



Borneo Motors

Co Reg No. 196700086Z

Borneo Motors (Singapore) Pte Ltd
Inchcape Bodycare Centre
Level 4, Inchcape Centre
2 Pandan Crescent
Singapore 128462
Tel: +65 6631 1855/1500
Fax: +65 6872 7260
www.borneomotors.com.sg

Our Ref: BMS2022/08/PD0830/DS (MY)

Your Ref: CC4/III22002373/ga3

26/08/2022

BY HAND (INS COPY)

M/S.INDIA INTERNATIONAL INSURANCE PTE LTD C/O LKK AUTO CONSULTANTS PTE LTD

Attn : Officer In-Charge

Dept : Motor Claims

RE : ACCIDENT INVOLVING SLL9539Z AND SHD2313T ON 11/03/2022

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

A. Repair Cost - \$1,479.81	B. LTA Search -
C. Excess -	D. Loss of Use -
E. Loss of Rental - \$261.50 (\$52.30x5days)	F. Others -
G. Medical Claims - -Undertake By Claimant <input type="checkbox"/>	Total Claim - \$1,741.31

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

- | | |
|----------------------------------|---------------------------------|
| (✓) Original Tax Invoice | (X) Discharge Voucher |
| (✓) Car Rental Invoice/Agreement | (X) Original Photograph X _____ |
| (✓) GIAS/Police Report/s | (X) Original/Photocopy Survey |
| (✓) Certificate of Insurance | (X) LTA Search Fees |
| (✓) Letter of Authority | (X) Medical Receipt |

*Cheque is to be made payable to **BORNEO MOTORS (SINGAPORE) PTE LTD** & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department*

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: claimstatusenquiry@borneomotors.com.sg

(As this is a computer generated letter, no signature is required.)



Borneo Motors

Inchcape

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



TAX INVOICE

Account Details			Account No.		Customer Details		
India International Insurance P L 64 Cecil Street #06-02 IOB Building Singapore 049711 Attn: Motor Claims Dept			S1000006 / ICIII1		M/S Grab Rentals Pte Ltd 3 Media Close #07-03 Singapore 138498 Work: 65703925		
			Document No. 38063791				
			Document Date 24/04/2022				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	NSP151R	CEXRKT Q1	16/03/2017	SLL9539Z	267970	13875	75/DS/SLL9539Z
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
MHFB29F3802007389		2NRX129795	60	Ng Mei Yen	11/04/2022 12.55		24/04/2022 22.39
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:11/04/22 DATE-IN: DATE SURVEY:11/04/22 NO OF REPAIR DAYS:3 DAY BY:LKK RASUL				30.00	
2	B	BP-LAB2 REPL ACC AFF AREA STRAIGHTEN & PANEL BEAT ACC AFF AREA	BP08			720.00	
3	B	BP-RES2 RESPRAY ACC AFF AREA	BP08			590.00	
4	1	K52161-0K040 PIECE, RR BUMPER	10.00	4.30		43.00	
For & on behalf of Borneo Motors (Singapore) Pte Ltd			Customer's Signature		Charge Summary		Total 1,383.00
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		Parts 43.00		GST 7.00% 96.81
					Labour 1,340.00		Less 0.00
					Sublet 0.00		
					Lubrication/Fluid 0.00		
					Others 0.00		Amount Due 1,479.81

Company Copy

Renter Details

Name	Lo Han Cheng Vincent
NRIC	S8626674A
Driver's License	S8626674A
Address	Apt Blk 973 Hougang Street 91 #08-210
Date of Birth	17 Sep 1986
Telephone Number	6596802076
Mobile Number	6596802076

Vehicle Description

Vehicle Number	SLL9539Z
Make & Model	Toyota Vios

Rental Period

Rental Agreement	83920
Agreement Start Date	8 Oct 2021
Minimum Rental Period End Date	8 Apr 2022
Minimum Rental Period (days)	182

Rental Charges

Package Name	toyotavios_mileage_june21retoffer_6m_46.95_280621_nofrills
Promotional Rental Rates	S\$46.95 / daily from 8 Oct 2021* to 8 Apr 2022
Open Contract Rental Rates	Please see note below**
Total Deposit Collected	S\$500.00 (as at 8 Oct 2021)
Package notes	toyotavios_mileage_june21retoffer_6m_46.95_280621_nofrills

**Note: in the case of re-contracting, the above mentioned Promotional Rental Rates will take effect only from the day after the start date of this Agreement.*

***Promotional Rental Rates applicable till end of Minimum Rental Period, Lessor reserves the right to increase Rental Rates thereafter to a Rate which it deems appropriate, and may do so on more than one occasion. Before any Rental Rate increment is implemented, Lessor will provide the Renter with 14 business days' notice through the relevant communication channels, including (but not limited to) SMS and/or messages through the Grab Driver App.*

