Assessor: Steve Z CS/SMR2101024/EUF3

ASSIGNMENT

From: Date:

Estimated Cost:

OD/TP/WS/TPFRS/OD-RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No.

Sum Insured: Excess:
(Client's Record)

Make of Veh:

(Policy Condition)

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

Est. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLP 7972Y Yr Regn: 19/6/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover / Truck / Trailer or

Make: Toyota Vios c.c 1496

Colour: Silver A/C: Insured / Std / NI / N

Sp.Reading: 340071 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: MHFB29F3702011874

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size: Ft 195/50R16

Rr

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
U/Bal.	4 mm	U/Bal.	4 mm
D.O.A.	7/9/21	D.O.I.	12/10/21

Survey held at Borneo Motors

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

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	MV-56K

Date/Time, File Received: : Prell. Report

: Final Report

Date/Time, File Returned:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Insp ($)

: Weekend ($)

Survey Fee

Transportation: S RS SI

Photos

Others

TOTAL

Scanned with CamScanner

Borneo Motors
Inchcape

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

Steve (LKK)
12/10/21, 10.00am

WR RL
6 days
P/P
My Rel Sy

TOYOTA

ESTIMATE

Account Details	Account No.	Customer Details
Bodyshop Retail Cash Sales Pandan TCBC Toyota Bodyshop Retail Cash Sales Pandan TCBC Toyota	c0110038 / PBPREG	M/S Grab Rentals Pte Ltd 6 Battery Road #38-04 Singapore 049909
	Document No. 0	
	Document Date 09/10/2021	Work: 65703925

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	NSP151R	CEXRKT Q1	19/06/2017	SLP7972Y	0	10364	66TP/SLP7972Y/081021

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
MHFB29F3202011874	2NRX158665	00	Shashitharan	--/--/----	0.00	--/--/----	0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-GRAB-DS SUNDRIES - FLASH ARRIVE: DD/MM/YY 0000HR TP VEH NO.:SHB5373X ACC DATE:07/10/21 DRIVE IN:08/10/21 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50 100.00
2	B	BP-LAB2 CHECK WIRING AND CONDUCT LEAK TEST				180.00
3	B	BP-LAB2 TRANSFER LH FRT AND REAR DOOR MECHANISM				720.00
4	Z	BP-SLANT SUPPLY SEALANT (NETT)2 PANEL				160.00
5	B	BP-LAB2 REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALLIGN ACC AFF AREA 720 x 2.5				1800 2880.00
6	B	BP-RES2 RESRPAY ACC AFF AREA				2950.00
7	B	BP-MECH2 RESET ECU UPON COMPLETION OF REPAIR 4 x 590				180.00
8	1	S75922-0D170 TAPE, BLACK OUT, NO. ~ nic	1.00	48.50	10.00	43.65
9	2	S67002-0D300 PANEL SUB-ASSY, FR D ~ 00 nic	1.00	1149.70	10.00	1034.73
10	3	S75924-0D200 TAPE, BLACK OUT, NO. ~ nic	1.00	48.50	10.00	43.65
11	4	S67004-0D230 L/R DOOR ASSY ~ 00	1.00	946.50	10.00	851.85

For & on behalf of
Borneo Motors (Singapore) Pte Ltd

Customer's Signature

Please acknowledge receipt of vehicle

LKK Auto Consultants hereby
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:

Charge Summary	
Parts	1,973.88
Labour	7,170.00
Sublet	0.00
Lubrication/Fluid	0.00
Others	0.00

Total	9,143.88
GST 7.00%	640.07
Less	0.00
Amount Due	9,783.95

Customer Copy

SA0G21A80001 / Aspectus Consultancy Pte Ltd
ENTRY DATE & TIME: 08/10/2021 15:41 (SGT)
SUBMITTED BY: Suria
VERSION: 1 (08/10/2021 15:41 (SGT))

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	08/10/2021 15:41 (SGT)
Date of Accident	07/10/2021 14:50 (SGT)
Exact Location of Accident	Commonwealth Ave W, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7972Y

