

ASS. REP. BY

Steve

CS/GA121012492/ETF3

ASSIGNMENT

Date: _____
 Delat: _____
 Estimated Cost: _____
 To Inspect Vehicle At: _____
 At Workshop: _____
 Insured: _____
 Policy No.: _____
 Claims No.: _____
 Sum Insured: _____
 (Client's Record)
 Make of Vehicle: _____

Vehicle No: SL2 992H Year: 23/4/18
 Type: Car M. Cycle / Bus / Van / Lorry / Motor / Pedal / Scooter /
 Truck / Trailer or
 Make: Toyota Prins Plus CB 1798
 Colour: Black A/C: Insured / Not Insured / NI
 Sp. Reading: 270139 TIRAC: Insured / Not Insured / NI
 Reg. No.: JTDZS3EUX0J076018
 Gen. Cond: Good / Fair / Poor / Bad
 Steering: OK / Jammed / Loose / Burnt or
 Brake: Insured / Jammed / Loose / Burnt or
 Mod: 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 or
 Tyre Size: P1 205/60R16
 RI: 11
 US / DUN / EXNOVA / GY / FS / LIZA / MIG / ORTSV / PIR / SUM /
 TOYO / YOKO or
 Front: 5 mm 5 mm
 R/R: 5 mm 5 mm
 D.O.A. 8/12/21 Berne
 Survey held at: _____
 Des. of Damages: Front / Left / Right / Top / Bottom or
 The Weld / Cracks / Front / Body Structure affected due to collision

(Policy Condition)
 Remarks: The vehicle has commenced its
 repair at the time of inspection.
 Ref. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 DIA / PA Seen: _____ Consistent? Yes or No
 Est. Repair: _____ days Res. Yes or No
 Cum Sum: _____ % D. Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>11/12/21</u>	<u>Final fig \$4,894.75 ; 4 days</u> <u>(Red 3770.80 ; 43%)</u>

Method of Repair: ☐ Prel. Report ☐ Final Report
 Days of Repair: _____
 Resurvey No. of Trips: _____
 Add Fee: ☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Insp (\$ _____)
☐ Weekend (\$ _____)
 Survey Fee: _____
 Transport: _____
 Photo: _____
 Other: _____
 TOTAL: _____



Borneo Motors



TOYOTA

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. 0		6 Battery Road #38-04 Singapore 049909		
			Document Date 09/12/2021		Work: 65703925		
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2018	ZVW40R	AWXEBW Q2	23/04/2018	SLZ0992H	0	11858	66TP/SLZ0992H/081221
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
JTDZS3EUX0J026078		2ZR0B41392	60	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.:SFM2121G ACC DATE:08/12/21 TOW IN:08/12/21 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50	100.00
2	B	BP-LAB2 CONDUCT WIRING AND CONDUCT LEAK TEST					180.00
3	B	BP-LAB2 REPL ACC AFF PART SAND PANEL					2160.00
4	B	BP-RES2 RESRPAY ACC AFF AREA					1770.00
5	B	BP-LAB2 DRILL HOLE AND INSTALL REVERSE SESNOR					180.00
6	1	U52015-47080 ARM SUB-ASSY, RR	1.00	177.40			177.40
7	2	U52023-12240 REINFORCEMENT	1.00	219.20			219.20
8	3	U52591-47030 SEAL, RR BUMPER	1.00	90.80			90.80
9	4	U52155-47010 SUPPORT, RR BUMPER	1.00	144.00			144.00
10	5	U52575-47030 RETAINER, RR BUMPER	1.00	59.70			59.70
11	6	U52159-47912 COVER, RR BUMPER	1.00	561.50			561.50
12	7	U52161-0K040 PIECE,RR BUMPER	1.00	4.10			4.10
13	8	U81910-47010 REFLECTOR ASSY,	1.00	60.40			60.40
14	9	U67005-47460 PANEL SUB-ASSY, BACK	1.00	1121.20			1121.20
15	0	U75310-47020 EMBLEM ASSY,	1.00	64.00			64.00
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

Customer Copy



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

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			Document No. 0					
			Document Date 09/12/2021					
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Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
JTDZS3EUX0J026078		2ZR0B41392	60	Shashitharan	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
16	1	U75442-47080 PLATE, BACK DOOR / <i>AK</i>			1.00	64.00		64.00
17	2	U75441-47130 PLATE, LUGGAGE COMPT / <i>AK</i>			1.00	55.20		55.20
18	3	U81551-47262 LENS & BODY, RR X			1.00	696.10		696.10
19	4	U76891-47040 SPOILER, RR NO.1 / <i>CUT</i>			1.00	856.90		856.90
<p><i>Store (LKK)</i> <i>10/9/21, 11.00</i></p> <p><i>WPL AL</i> <i>4 d/s</i> <i>PIP</i> <i>M B L H</i></p> <div style="border: 1px solid blue; padding: 5px; margin-top: 10px;"> <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 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 </div>								
For & on behalf of		Customer's Signature		Charge Summary		Total		8,564.50
Borneo Motors (Singapore) Pte Ltd		Please acknowledge receipt of vehicle		Parts 4,174.50 Labour 4,390.00 Sublet 0.00 Lubrication/Fluid 0.00 Others 0.00		GST 7.00% 599.52 Less 0.00 Amount Due 9,164.02		

Customer 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	08/12/2021 18:34 (SGT)
Date of Accident	08/12/2021 13:40 (SGT)
Exact Location of Accident	Jln Besar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ992H
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) +65-98380644
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	CHUA KENG PIEW (CAI QINGBIAO)
NRIC No	SXXXX111G

Date Of Birth	03/06/1971
Occupation	Outdoor
Date Of Driving Pass	14/03/1991
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98380644
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 344 ANG MO KIO AVENUE 3 #03-2192
Address complement	-
Postcode	560344
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)	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 THE 08/12/2021 AT ABOUT 1340 HOURS, I WAS DRIVING VEHICLE A (SLZ992H) ON LANE 3 ALONG JALAN BESAR WHEN WAITING IN STANDSTILL TRAFFIC, VEHICLE B (SFM2121G) SUDDENLY REAR ENDED ME. THE DRIVER THEN MENTIONED TO ME THAT HE WAS TALKING TO HIS PASSENGER HENCE DISTRACTED. NOBODY IS INJURED.

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	SFM2121G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94875225
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

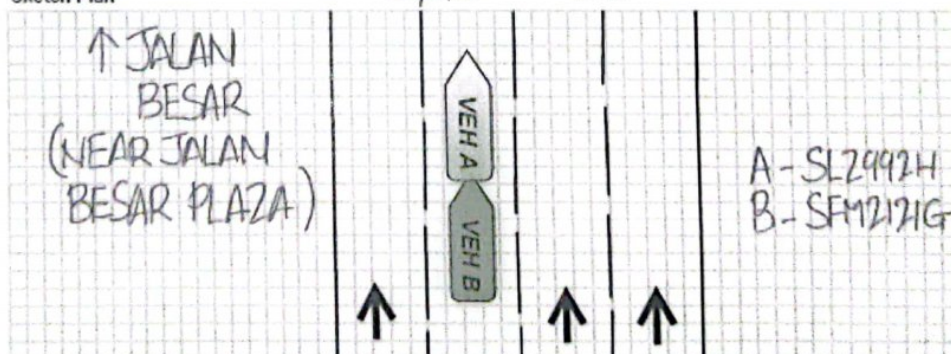
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts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

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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

08/12/21 1610