

ASS. REC. BY:

Steve

REF:

CS/MSG22000638/Evt3

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.

X	X	X
N/S	O/S	
X	X	

Bel. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMY 1960L Yr Regn: 23/7/21

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

Truck / Traller or

Make: Toyota Prius Plus c.c. 1797

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

Sp. Reading: 52478 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDZS3E10J059924

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/60R15

R: 11

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

TOYO / YOKO or

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 17/11/22

Survey held at Borneo

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-126K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Intervlow (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL



Borneo Motors



TOYOTA

Inchcape

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
MSIG Insurance (Singapore) Pte Ltd 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807 Attn: Motor Claims Dept	S1000037 / ICCUA2	M/S Grab Rentals Pte Ltd 6 Battery Road #38-04 Singapore 049909 Work: 65703925
	Document No. 0	
	Document Date 18/01/2022	

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2020	ZVW40R	AWXEBW Q3	23/02/2021	SMY1960L	0	12811	75/DS/SMY1960L

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTDZS3EU10J059924	2ZR2F74130	60	Ng Mei Yen	--/--/----	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.:GBG3995Z ACC DATE:17/01/2022 TOW IN:17/01/2022 EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50 100.00
2	B	BP-LAB2 CHECK WIRING & CONDUCT LEAK TEST				180.00
3	S	BP-SUBLET RESET ECU UPON COMPLETION OF REPAIR				180.00
4	B	BP-LAB2 DRILL HOLE & INSTALL REVERSE SENSOR				180.00
5	B	BP-LAB2 TRANSFER TAILGATE MACH				720.00
6	B	BP-LAB2 REPL ACC AFF AREA 770 x 4 STRAIGHTEN & PANEL BEAT ACC AFF AREA				2880 5040.00
7	B	BP-RES2 RESPRAY ACC AFF AREA 540 x 5				2950 4130.00
8	Z	BP-BKT SUPPLY PHV STICKER				20.00
9	L	BP-LPO SUPPLY FRONT REGN PLATE (PO#)				80.00
10	1	U52119-47969 COVER, FR BUMPER CRU	1.00	589.50	25.00	442.12
11	2	U53102-47180 GRILLE SUB-ASSY, BR ENT (Black)	1.00	597.00	25.00	447.75
12	3	U52611-47100 ABSORBER, FR BUMPER	1.00	84.20	25.00	63.15
13	4	U52021-47160 REINFORCEMENT	1.00	696.00	25.00	522.00
14	5	U53111-47110 GRILLE, RADIATOR BR	1.00	510.10	25.00	382.57

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

richcape

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

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	Document No. 0	
	Document Date 18/01/2022	

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2020	ZVW40R	AWXEBW Q3	23/02/2021	SMY1960L	0	12811	75/DS/SMY1960L

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTDZS3EU10J059924	2ZR2F74130	60	Ng Mei Yen	--/--/----	0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
15	6	U81140-47660 UNIT ASSY, HEADLAMP, ?	1.00	2678.10	25.00	2008.57
16	7	U81070-47660 UNIT ASSY, HEADLAMP, ?	1.00	2678.10	25.00	2008.57
17	8	U81210-47010 LAMP ASSY, FOG, RH ?	1.00	329.00	25.00	246.75
18	9	U81220-47010 LAMP ASSY, FOG, LH ?	1.00	313.00	25.00	234.75
19	0	U52159-47912 COVER, RR BUMPER - BR	1.00	589.50	25.00	442.12
20	1	U52155-47010 SUPPORT, RR BUMPER X - BR	1.00	151.20	25.00	113.40
21	2	U52156-47010 SUPPORT, RR BUMPER - BR	1.00	151.20	25.00	113.40
22	3	U52591-47030 SEAL, RR BUMPER ?	1.00	95.40	25.00	71.55
23	4	U52592-47030 SEAL, RR BUMPER ?	1.00	136.80	25.00	102.60
24	5	U52023-12240 REINFORCEMENT / DO ?	1.00	230.20	25.00	172.65
25	6	U58307-47080 PANEL SUB-ASSY, BODY ?	1.00	738.00	25.00	553.50
26	7	U61602-47131 PANEL SUB-ASSY, X R	1.00	1023.30	25.00	767.47
27	8	U58742-47020 PROTECTOR, QUARTER - ACC	1.00	24.40	25.00	18.30
28	9	U67005-47460 PANEL SUB-ASSY, BACK - DO	1.00	1177.30	25.00	882.97
29	0	U67881-47040 WEATHERSTRIP, BACK X - BR	1.00	355.10	25.00	266.32
30	1	U68105-47190 GLASS SUB-ASSY, BACK - BR	1.00	1093.60	25.00	820.20
31	2	U56117-50140 DAM, WINDOW GLASS - ACC	1.00	30.60	25.00	22.95
32	3	U67750-47050 C0 BOARD ASSY, BACK X	1.00	348.70	25.00	261.52
33	4	U81551-47262 LENS & BODY, RR X	1.00	730.90	25.00	548.17
34	5	U81561-47252 LENS & BODY, RR / BR	1.00	706.10	25.00	529.57

