

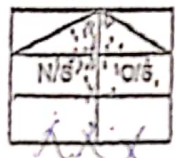
Steve

CS/SMR 21039637/E4f3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / PRES / OD-RES / EVA / INV / MV
To inspect Vehicle No: SLL 3224X
at Workshop m/s _____
at _____
Insured: SHF 206Y
Policy No. _____
Claims No. TAX/09/21/2032
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
I hereby: The veh had commenced its
repair at the time of inspection.
Real. or Market Value: _____
IDAC Accident Report Consistent? : Yes or No
DIA / PR Seen Consistent? : Yes or No
Est. Repairs: 3 days Res.: Yes or No
Cum Sum: 20 % 3 Val.: Yes or No
QA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: SLL 3224 X Yr Regn: 21/2/17
Type: M. Car / M. Cycle / Bus / Van / Lorry / Text / Prime Mover /
Truck / Trailer or
Make: Mazda 3 C.B. 1496
Colour: Blue A/O: Insured / Std / NI / N
Sp. Reading: 319342 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/Nr: JN1/RN 72/5A/114 3854
Gen. Cond: Good / Fair / Poor / Bught
Steering: In order / Jammed / Locked / Burnt or
Brakes: In order / Jammed / Locked / Burnt or
Mod: NH / SRim / STD A/Rim or
Tyre Size: Ft 225/55R16
Ri _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO/YOKO or \$
Front R/Bbl. 4 mm R/Bbl. 4 mm
U/Bbl. 4 mm U/Bbl. 4 mm
D.O.A. 13/9/21 O.O.L. 15/9/21
Survey held at Pegasus
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/Top or
The W/C / CHASSIS frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>AK - SSR</u>
	Confirmed L/S \$1250, 3 repair days. (RED \$1930; 61%)

Time/Time, File, Reso. to: ☐ : Prelim. Report
27/9 TYPIST ☐ : Final Report
Time/Time, File Return to:

Days Of Repair: 3
Resurvey No. of Trips: 1

Survey Fee:	
Transportation	
3 x 0.5	
Prints	
Others	
TOTAL	

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Inve (\$ _____)
☐ : Weekend (\$ _____)

Sum Insured: TP
Sum Insured: \$1250



PEGASUS ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO : 201101753C

Quotation

From : PEGASUS ENGINEERING & TRADING PTE LTD 74 KIAN TECK ROAD SINGAPORE 628800 Officer in Charge : VIVIAN TAN EE WI Tel : Email :	Customer : GRAB RENTALS PTE LTD 18 SIN MING LANE #01-08 MIDVIEW CITY SINGAPORE 573960 Attn : Tel : Fax No. :
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Quotation No. : QO21/09-1093	Quotation Date : 14/09/2021	Terms : 60 DAYS
Vehicle No. : SLL3224X	Chassis No. : JM6BN22A8H0143054	Policy Number : MTGRAB20170272
Model : MAZDA 3		Date of Accident : 13/09/2021
Third Party Insurer : SMRT		TP Vehicle No. : SHF206Y
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	REAR BUMPER <i>00</i>	1	1,075.0000	1,075.00 <i>1023-</i>
2	REAR BUMPER TOW COVER @ 2PCS <i>mjs</i>	2	<i>35</i> 45.0000	90.00 <i>70-</i>
3	REAR BUMPER CLIPS @ 10PCS <i>m/c</i>	10	4.0000	<i>30</i> 40.00
4	REAR BUMPER RIVET @ 4PCS <i>m/c</i>	4	5.0000	<i>10</i> 20.00
5	REAR BUMPER REFLECTOR @ 2PCS <i>X nn</i>	2	115.0000	230.00
6	REAR REINFORCEMENT <i>? X nn</i>	1	545.0000	545.00
7	REAR END PANEL - REPAIR <i>X nn</i>	1		
8	LESS 20%	1	-400.0000	-400.00
9	REAR REVERSE SENSOR @ 1SETS <i>shld</i>	1	280.0000	<i>280</i> 280.00 <i>nett</i>
10	TO REMOVE & REPLACED REAR REVERSE SENSOR.	1	100.0000	<i>30</i> 100.00
11	TO KNOCKING & PANEL BEATING.	1	600.0000	<i>200</i> 600.00
12	TO PUTTY AND SPRAY PAINT ON THE AFFECTED AREAS.	1	600.0000	<i>200</i> 600.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Please conduct the survey at
Pegasus Engineering @ 74 Kian Teck Road Singapore 628800

Steve (LKK)
15/9/21, 11.00am

1133
-20%
P - 906.40
N - 200
L - 430
1536.40

L/S-1229.12
=1250

W/L PL
L/S
My ALG
3 dys

Sub Total 3,180.00
GST(7.00%) 222.60
Total (SGD) 3,402.60

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 14/09/2021 09:31 (SGT)
Date of Accident 13/09/2021 14:45 (SGT)
Exact Location of Accident Jurong Lake Link, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL3224X

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) +65-87967229
Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D21MFL0000447
Cover Note Number -

DRIVER

Name of Driver MD HAMZAH BIN KEPLI
NRIC No SXXXX090G

Date Of Birth	27/07/1964
Occupation	Outdoor
Date Of Driving Pass	11/10/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87967229
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 211 BOON LAY PLACE #18-145
Address complement	-
Postcode	640211
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT:

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

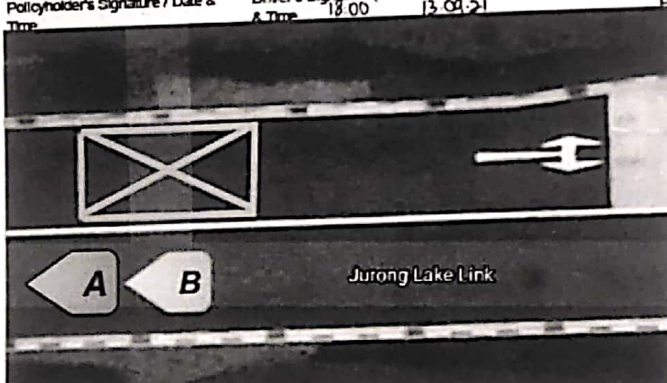
Vehicle Registration Number	SHF206Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-84994769
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged 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 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. 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' law firms/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.
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 law firms/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 (MDNARIN)
	18.00 13.09.21	



A-SUV3221X

B-SHF206Y

Describe Circumstances of the Accident

REFER TO POLICE REPORT:

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 18:00 13.09.21

Witnessed by Reporting Centre
Personnel MD NT122 IN



**SINGAPORE
POLICE FORCE**



T/20210913/2109

2 of 3

Report No. T/20210913/2109

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 640818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	MD HAMZAH BIN KEPLI	ID No.	S1657090G
Related Vehicle	SLL3224X (Car)	Contact No.	87967229
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/09/2021	Date Discharge	13/09/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/09/2021 at about 1545hrs, I was driving my vehicle bearing plate number SLL3224X along Jurong Lake Link heading towards Boon Lay Way together with 2 other passengers. At that point of time, the traffic was heavy as there were tree cutting ongoing along the said road. The road was also controlled by a workman. I then proceeded forward upon signaled by the workman. However the traffic was still slow moving and once I came to a stop. Subsequently, I felt an impact from the rear. I alighted and discovered that a taxi bearing plate number SHF206Y had collided into the rear of my vehicle. We exchange particulars and left the scene.