



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				
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						
		20/08/2021						
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2019	ZVW40R	AWXEBW Q3	15/01/2020	SMR5871X	0	64021	73/DS/SMR5871X	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In	Collected On		
JTDZS3EU20J055557		2ZR2G43254	60	Ary Chua	--/--/----	0.00	--/--/---- 0.00	
L	Cd	Job/Parts Description <i>H/p: 88040322</i>			Qty	Unit Price	Disc %	Amount
1	Z	BP-GRAB-DS SUNDRIES - FLASH ARRIVE:11/08/2021 17:34 ACC DATE:11/08/2021 09:10 TP VEH:SHB5717C DRIVE IN:11/08/2021 16:48 DATE SURVEY: NO OF REPAIR DAYS: 5~6 DAYS						30 50.00
2	B	BP-ECU2 TO RESET ECU AND REPROGRAMME						180.00 X
3	B	BP-LAB2 TO CHECK WIRING AND LIGHTING. TO WATER TEST FO LEAK.						122.40 ✓
4	B	BP-LAB2 R/I REAR REVERSE SENSOR TO FACILIATE REPAIRS AND TEST FUNCTION.						180.00 ✓
5	B	BP-LAB2 TO REPLACE REAR ACCIDENT DAMAGE PARTS. STRAIGHTEN/REALIGN ALL OTHER AFFECTED AREAS. <i>71</i>						720 2160.00
6	B	BP-RES2 TO SPRAY PAINT ON REAR ACCIDENT AFFECTED AREAS. <i>590</i>						590 1770.00
7	1	TREVSE-47006 24 BACK SENSOR 1G3 GREY ME <i>!</i>			1.00	101.05		101.05
8	2	U81910-47010 REFLECTOR ASSY, X			1.00	60.40		60.40
9	3	U81920-47010 REFLECTOR ASSY, X			1.00	60.40		60.40
10	4	U89997-30070 ANTENNA, ELECTRICAL X			1.00	194.20		194.20
11	5	U52159-47912 COVER, RR BUMPER <i>00</i>			1.00	561.50		561.50
12	6	U52161-16010 PIECE, RR BUMPER <i>nk</i>			12.00	4.50		54.00
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		

Company Copy



Borneo Motors



TOYOTA

Inchcape

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

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			
			20/08/2021		Work: 65703925			
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2019	ZVW40R	AWXEBW Q3	15/01/2020	SMR5871X	0	64021	73/DS/SMR5871X	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
JTDZS3EU20J055557		2ZR2G43254	60	Ary Chua	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
13	7	U52575-47030 RETAINER, RR BUMPER			1.00	59.70		59.70
14	8	U52576-47030 RETAINER, RR BUMPER			1.00	59.70		59.70
15	9	U52155-47010 SUPPORT, RR BUMPER			1.00	144.00		144.00
16	0	U52156-47010 SUPPORT, RR BUMPER			1.00	144.00		144.00
17	1	U52023-12240 REINFORCEMENT			1.00	219.20		219.20
18	2	U76891-47040 SPOILER, RR NO.1			1.00	856.90		856.90
19	3	U75392-35220 RETAINER, OUTSIDE			12.00	4.00		48.00
20	4	U58308-47030 COVER SUB-ASSY, RR			1.00	553.00		553.00
<p><i>Handwritten notes:</i></p> <p>STERE CLKK) W/L PL</p> <p>7/9/21, 10.00 am 3-4 days</p> <p>P/P</p> <p>By BEL sy</p>								
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey 								
<p>For & on behalf of Borneo Motors (Singapore) Pte Ltd</p>					<p>Customer's Signature</p>		<p>Charge Summary</p>	
<p>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</p>					<p>Parts 3,116.05</p> <p>Labour 4,462.40</p> <p>Sublet 0.00</p> <p>Lubrication/Fluid 0.00</p> <p>Others 0.00</p>		<p>Total 7,578.45</p> <p>GST 7.00% 530.49</p> <p>Less 0.00</p> <p>Amount Due 8,108.94</p>	
<p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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	11/08/2021 17:34 (SGT)
Date of Accident	11/08/2021 09:10 (SGT)
Exact Location of Accident	Bishan Street 11, Singapore
Additional Location Information	TOWARDS BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5871X
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) +65-94590007
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	M DAWOODSHA S/O DAWOODSHA MOHD YUSHOFF
NRIC No	SXXXX304J

Date Of Birth	02/08/1965
Occupation	Outdoor
Date Of Driving Pass	29/12/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94590007
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 323 SEMBAWANG CLOSE #05-317
Address complement	-
Postcode	750323
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	Raining
Road Surface	Wet

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	Female

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 11/08/2021 AT ABOUT 09:10HRS, I WAS DRIVING VEHICLE (A) SMR5871X ALONG BISHAN ST 11 TOWARDS BRADDELL ROAD. WHILE TRAVELLING STRAIGHT, FRONT LORRY WAS STATIONARY AND WAITING TO FILTERING TO LEFT. I STOP VEHICLE A. WHILE STATIONARY, VEHICLE (B) SHB5717C COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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	SHB5717C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-85158351
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

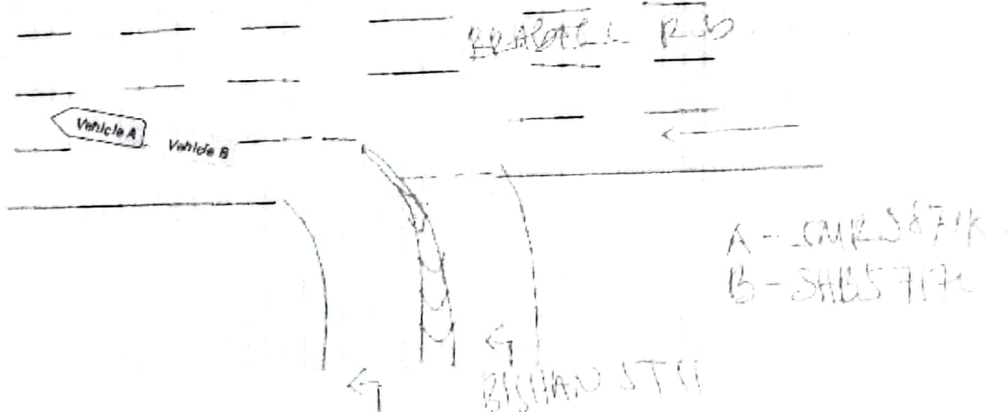
1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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



Describe Circumstances of the Accident

ON 11/08/2021 AT ABOUT 09:10HRS, I WAS DRIVING VEHICLE A (SMR5871X) ALONG BISHAN ST 11 TOWARDS BRADDELL ROAD. WHILE TRAVELLING STRAIGHT, FRONT LORRY WAS STATIONARY AND WAITING TO FILTERING TO LEFT. I STOP VEHICLE A. WHILE STATIONARY, VEHICLE B (SHB5717C) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

Witnessed by Reporting Centre Personnel