

(08/11/13) wef

ASS. REC. BY:

REF:

CS/11122001176/Rqf3

2009

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SND 4866E

at Workshop m/s BURNED MOTOR

of 21 PANDAN CRESCENT

Insured:

Policy No. D21MFL0000447

Claims No.

Sum Insured:

Excess:

TBA

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

127K

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

Date / Time

Action / Instruction

REPAIR LIMIT - SAK

RECOMMENDED TOTAL LOSS

10/02/22@9.32am revert to III via Merimen. (T/L)

11/02/22 Submit Uneconomical Total Loss report.

Veh No:

SND 4866E

Yr Regn: 2022/JAN

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

Truck / Trailer or

Make:

TOYOTA PRIVE PLUS (Auto) c.c 1798

Colour

RED

A/C: Insured / Std / NI / NA

Sp. Reading

2640

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDZS3EU50J067928

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

28/01/22

D.O.I.

08/02/22

Survey held at

BURNED MOTOR

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, File Pass to?

1) 11/02 Typist

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

) S + RS, SI

) Photos

) Others

Report Format: MER-OD/TL-U

Lump Sum / I.R.I. / S

**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**

<b>Account Details</b>			Account No.		<b>Customer Details</b>		
CMP-GRAB CAR SERVICING (B&P)			i1500209 / GRAB-B&P		M/S Grab Rentals Pte Ltd 6 Battery Road #38-04 Singapore 049909  Work: 65703925		
			Document No.				
			0				
			Document Date				
			07/02/2022				

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2021	ZVW40R	AWXEBW Q4	03/01/2022	SND4866E	0	13118	SND4866E

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTDZS3EU50J067928	2ZR2M92359	00	Ng Mei Yen	--/--/----	0.00 --/--/----

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-GRAB-OD SUNDRIES - FLASH ARRIVE: DD/MM/YY 0000HR POLICY NO.: ACC DATE:28/01/22 TOW IN:29/01/2022 EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				90000.00
2	B	BP-LAB2 VEHICLE IS NOT ECONOMICAL DUE TO FIREWALL BADLY DAMAGE.				

For & on behalf of Borneo Motors (Singapore) Pte Ltd	Customer's Signature	Charge Summary	Total	90,000.00
	Please acknowledge receipt of vehicle	Parts 0.00 Labour 90,000.00 Sublet 0.00 Lubrication/Fluid 0.00 Others 0.00	GST 0.00% 0.00 Less 0.00 Amount Due 90,000.00	



# 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 ..... 01/02/2022 10:26 (SGT)  
Date of Accident ..... 28/01/2022 21:00 (SGT)  
Exact Location of Accident ..... Loyang Ln, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SND4866E

### 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) +65-97837782  
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 - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1798

### 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 ..... RAMLAND BIN MOKHTAR  
NRIC No ..... SXXXX879E

Date Of Birth .....  
Occupation .....  
Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

17/01/1962  
Outdoor  
09/11/1993  
28 YEARS AND 2 MONTHS  
Male  
(Phone) +65-97837782  
-  
gr.sg.accident@grab.com  
BLK 425 CHOA CHU KANG AVENUE 4 #08-148  
-  
680425  
No  
Hirer  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collided into Parked Vehicle  
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? ..... Yes  
Was any injured conveyed to hospital by ambulance? ..... No  
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? ..... No  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? .....

#### CIRCUMSTANCES OF ACCIDENT

ON 28/01/22 AT ABOUT 2100HRS I WAS DRIVING VEHICLE A (SND4866E) ALONG LOYANG LANE. I WAS AT LEFT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY I SAW THERE WAS VEHICLE B (YN8208X) PARKED ON THE LEFT LANE. I UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE. MY VEHICLE REAR ENDED VEHICLE B. EXCHANGED PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.

