



PRECISION APPRAISAL SERVICES







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Your Ref : SLP 4383S  
Our Ref : **YP 4083D/NP/hc/cl**  
Date : 19 July 2021

Fax : 6538 3708  
Tel : **3152 0995**  
Email : [accident@kscgp.com](mailto:accident@kscgp.com)

INDIA INTERNATIONAL INSURANCE PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 13 JULY 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of YP 4083D to notify you of a road traffic accident on 13 July 2021 at about 5.25 p.m. along junction of Pioneer Road North and Nanyang Flyover, involving our client's vehicle registration number YP 4083D and vehicle registration number **SLP 4383S** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*f CL*

Enc.

Your Ref : SLP 4383S (GRAB)  
Our Ref : **YP 4083D/NP/hc/cl**  
Date : 19 July 2021

Fax : **6538 3708**  
Tel : **3152 0995**  
Email : **accident@kscgp.com**

MSIG INSURANCE (SINGAPORE) PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 13 JULY 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 19 July 2021.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services
4.	Dave Chang	Sincere Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
9.	Michael Yap	Mc-Coy Appraiser Pte Ltd
10.	Nicky Seah	Absolute Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : New Pioneer Auto Pte Ltd  
1 Soon Lee Street  
#01-50 Pioneer Centre  
Singapore 627605  
Contact Person/Tel : Mr. Tan Tick Cuan Tel: 6339 0500 / 9615 8550 (Mr Tan)

Yours faithfully,

*f CL*

Your Ref : SLP 4383S (GRAB)

Our Ref : YP 4083D/NP/hc/cl

Date : 19 July 2021

**Acknowledgement**

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of \_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 15/07/2021

Your Ref No: YP4083D/NP/hc/cl

Dear Sir/Madam,

Date of Accident: 13/07/2021 00:00 (SGT)

Vehicle No: YP4083D

Place of Accident: Pioneer Rd, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLP4383S	Pioneer Rd, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

# 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 ..... 14/07/2021 11:20 (SGT)  
Date of Accident ..... 13/07/2021 17:15 (SGT)  
Exact Location of Accident ..... Pioneer Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP4383S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRAB RENTALS PTE LTD

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... -  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D21MFL0000447  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN BEE TECK  
NRIC No ..... S1798842E  
Address ..... BLK 117 ANG MO KIO AVENUE 4 #05-447  
Address complement ..... -  
Postcode ..... 560117  
Does Driver Own Other Vehicles? ..... No

### GENERAL INFORMATION OF THE ACCIDENT



Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Was anybody injured in the Accident? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1

#### CIRCUMSTANCES OF ACCIDENT

ON 130721 AT AROUND 1715HRS, I WAS DRIVING MY VEHICLE A SLP4383S ALONG PIONEER ROAD NORTH MAKING A RIGHT TURN TOWARDS PIE. AS I WAS MAKING THE RIGHT TURN, THE VEHICLE IN FRONT OF MY VEERED LEFT AND STOPPED HIS VAN. I HOWEVER PROCEEDED TO DRIVE ON THE RIGHT SIDE OF THE VAN AND CONTINUED MY RIGHT TURN ONTO PIE. I HAD NOT SEEN VEHICLE B YP4083D COMING FROM THE OPPOSITE DIRECTION. THE FRONT LEFT PORTION OF VEHICLE B CAME INTO CONTACT WITH MY REAR LEFT WHEEL ARCH AREA DAMAGING IT. THERE WAS 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 1

Vehicle Registration Number .....	YP4083D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LAKSHMANAN KRISHNAN
Insurance Company Name .....	-

**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 :

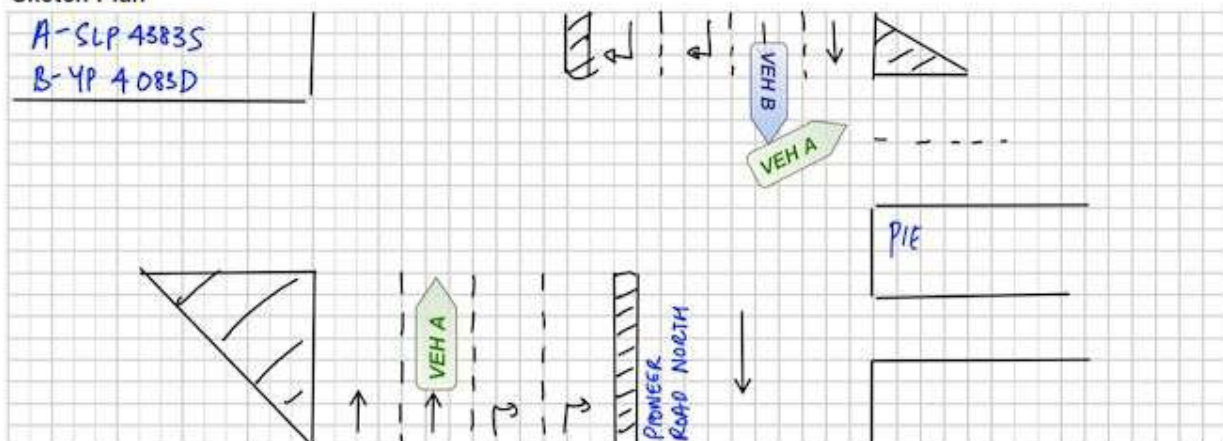
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 14/7/21 0900	Witnessed by Reporting Centre Personnel <b>KHAIRUL</b>
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**Sketch Plan**