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) +65-94247454
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	G400000730MCX
Cover Note Number	-

DRIVER

Name of Driver	TAY MING HWUANG
NRIC No	SXXXX512B

Date Of Birth	17/01/1966
Occupation	Outdoor
Date Of Driving Pass	30/06/1986
Driving experience	35 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94247454
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 303C ANCHORVALE LINK #08-122
Address complement	-
Postcode	543303
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE 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	SHB5373K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	-
Contact Number	-
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,

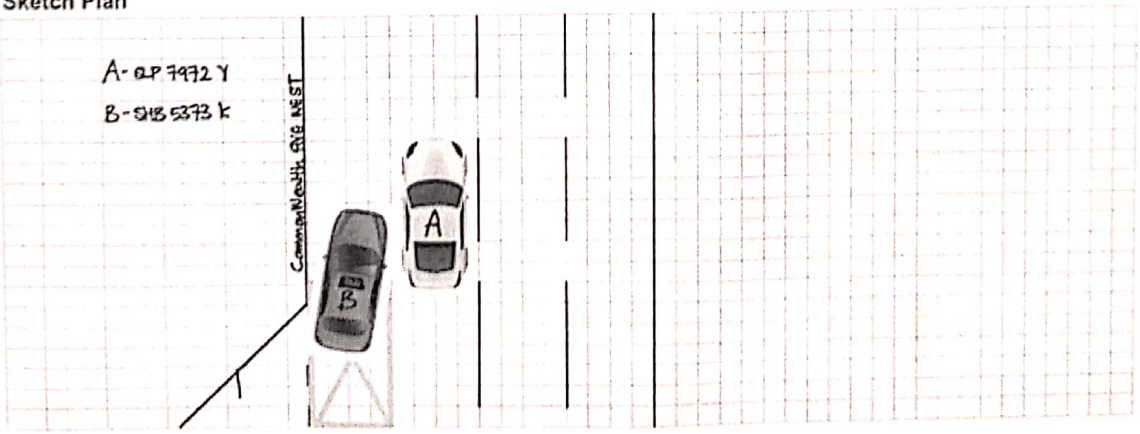
(collectively the **"Purposes"**)

(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 08/10/2021 1000	Witnessed by Reporting Centre Personnel Rahmat

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

PLEASE REFER TO POLOCE 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 08/10/2021 1000	Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20211007/2113

Report No. T/20211007/2113

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT			Station Diary No.:
Date/Time Report Made: 07/10/2021 22:10	Vide Report No.:		114

Informant's Particulars

Name of Informant: TAY MING HWUANG			Address: APT BLK 303C ANCHORVALE LINK #08-122 SINGAPORE 543303	
ID Type / ID No.: NRIC NO / S1761512B			Contact No.: Home/Office:	Mobile: 94247454
Nationality: SINGAPORE CITIZEN			Email: TMH08122@GMAIL.COM	
Sex: Male	Age: 55	Date of Birth: 17/01/1966	Type of Informant: Driver	
Race: Chinese			Language: Mandarin	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2021 14:50	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5373K	Car	TOYOTA		Maroon	Slightly Damaged	0
SLP7972Y	Car	TOYOTA		Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20211007/2113

Police Stati
Hougang N.

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20211007/2113

CONTINUATION OF REPORT

Driver			
Name	TAY MING HWUANG	ID No.	S1761512B
Related Vehicle	SLP7972Y (Car)	Contact No.	94247454
Hospital/Clinic	SI LEE CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/10/2021	Date Discharge	07/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver			
Name	LIM SOO KEOW	ID No.	S2006882E
Related Vehicle	NIL	Contact No.	90268098
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/10/2021 at about 1450hrs, my Grab car SLP7972Y was travelling along the third lane along Commonwealth Avenue West. Suddenly, I felt an impact from the left side of my car. I alighted and discovered that a SMRT Taxi SHB5373K front right bumper had side swipe against my car left body. I exchanged my details with the male Chinese driver. We then left the scene. There is a front in-car camera onboard my car.

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report F / Staff Sgt TEO HENG HENG, ROBIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2021 22:10
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case: