

ASS. REC. BY: Steve

REF: CC4/LPC21012723/ra3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP WS TP RES OD RES EVA INV MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
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.

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLV2128U Yr Regn: 26/12/17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Traller or _____
Make: Mazda 3 c.c. 1496
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 186111 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JM6BN22A8H0157867
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or _____
Brake: Order / Jammed / Leaked / Burnt or _____
Modl: NII / S/Rim / STD A/Rim or _____
Tyre Size: F: 205/60R16
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook
Front
R/Bal. 5 mm
L/Bal. 5 mm
D.O.A. 14/12/21
Survey held at Pegasus
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front RH
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-59K</u>

Date/Time, File Pass to? ☐ : Prell. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) _____
Report Format : _____
Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____
Transportation: _____ \$ + RS. _____ \$
Photos _____
Others _____
TOTAL _____



PEGASUS ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO : 201101753C

Quotation

From :	Customer :
PEGASUS ENGINEERING & TRADING PTE LTD 74 KIAN TECK ROAD SINGAPORE 628800 Officer in Charge : VIVIAN TAN EE WI Tel : Email :	GRAB RENTALS PTE LTD 18 SIN MING LANE #01-08 MIDVIEW CITY SINGAPORE 573960 Attn : Tel : Fax No. :

Quotation No. : QO21/12-1100	Quotation Date : 05/11/2021	Terms : 60 DAYS
Vehicle No. : SLV2128U	Chassis No. : JM6BN22A8H0157867	Policy Number :
Model : MAZDA 3		Date of Accident : 14/12/2021
Third Party Insurer : LONPAC		TP Vehicle No. : SNC9923X
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	FRONT BUMPER / BR	1	880.0000	880.00
2	FRONT BUMPER SIDE RETAINER (RHS) / BR	1	70.0000	70.00
3	FRONT BUMPER CLIPS @ 10PCS / NK	10	4.0000	40.00
4	FRONT BUMPER FOGLAMP COVER (RHS) / CNT	1	108.0000	108.00
5	FRONT BUMPER FOGLAMP (RHS) ?	1	218.0000	218.00
6	FRONT FENDER (RHS) / OO	1	498.0000	498.00
7	FRONT FENDER INNER BRACKET (RHS) ?	1	95.0000	95.00
8	FRONT FENDER SPLASH SHIELD (RHS) / CRH	1	149.0000	149.00
9	FRONT FENDER SPLASH SHIELD CLIPS @ 10PCS / NK	10	4.0000	40.00
10	FRONT FENDER LOWER AIR DEFLECTOR (RHS) X	1	95.0000	95.00
11	FRONT FENDER WHEEL HOUSE PANEL (RHS) - REPAIR X	1		
12	FRONT HEADLAMP (RHS) / BR	1	1,120.0000	1,120.00
13	FRONT WASHER TANK / CRH	1	165.0000	165.00
14	FRONT WASHER TANK CAP X	1	35.0000	35.00
15	FRONT DOOR (RHS) - REPAIR X R	1		
16	LESS 20%	1	-702.6000	-702.60
17	FRONT HEADLAMP BULD @ 2PCS X	2	20.0000	40.00
18	FRONT WHEEL HUP CAP (RHS) / CNT	1	120.0000	120.00
19	FRONT TYRE (RHS) X	1	150.0000	150.00
20	FRONT RIM (RHS) X B	1	250.0000	250.00
21	TOWING FEE / NK	1	100.0000	100.00
22	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT, / NK	1	150.0000	150.00

C/F 0.00

Page 1 of 2



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 :
--	--

Quotation No. : QO21/12-1100	Quotation Date : 05/11/2021	Terms : 60 DAYS
Vehicle No. : SLV2128U	Chassis No. : JM6BN22A8H0157867	Policy Number :
Model : MAZDA 3		Date of Accident : 14/12/2021
Third Party Insurer : LONPAC		TP Vehicle No. : SNC9923X
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
			B/F	0.00
23	TO REMOVE & REPLACED RHS FRONT TYRE & RIM & CONDUCT WHEEL BALANCING.	1	120.0000	120.00
24	TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT TO REPLACED PARTS.	1	100.0000	100.00
25	TO PANEL BEATING, KNOCKING AND STRAIGHTEN THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN TO THE SAME.	1	1,200.0000	1,200.00
26	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS.	1	1,000.0000	1,000.00

Steve (LKK)
16/12/21, 11:00am

ML 1C
L/S
My ML by
5 dys

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:

