

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
<u>7</u>	<u>7</u>

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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: SLN 42225 Yr Regn: 3/5/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Pro c.c. 1797
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 370408 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JIDK82FU503556477
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 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. 17/1/22
 Survey held at Barnet
 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
	<u>MR 65X</u>

We will be advising our Principal a cost of repair of \$4233.25 (P/P before GST) - with 5 days of repair
 red: 8478.70; 66%

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

Days Of Repair: 5
 Resurvey No. of Trip: _____
 Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

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



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

Account Details	Account No.	Customer Details
ECICS Limited 7 Temasek Boulevard #10-01 Suntec Tower One Singapore 038987	S1000026 / ICECICS Document No. 0 Document Date 18/01/2022	M/S Grab Rentals Pte Ltd 6 Battery Road #38-04 Singapore 049909 Work: 65703925

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	ZVW50R	AHXEBW Q3	03/05/2017	SLN4222J	0	12809	75/DS/SLN4222J

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTDBK3FU503556477	2ZRS041023	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.:SGW8273Y ACC DATE:17/01/22 DRIVE IN: 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 REPL ACC AFF AREA STRAIGHTEN & PANEL BEAT ACC AFF AREA				720 3600.00
6	B	BP-RES2 RESPRAY ACC AFF AREA				1180 2360.00
7	1	U52159-47913 COVER, RR BUMPER	1.00	469.50		469.50
8	2	U52575-47040 RETAINER, RR BUMPER	1.00	124.90		124.90
9	3	U52576-47040 RETAINER, RR BUMPER	1.00	123.60		123.60
10	4	U52023-47030 REINFORCEMENT	1.00	353.10		353.10
11	5	U52591-47050 SEAL, RR BUMPER	1.00	93.50		93.50
12	6	U52592-47040 SEAL, RR BUMPER	1.00	93.50		93.50
13	7	U52565-47900 FILLER, RR BUMPER	1.00	131.10		131.10
14	8	U52566-47900 FILLER, RR BUMPER	1.00	131.10		131.10

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd LKK Auto Consultants hence notify the Repairer in writing: <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged parts, during resurvey Parts prices are subject to confirmation Third party survey is on a "without prejudice" basis No illegal modifications will be Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 		Parts Labour Sublet Lubrication/Fluid Others	Amount Due

Acknowledged by Repairer:

Signature:

Date:

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		6 Battery Road #38-04 Singapore 049909				
		Document Date 18/01/2022		Work: 65703925				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2017	ZVW50R	AHXEBW Q3	03/05/2017	SLN4222J	0	12809	75/DS/SLN4222J	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
JTDKB3FU503556477		2ZRS041023	60	Ng Mei Yen	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
15	9	U52453-47010 GUARD, RR BUMPER, ✓ <i>Cut</i>			1.00	611.30		611.30
16	0	U58307-47090 PANEL SUB-ASSY, BODY			1.00	689.70		689.70
17	1	U76801-47110 A1 GARNISH SUB-ASSY, ✓ <i>nee</i>			1.00	984.40		984.40
18	2	U75403-48010 EMBLEM SUB-ASSY, ✓ <i>nee</i>			1.00	76.00		76.00
19	3	U75441-47130 PLATE, LUGGAGE COMPT ✓ <i>AL</i>			1.00	58.00		58.00
20	4	U75442-47130 PLATE, LUGGAGE COMPT ✓ <i>AL</i>			1.00	58.00		58.00
21	5	U81551-47283 LENS & BODY, RR X			1.00	479.30		479.30
22	6	U81561-47153 LENS & BODY, RR X			1.00	469.90		469.90
23	7	U81581-47011 LENS & BODY, RR X			1.00	532.00		532.00
24	8	U81591-47011 LENS & BODY, RR X			1.00	532.00		532.00
25	9	TREVSE-TEFM2 070 2PT R SENSOR WITH ANGLE 070 WH ✓ <i>shld</i>			1.00	101.05		101.05
<p><i>Steve (LKR)</i> <i>28/2/22, 10.30</i></p> <p><i>ML AL</i> <i>BL</i> <i>5 Lys</i></p>								
For & on behalf of Borneo Motors (Singapore) Pte Ltd		Customer's Signature		Charge Summary		Total 12,711.95		
		Please acknowledge receipt of vehicle		Parts 6,111.95 Labour 6,420.00 Sublet 180.00 Lubrication/Fluid 0.00 Others 0.00		GST 7.00% 889.84 Less 0.00 Amount Due 13,601.79		

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 10:48 (SGT)
Date of Accident	17/01/2022 09:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4222J
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) +65-85581901
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	YAP KOK HOW (YE GUOHAO)
NRIC No	SXXXX545H

Date Of Birth	09/07/1972
Occupation	Outdoor
Date Of Driving Pass	21/09/1992
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85581901
Alt. Phone Number	-
Email Address	gr.sg_accident@grab.com
Address	BLK 448C BUKIT BATOK WEST AVENUE 9 #18-44
Address complement	-
Postcode	653448
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	3
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 17/01/22 AT ABOUT 0905HRS I WAS DRIVING VEHICLE A (SLN4222J) ALONG PIE TOWARDS TUAS WITH ONE FEMALE PASSENGER.I WAS EXTREME RIGHT LANE AND AT STATIONARY POSITION DUE TO THE TRAFFIC.SUDDENLY VEHICLE B (SGW8273Y) REAR ENDED MY VEHICLE FOLLOWED BY VEHICLE C (SMP2302C) ONTO VEHICLE B REAR.EXCHANGED CONTACT NUMBER ONLY.NO INJURIES AT POINT OF TIME.

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	SGW8273Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94562713
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 2

Vehicle Registration Number	SMP2302C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-90293366
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.
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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.

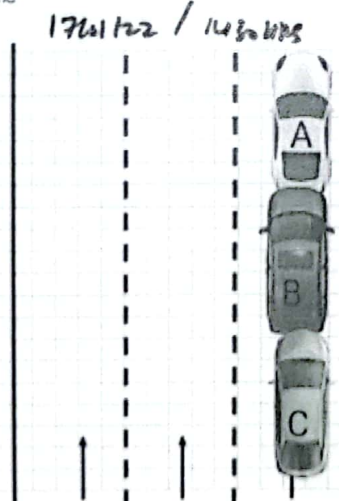
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

- A SLN4222J
- B SGW8273Y
- C SMP2302C



PIE TOWARDS TUAS

Describe Circumstances of the Accident

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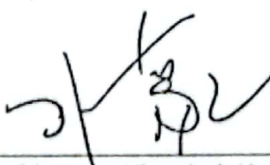
Declaration

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


17/01/22 / 14204hrs


Bong