TCBC Toyota Bodyshop Retail Cash Sales Pandan TCBC Toyota				
		Document No. 38059601					
		Document Date 20/10/2021					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	ZVW50R	AHXEBW Q3	17/04/2017	SLM9015M	470260	63657	73/DS/SLM9015M
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
JTDKB3FU503555264		2ZRS034797	60	Ary Chua	29/07/2021	15.21	20/10/2021 19.12
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
1	Z	BP-GRAB-DS SUNDRIES - FLASH ARRIVE:28/07/2021 ACC DATE:28/07/2021@12.05PM TP VEH:XE2148J DRIVE IN:28/07/2021 TP Insurer: LONPAC Ins. DATE SURVEY:Rasul(LKKAUTO)29/07/2021@14.14pm NO OF REPAIR DAYS: 14 DAYS				30.00	
2	S	BP-SUBLET SUPPLY SEALANT (NETT) FOR REAR RH DOOR	0742			60.00	
3	S	BP-SUBLET TO CHECK WIRING AND LIGHTING. TO WATER TEST FOR LEAK.	0742			122.40	
4	S	BP-SUBLET TO TRANSFER RHR DOOR GLASS,BOARD ,MECHANISM TO NEW PANEL.	0742			360.00	
5	S	BP-SUBLET TO REPLACE REAR RH SIDE ACCIDENT DAMAGE PARTS.STRAIGHTEN/REALIGN ALL OTHER AFFECTED AREAS.	0742			3600.00	
6	S	BP-SUBLET SPRAY PAINT ON RHR ACCIDENT AFFECTED ARE AS(4P)	0742			2360.00	
7	1	U81551-47283 LENS & BODY, RR	1.00	456.50		456.50	
8	2	U52159-47913 COVER, RR BUMPER	1.00	447.20		447.20	
9	3	U52453-47010 GUARD, RR BUMPER,	1.00	582.20		582.20	
10	4	K52161-0K040 PIECE, RR BUMPER	10.00	4.10		41.00	
For & on behalf of Borneo Motors (Singapore) Pte Ltd		Customer's Signature	Charge Summary		Total		
		Please acknowledge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others		Less		
					Amount Due		

Company Copy



## Renter Details

<b>Name</b>	Siok Siew Kong
<b>NRIC</b>	S1404993B
<b>Driver's License</b>	S1404993B
<b>Address</b>	Blk 457 Clementi Ave 3 #22-578
<b>Date of Birth</b>	6 Feb 1960
<b>Telephone Number</b>	6598748929
<b>Mobile Number</b>	6598748929

## Vehicle Description

<b>Vehicle Number</b>	SLM7498R
<b>Make &amp; Model</b>	Toyota Prius

## Rental Period

<b>Rental Agreement</b>	63213
<b>Agreement Start Date</b>	21 Jul 2021
<b>Minimum Rental Period End Date</b>	20 Jul 2022
<b>Minimum Rental Period (days)</b>	364

## Rental Charges

<b>Package Name</b>	toyotapriushybrid_mileage_maybtloffer_12m_56.95_170521_nofrills
<b>Promotional Rental Rates</b>	S\$56.95 / daily from 21 Jul 2021* to 20 Jul 2022
<b>Open Contract Rental Rates</b>	Please see note below**
<b>Total Deposit Collected</b>	S\$500.00 (as at 21 Jul 2021)
<b>Package notes</b>	Maybtloffer from 17 May

*\*Note: in the case of re-contracting, the above mentioned Promotional Rental Rates will take effect only from the day after the start date of this Agreement.*

*\*\*Promotional Rental Rates applicable till end of Minimum Rental Period, Lessor reserves the right to increase Rental Rates thereafter to a Rate which it deems appropriate, and may do so on more than one occasion. Before any Rental Rate increment is implemented, Lessor will provide the Renter with 14 business days' notice through the relevant communication channels, including (but not limited to) SMS and/or messages through the Grab Driver App.*

*Add-Ons (Other Charges) are listed on separate pages*

## Agreement

The Renter has read, understood & agrees with all terms & conditions of this Agreement.