Sub Total	6,040.40
GST(7.00%)	422.83
Total (SGD)	6,463.23

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	200G
Vehicle Details	
Vehicle No.:	SLV2128U
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Dec 2021
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	P520450565
Chassis No.:	JM6BN22A8H0157867
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,937.00
Original Registration Date:	26 Dec 2017
First Registration Date:	26 Dec 2017
Transfer Count:	1
Actual ARF Paid:	\$9,937.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2027
PARF Rebate Amount:	\$7,452.00
Intended COE Rebate Details	
COE Expiry Date:	25 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,900.00
COE Rebate Amount:	\$25,855.00
Total Rebate Amount:	\$33,307.00

The information contained herein is correct as at 15 Dec 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 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. 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 15/12/2021 10:51 (SGT)
Date of Accident 14/12/2021 18:50 (SGT)
Exact Location of Accident 443 Fernvale Rd, Singapore 790443
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2128U

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) +65-91828444
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 TEO HWEE YAN (ZHANG HUIYAN)
NRIC No SXXXX014G

Date Of Birth	01/08/1978
Occupation	Outdoor
Date Of Driving Pass	25/10/2002
Driving experience	19 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91828444
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 176 BOON LAY DRIVE #05-364
Address complement	-
Postcode	640176
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

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 14/12/2021 AT ABOUT 18:50HRS, I WAS DRIVING VEHICLE A (SLV2128U) ALONG BLOBLCK 443 FERNVALE ROAD DRIVE. I TRAVELLING STRAIGHT WITHIN THE LANE ALONG DRIVE WAY APPROACHING BEND. BEFORE APPROACHING BEND, I NOTICE VEHICLE B (SNC9923X) FROM OPPOSITE DIRECTION MAKE A LEFT TURN. SO I STOP VEHICLE A AND GIVE WAY TO VEHICLE B. WHILE STATIONARY, VEHICLE B MAKE A SHARP LEFT TURN AND COLLIDED ONTO VEHICLE A RIGHT SIDE. EXCHANGED PARTICULARS. VEHICLE B DRIVER CLAIM THAT HE MAKE A SHARP TURN TO AVOID KERB AND COLLIDED ONTO VEHICLE A. 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	SNC9923X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-84849923
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

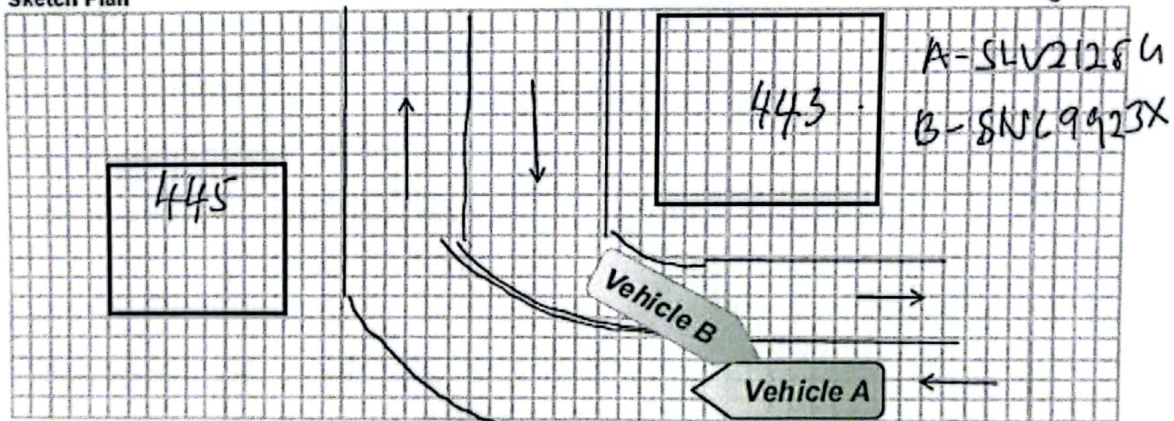
SKETCH PLANIMPORTANT NOTICE

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 14/12/2021 AT ABOUT 18:50HRS, I WAS DRIVING VEHICLE A (SLV2128U) ALONG BLOBLCK 443 FERNVALE ROAD DRIVE. I TRAVELLING STRAIGHT WITHIN THE LANE ALONG DRIVE WAY APPROACHING BEND. BEFORE APPROACHING BEND, I NOTICE VEHICLE B (SNC9923X) FROM OPPOSITE DIRECTION MAKE A LEFT TURN. SO I STOP VEHICLE A AND GIVE WAY TO VEHICLE B. WHILE STATIONARY, VEHICLE B MAKE A SHARP LEFT TURN AND COLLIDED ONTO VEHICLE A RIGHT SIDE. EXCHANGED PARTICULARS. VEHICLE B DRIVER CLAIM THAT HE MAKE A SHARP TURN TO AVOID KERB AND COLLIDED ONTO VEHICLE A. 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

[Signature]

[Signature]

14/12/21 - 1950H

Khanarij