#### 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 ..... YN8208X  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category ..... Commercial vehicle  
Name of Driver .....  
Contact Number ..... (Phone) +65-92325923

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

-  
-  
-  
-  
-  
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person  
Gender  
Phone No  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

RAMLAND BIN MOKHTAR  
Male  
(Phone) +65-97837782  
-  
-  
-  
PAIN ON NECK AND CHEST  
SND4866E  
Yes  
No



## 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

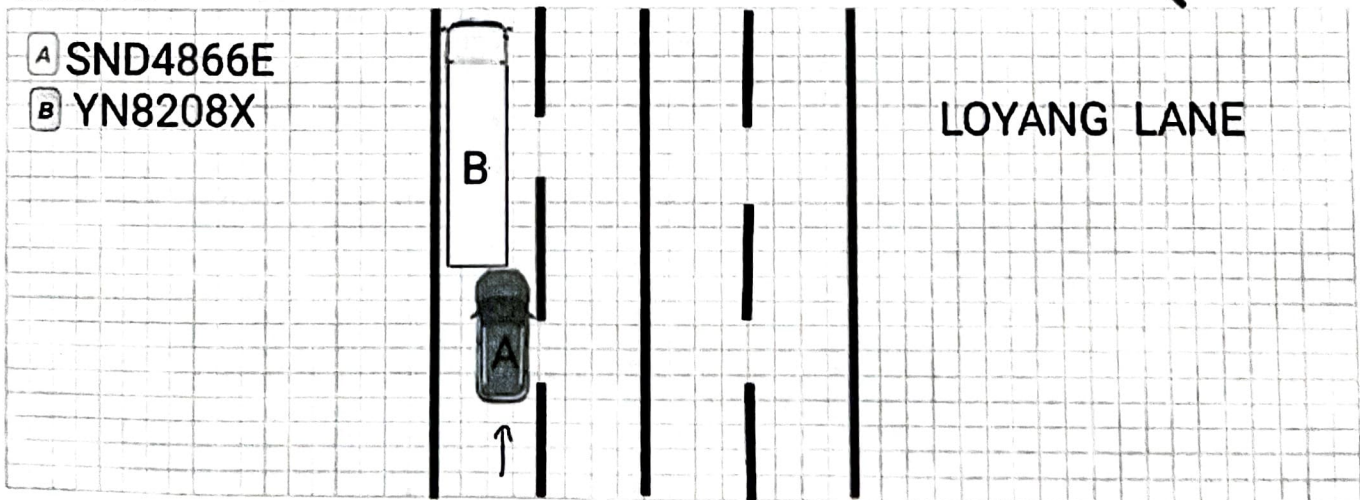
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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**

ON 28/01/22 AT ABOUT 2100HRS I WAS DRIVING VEHICLE A  
SND4866E ALONG LOYANG LANE. I WAS AT LEFT LANE, AS I  
WAS TRAVELLING WITHIN MY LANE SUDDENLY I SAW THERE  
WAS VEHICLE B YN8208X PARKED ON THE LEFT LANE. I  
UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED  
BRAKE. MY VEHICLE REAR ENDED VEHICLE B. EXCHANGED  
PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.

**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





> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	200G
Vehicle No.:	SND4866E
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Feb 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS PLUS (AUTO)
Primary Colour:	Red
Manufacturing Year:	2021
Engine No.:	2ZR2M92359
Chassis No.:	JTDZS3EU50J067928
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$27,588.00
Original Registration Date:	03 Jan 2022
First Registration Date:	03 Jan 2022
Transfer Count:	0
Actual ARF Paid:	\$15,624.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Jan 2032
PARF Rebate Amount:	\$11,718.00
COE Expiry Date:	02 Jan 2032
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,001.00
COE Rebate Amount:	\$55,444.00
Total Rebate Amount:	\$67,162.00

The information contained herein is correct as at 08 Feb 2022

OK



# Toyota Prius Plus Hybrid 1.8A

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

# CLASSIC CREDIT



5GCARMART'S PREMIUM DEALER  
2013 / 2014 / 2015 / 2016 / 2017

Price	\$89,800		
Depreciation ⓘ	\$11,570 /yr View models with similar depre.	Reg Date	29-Oct-2018 (6yrs 8mths 20days COE left)
Mileage	49,912 km (15.2k /yr)	Manufactured ⓘ	2018
Road Tax ⓘ	\$976 /yr	Transmission	Auto
Dereg Value ⓘ	\$39,052 as of today (change)	Fuel Type	Petrol-Electric
COE ⓘ	\$31,302	OMV ⓘ	\$30,006
Engine Cap	1,798 cc	ARF ⓘ	\$24,009
Curb Weight ⓘ	1,500 kg	Power	100.0 kW (134 bhp)