

ASS. REC. BY: Am

REF:

CL4/111 2200 2373/Rga<sup>3</sup>

2021

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLL 95392at Workshop m/s BORNKO MOTORof 2, PAMMAN CRESCENTInsured: 111

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.Bal. or Market Value: 55K

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: SLL 95392Yr Regn: 2017 / MARType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA VIOS 1.5E CVTc.c. 1496Colour: GREY

A/C: Insured / Std / NI / NA

Sp. Reading: 267961

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MHF B 29F 380 200 7389Gen. Cond: Good / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/50R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 11/03/22D.O.I. 11/04/22Survey held at BORNKO MOTOR

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S REAR

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

REPAIR LIMIT - 24K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$

S + RS. SI

☐

: Interview (\$

Photos

☐

: Tech. Invs (\$

Others

Report Format: \_\_\_\_\_

Lump Sum / I.B.B. / C

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		3 Media Close #07-03 Singapore 138498			
			Document Date 12/03/2022		Work: 65703925			
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2017	NSP151R	CEXRKT Q1	16/03/2017	SLL9539Z	0	13875	75/DS/SLL9539Z	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
MHFB29F3802007389		2NRX129795	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.: SHD2313T ACC DATE:11/03/22 DRIVE IN: EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:						30 100.00
2	B	BP-LAB2 CHECK WIRING & CONDUCT LEAK TEST						X 180.00
3	B	BP-LAB2 RESET ECU UPON COMPLETION OF REPAIR						X 180.00
4	B	BP-LAB2 REPL ACC AFF AREA STRAIGHTEN & PANEL BEAT ACC AFF AREA						720 2160.00
5	B	BP-RES2 RESPRAY ACC AFF AREA						590 1770.00
6	1	K52159-0U908 COVER, RR BUMPER, L repair			1.00	552.30		552.30
7	2	K52161-0K040 PIECE, RR BUMPER			10.00	4.30		43.00
<p><b>LKK Auto Consultants</b> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "With Our Approval" basis</li> <li>No major modification(s) is allowed</li> </ul> <p>Supplementary item(s) please acknowledge receipt of vehicle is subject to final approval from Insurance Company</p> <p>Acknowledged by Repairer Signature: Date:</p>					<p><b>Customer's Signature</b></p>		<p><b>Charge Summary</b></p>	
<p>For &amp; on behalf of Borneo Motors (Singapore) Pte Ltd</p>					<p>Total</p>		<p>4,985.30</p>	
<p>Signature: Date:</p>					<p>Parts 595.30 Labour 4,390.00 Sublet 0.00 Lubrication/Fluid 0.00 Others 0.00</p>		<p>GST 7.00% 348.97 Less 0.00 Amount Due 5,334.27</p>	



# 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	11/03/2022 13:48 (SGT)
Date of Accident	11/03/2022 09:00 (SGT)
Exact Location of Accident	Biopolis Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9539Z
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) +65-96802076
Alternative Phone No	(Office) +65-66550005

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	400001149
Cover Note Number	-

## DRIVER

Name of Driver	LO HAN CHENG, VINCENT
NRIC No	SXXXX674A

Date Of Birth	17/09/1986
Occupation	Outdoor
Date Of Driving Pass	20/04/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96802076
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 973 HOUGANG STREET 91 #08-210
Address complement	-
Postcode	530973
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)	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 THE 11/03/2022 AT ABOUT 0900 HOURS, I WAS DRIVING VEHICLE A (SLL9539Z) ON LANE 2 ALONG BIOPOLIS WAY WHEN SUDDENLY VEHICLE B (SHD2313T) HIT ONTO THE REAR RIGHT SIDE PORTION OF MY BUMPER. I WISH TO MENTION THAT I WAS IN MY LANE AND NOT MAKING ANY LANE CHANGE OR WENT OUT OF LANE. VEHICLE B DID NOT STOP IMMEDIATELY AND I HAD TO FOLLOW HIM UNTIL IT IS SAFE TO APPROACH HIM FOR EXCHANGE OF TELEPHONE NUMBER AND HE DENIED HE HIT ONTO ME. NOBODY WAS 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	SHD2313T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-