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd	Please acknowledge receipt of vehicle	Parts	Less
		Labour	
		Sublet	
		Lubrication/Fluid	
		Others	Amount Due

Customer Copy

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		
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			Document No.				
			0				
			Document Date				
			18/01/2022				

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2020	ZVW40R	AWXEBW Q3	23/02/2021	SMY1960L	0	12811	75/DS/SMY1960L

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTDZS3EU10J059924	2ZR2F74130	60	Ng Mei Yen	--/--/----	0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
35	6	U81910-47010 REFLECTOR ASSY, X	1.00	63.40	25.00	47.55
36	7	U81920-47010 REFLECTOR ASSY, - RR	1.00	63.40	25.00	47.55
37	8	U76891-47040 SPOILER, RR NO.1 X	1.00	899.70	25.00	674.77
38	9	U76801-47140 E2 GARNISH SUB-ASSY, X	1.00	459.60	25.00	344.70
39	0	U75310-33050 EMBLEM ASSY, - RR	1.00	112.30	25.00	84.22
40	1	U75442-47080 PLATE, BACK DOOR	1.00	67.20	25.00	50.40
41	2	U75310-47020 EMBLEM ASSY, - RR	1.00	67.20	25.00	50.40
42	3	U75441-47130 PLATE, LUGGAGE COMPT X	1.00	58.00	25.00	43.50
43	4	U75374-47112 EMBLEM, SIDE PANEL	1.00	58.00	25.00	43.50
44	5	TREVSE-47006 4X1 BACK SENSOR STEEL BLONDE ME - RR	1.00	101.05		101.05

Steve (LKK)
18/1/22, 1:30pm

ML AL
10 days
P/P
Lg BL Lg

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- To confirm
- 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: _____

For & on behalf of		Customer's Signature		Charge Summary		Total	
Borneo Motors (Singapore) Pte Ltd						24,160.56	
<p>Please acknowledge receipt of vehicle</p> <p>Signature: _____</p> <p>Date: _____</p>		Parts		13,530.56	GST 7.00%	1,691.24	
		Labour		10,370.00	Less	0.00	
		Sublet		260.00			
		Lubrication/Fluid		0.00			
		Others		0.00			
				Amount Due		25,851.80	

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	18/01/2022 09:28 (SGT)
Date of Accident	17/01/2022 09:10 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1960L
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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) +65-90617674
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	G 400001194 MCX
Cover Note Number	-

DRIVER

Name of Driver	KUAH HOCK ENG
NRIC No	SXXXX689I

Date Of Birth	02/07/1967
Occupation	Outdoor
Date Of Driving Pass	12/09/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90617674
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 463A SEMBAWANG DRIVE #08-371
Address complement	-
Postcode	751463
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 17/1/22 AT ABOUT 0915HRS, I WAS IN MY VEHICLE A, (SMY1960L) QUEUING UP IN A HEAVY TRAFFIC, STATIONARY. SUDDENLY I FELT A HUGE IMPACT COMING FROM MY REAR. I WAS IN A SHOCK WHEN IT HAPPENED. I EXITED MY VEHICLE AND I REALISED I WAS INVOLVED IN A CHAIN COLLISION CAUSED BY THE LAST VEHICLE, VEHICLE D, XF3469B. MY VEHICLE WAS IN BETWEEN VEHICLE B, (GBG3995Z) AND VEHICLE C, (SLG2169E). 1 POB. NO INJURY. CONTACTS AND PARTICULARS WERE EXCHANGED.

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	GBG3995Z
Vehicle Manufacturer	-
Vehicle Model	-

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Commercial vehicle
(Phone) +65-92389849

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG2169E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-82021613
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number XF3469B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number (Phone) +65-83228682
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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 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:

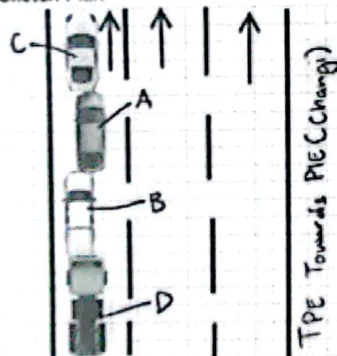
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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



A - SMY1960L
B - G8G3495Z
C - SLG2169E
D - XF3469B

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

[Signature]

[Signature]

17/1/ 10 25hrs