Renter's Signature/Stamp

Date:

*Signature not required if re-contracted online with email acknowledgement*

Authorised Signatory/Stamp

Grab Rentals Pte Ltd

Date:

## 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	29/07/2021 10:15 (SGT)
Date of Accident	28/07/2021 12:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9015M
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) +65-81980886
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
Transmission	Auto
CC	1798

### 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	CHUA CHEE SAN
NRIC No	SXXXX745B

Date Of Birth .....	23/09/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	18/06/2007
Driving experience .....	14 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81980886
Alt. Phone Number .....	-
Email Address .....	ben.chua9901@gmail.com
Address .....	BLK 189A RIVERVALE DRIVE #15-1020
Address complement .....	-
Postcode .....	541189
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT  
REPORT NO: T20210728/2103

#### 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 .....	XE2148J
-----------------------------------	---------



Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ZHENG YONGCHANG
Contact Number .....	(Phone) +65-83538278
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBE4480X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TEO KENG KOK
NRIC No .....	SXXXX384A
Contact Number .....	(Phone) +65-96442778
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:

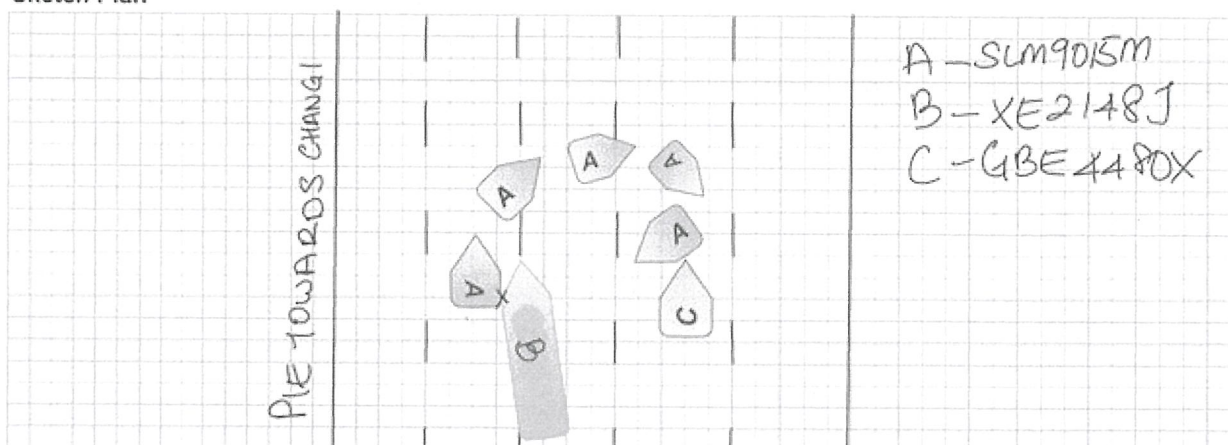
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

13:35 28.07.21

Witnessed by Reporting Centre Personnel MD NA22.1N

**Sketch Plan**

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT  
REPORT NO: T20210728/2103

**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 13:35 28.07.21



Witnessed by Reporting Centre  
Personnel MD NT22 IN

# LETTER OF AUTHORITY

ACCIDENT INVOLVING SCM905M and XE2148J on 28 JUL 2021  
Own vehicle's number Other vehicle's number Date of accident

along \_\_\_\_\_

Accident location

BY THE LETTER OF AUTHORITY, I/We, Grab Rentals Pte Ltd  
Name of Policy Holder & (IC/Passport/Company Registration) number  
of 6 Shenton Way #38-01 ONE Downtown Singapore 068809  
Address of Policy Holder

owner of Vehicle Registration No. \_\_\_\_\_ hereby appoint **BORNEO MOTORS (SINGAPORE) PTE LTD** (hereinafter refers to **BMS**), a company incorporated in Singapore and having its registered office at 2 Pandan Crescent, Singapore 128462, to do all or any of the following:

1. To submit, resolve and make any claims which \*I/we may have against the other \*party/parties to the Accident and under the insurance \*policy/policies taken up by such \*party/parties or **alternatively** under Insurance Policy number \_\_\_\_\_ taken up by \*me/us and pay the compulsory excess in respect of the cost of repairs suffered by \*me/us arising from the Accident (loss and damage).
2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favour of **BORNEO MOTORS (SINGAPORE) PTE LTD** and give a valid receipt and discharge, therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally, do all such acts as it shall deem necessary for such claim settling purpose.

\*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on \*my/our behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by \*me/us in \*my/our own proper person(s) and \*I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

\*I/We hereby further declare that the letter of authority hereby conferred shall remain **irrevocable**.

\*I/We further confirm that the acceptance by **BMS** of the settlement amount in respect of such constitute the full discharge of \*my/our claim(s) in respect of such loss and damage.

IN WITNESS WHEREOF, \*I/we have hereunto to set \*my/our hand and sign this \_\_\_\_\_ of the month \_\_\_\_\_ Year 20\_\_\_\_.

Signed & Delivered By:

Witness By:

(To be sign by the policy holder only)

\*\*Please stamp the company chop for vehicle registered under a company's name\*\*

## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

XE2148J

Date of Accident

28/07/2021 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**Period of Insurance ..... **01/09/2020 - 31/08/2021**Requested By ..... **Ashlyn Chng (Borneo Motors P...**Requested Date ..... **29/07/2021 10:59****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**