Contact Number	(Phone) +65-96403239
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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")

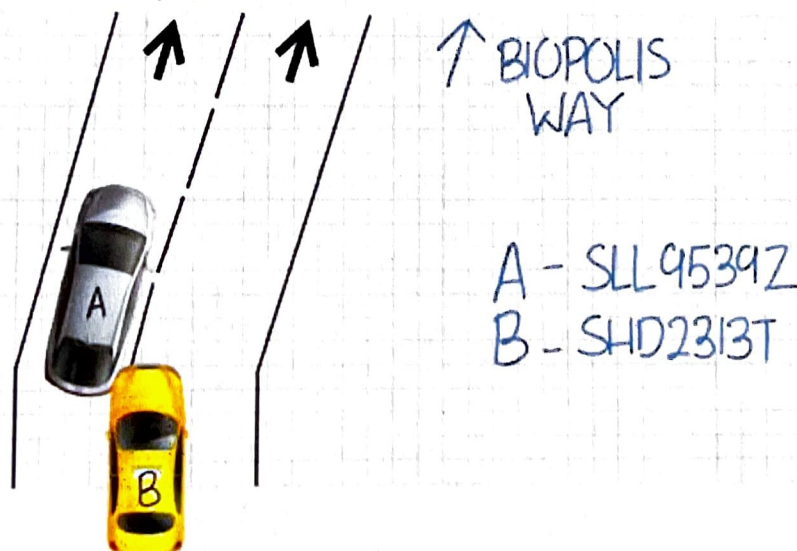
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 THE 11/03/2022 AT ABOUT 0900 HOURS, I WAS DRIVING VEHICLE A (SLL9539Z) ON LANE 2 ALONG BIOPOLIS WAY WHEN SUDDENLY VEHICLE B (SHD2313T) HIT ONTO THE REAR RIGHT SIDE PORTION OF MY BUMPER. I WISH TO MENTION THAT I WAS IN MY LANE AND NOT MAKING ANY LANE CHANGE OR WENT OUT OF LANE. VEHICLE B DID NOT STOP IMMEDIATELY AND I HAD TO FOLLOW HIM UNTIL IT IS SAFE TO APPROACH HIM FOR EXCHANGE OF TELEPHONE NUMBER AND HE DENIED HE HIT ONTO ME. NOBODY WAS INJURED.

## 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.:	SLL9539Z
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E CVT
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	2NRX129795
Chassis No.:	MHFB29F3802007389
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$12,946.00
Original Registration Date:	16 Mar 2017
First Registration Date:	16 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$7,946.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Mar 2027
PARF Rebate Amount:	\$5,562.00
COE Expiry Date:	15 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,101.00
COE Rebate Amount:	\$24,673.00
Total Rebate Amount:	\$30,235.00

The information contained herein is correct as at 12 Apr 2022

OK



# Toyota Vios 1.5A E

Overview

Financial

Accessories

Similar

Research

Photos

Map

## CARRO

The Better Place to Buy Cars

Price	\$56,888		
Depreciation ?	\$10,350 /yr <a href="#">View models with similar depre</a>	Reg Date	22-May-2017 (5yrs 1mth 9days COE left)
Mileage	72,816 km (14.9k /yr)	Manufactured ?	2017
Road Tax ?	\$682 /yr	Transmission	Auto
Dereg Value ?	\$32,589 as of today ( <a href="#">change</a> )	OMV ?	\$13,026
COE ?	\$52,000	ARF ?	\$8,026
Engine Cap	1,496 cc	Power	79.0 kW (105 bhp)
Curb Weight ?	1,065 kg	No. of Owners ?	2