## Describe Circumstances of the Accident

ON 130721 AT AROUND 1715HRS, I WAS DRIVING MY VEHICLE A SLP4383S ALONG PIONEER ROAD NORTH MAKING A RIGHT TURN TOWARDS PIE. AS I WAS MAKING THE RIGHT TURN, THE VEHICLE IN FRONT OF MY VEERED LEFT AND STOPPED HIS VAN. I HOWEVER PROCEEDED TO DRIVE ON THE RIGHT SIDE OF THE VAN AND CONTINUED MY RIGHT TURN ONTO PIE. I HAD NOT SEEN VEHICLE B YP4083D COMING FROM THE OPPOSITE DIRECTION. THE FRONT LEFT PORTION OF VEHICLE B CAME INTO CONTACT WITH MY REAR LEFT WHEEL ARCH AREA DAMAGING IT. THERE WAS NO INJURIES

## 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 14/3/21 0900



Witnessed by Reporting Centre Personnel KHAIRUL











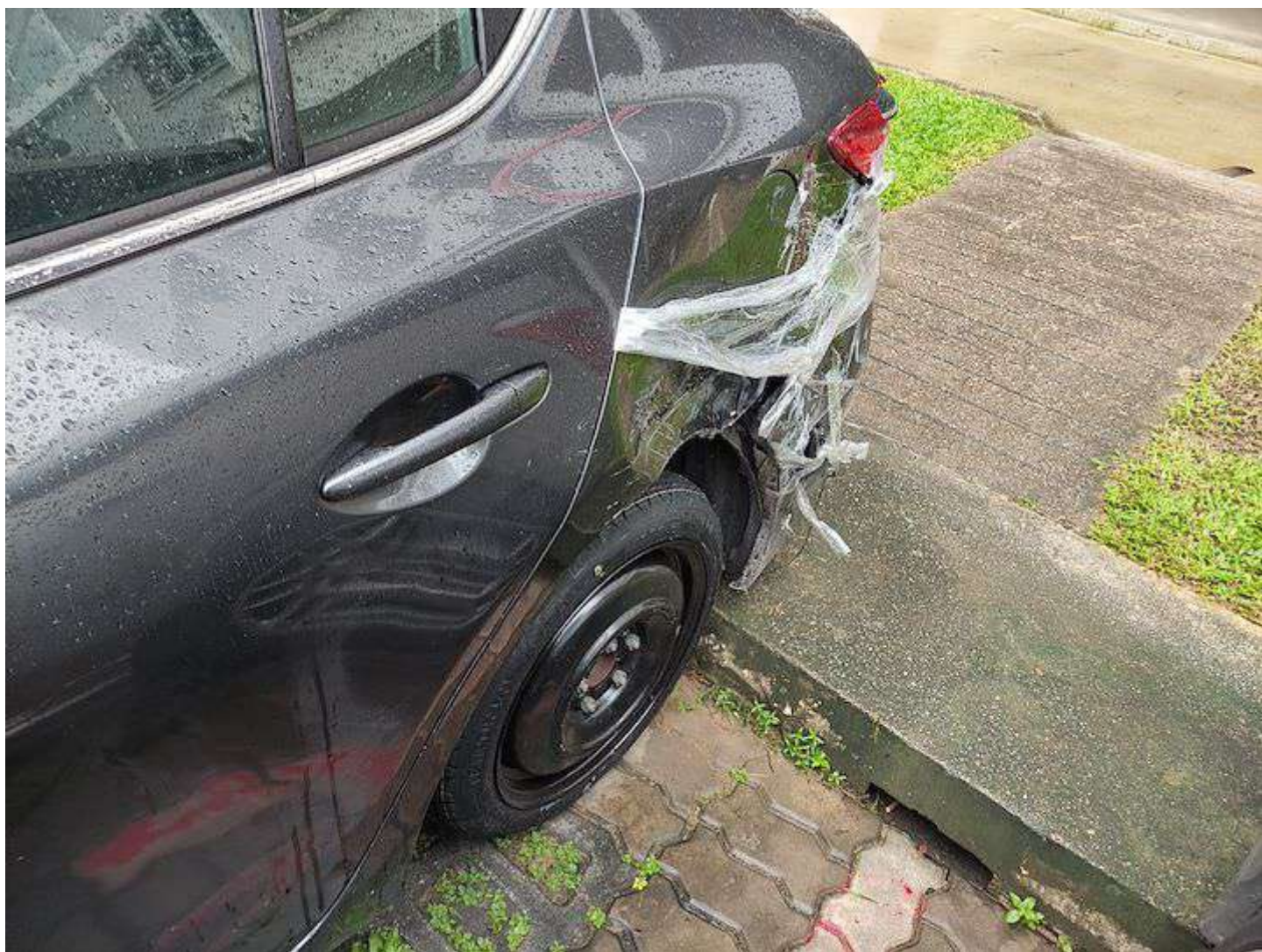


































# Enquire Vehicle Owner Details

## Enquire Vehicle Owner Details ( As At 13 Jul 2021 / 17:25:00 )

### Vehicle Owner Details



Owner ID Type:

**Company**

Owner ID:

**201617200G**

Owner Name:

**GRAB RENTALS PTE. LTD.**

Registered Address Type:

**Private Residential (Condo Apt or House) / Shopping / Office Complexes**

Registered Block/House No.:

**6**

Registered Street Name:

**BATTERY ROAD**

Registered Unit No.:

**# 38 - 04**

Registered Building Name:

-

Registered Postal Code:

**049909**

### Vehicle Insurance Details



Vehicle No.:

**SLP4383S**



Make Description/Model:

**MAZDA / MAZDA3 SEDAN 1.5 AT EU6**

Insurance Company Name:

**MSIG INSURANCE (SINGAPORE) PTE LTD**

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Disclaimer message:

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

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