

Kenneth

ASSIGNMENT

From:

Estimated Cost:

Date:

OD/TP/WS/TP RES/OD RES/EVA/INV/IV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

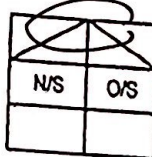
L/Bal.

D.O.I.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.



Date / Time

Action / Instruction

06/10/21 @ 12.39pm revert to Zuhaidah via Merimen. (T/L)

06/10/21 Submit Uneconomical Total Loss report.

Data/Time, File Pass to?

☐

: Prell. Report

1) 06/10 Typist

☐

: Final Report

Data/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: MER-OD-T/L-U

Lump Sum / I.B.I: (\$



ESTEEM

ESTEEM PERFORMANCE PTE LTD
UEN 200005485N

HEADQUARTERS / SHOWROOM / WORKSHOP
385 Sin Ming Drive
Singapore 575718
(T) 6753 2112 (F) 6451 0394

WORKSHOP
176 Sin Ming Drive
Sin Ming Auto Care #01-14, #01-15, #01-16
Singapore 575721
(T) 6484 1221 (F) 6484 7829

Repair Estimates

SLR 8461 M
HONDA VEZEL HYBRID

Parts (a) Cost / List Price Items

Plus/Less

Total of Cost / List

(b) Nett Price Items

Less

Total of Nett Item

(c) Special Nett Items

Total Parts Cost

Labour

Total

Vehicle has suffered structural damage
(Front chassis bent and Gear box affected)
Estimated repair cost to do the vehicle \$40K

Not Authorised
7/6/21

The above total will be subjected to 7% G.S.T.

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

Name of Surveyor

Company

Survey conducted on

Acknowledged by Repairer

Signature:

Date:

at

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : _____ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : _____ Date: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	
Owner ID:	Company
Vehicle Details	200G
Vehicle No.:	
Vehicle to be Exported:	SLR8461M
Intended Deregistration Date:	Yes
Vehicle Make:	05 Oct 2021
Vehicle Model:	HONDA
Primary Colour:	VEZEL HYBIRD 1.5X AUTO
Manufacturing Year:	Silver
Engine No.:	2017
Chassis No.:	LEB5955764
Maximum Power Output:	RU31255747
Open Market Value:	112.0 kW (150 bhp)
Original Registration Date:	\$24,914.00
First Registration Date:	29 Aug 2017
Transfer Count:	29 Aug 2017
Actual ARF Paid:	0
Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Aug 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	28 Aug 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,501.00
COE Rebate Amount:	\$28,002.00
Total Rebate Amount:	\$31,752.00

The information contained herein is correct as at 04 Oct 2021

OK

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 02/10/2021 15:53 (SGT)
Date of Accident 01/10/2021 20:15 (SGT)
Exact Location of Accident Mandai Rd, Singapore
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8461M

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) +65-97472125
Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 - Reporting only
Vehicle Category Private car
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 ABDUL RASHID BIN ABDUL KADIR MARIKAN
NRIC No SXXXX869G

IMPORTANT NOTICE

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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 1/10/21 2220

Witnessed by Reporting Centre Personnel KHAIKUN

Sketch Plan