Add-Ons (Other Charges) are listed on separate pages

Add-On

Addon Name	CDW (\$5.35) / Excess \$535
Rate	S\$5.35
Payment Interval	daily
Type	Collision Damage Waiver
Start Date	8 Oct 2021
Total Value	Not Applicable
Terms & Conditions	<p>Where the Renter & all authorised drivers (each of which hold a valid PDVL or TDVL) are 26 years of age or older and the Renter has opted to pay CDW Charges as indicated above, the Renter shall enjoy the following Discount: (A) Renter shall only be liable to pay S\$535.00 in insurance excess (for each section) instead of the excess amount indicated in the Insurance Matters table above (Sections 1 & 2 ONLY) PROVIDED THAT the Renter fulfills all the following: - fulfilment of Minimum Rental Period - timely payment of all Rental Charges and Other Charges at all times - timely reporting of all accidents, thefts & other incidents in accordance with the Agreement - there are no accidents, thefts or other incidents occurring within the first week of rental - the Renter at all times is in full compliance with the Agreement & any other undertakings & arrangements entered into with Lessor or its affiliated entities ((A) above, a "Qualifying Incident"). The Lessor may at its sole discretion allow or disallow an incident to count as a Qualifying Incident. The above Discount may be cancelled at any time at the Lessor's sole discretion. In the case of cancellation, the CDW Charges rate shall no longer apply & instead the ER Promotion Rental Charges rate (only) shall apply (subject to the relevant terms & conditions being continually fulfilled in order for the ER Promotion Rental Charges rate to apply), & the Lessor shall hold to the credit of the Renter the amount comprised in the CDW Charges (where paid) ("Credit Amount"). The Credit Amount may be applied by the Lessor to satisfy any & all costs & payments due to the Lessor under the Agreement.</p>

Add-On

Addon Name	[100321] Vehicle Damage Protection Scheme Nofrills (\$1.40/day)
Rate	S\$1.40
Payment Interval	daily
Type	Vehicle Damage Protection Scheme (VDPS)
Start Date	8 Oct 2021
Total Value	Not Applicable
Terms & Conditions	<ol style="list-style-type: none">1. Opt-out of the Vehicle Damage Protection Scheme is NOT allowed at any time during the duration of this Agreement unless with the Lessor's consent.2. This scheme only covers damages existing as at the time of return of the Vehicle to the Lessor, at the expiry or termination of this Agreement.3. Damages to the Vehicle caused by vandalism or road accident, and property damage caused by the Vehicle, will not be covered by this scheme.4. For avoidance of doubt, with the exception of accident cases and lost items, the following items are covered under this scheme: scratches, dents, major damages (exposing base or metal), bumper, side skirt, headlight, taillight, windscreen patching, hub cap, and tyre sidewall damage.5. If damage exceeds the coverage limit of \$3,000, the Renter will have to pay all repair costs in excess of such coverage limit. .6. Cost of body damage(s) will be based on GrabRentals's prevailing rate card from time to time.

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 2XXXXXX200G
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.
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")

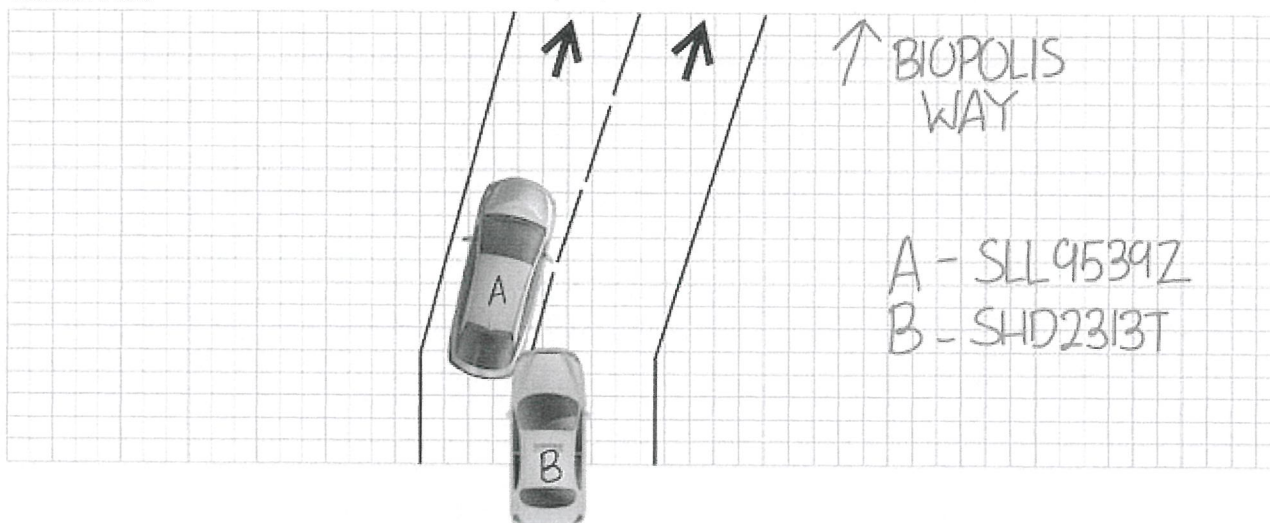
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 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

11/03/22

0850

Witnessed by Reporting Centre
Personnel

LETTER OF AUTHORITY

ACCIDENT INVOLVING SLL9539Z and SHD23BT on 11/3/22 along
Own vehicle's number Other vehicle's number Date of accident
Bodopolis Way
Accident location

BY THE LETTER OF AUTHORITY, I/we, **GRAB RENTALS PTE LTD**

Name of Policy Holder & (IC/Passport/Company Registration) number

of **6 BATTERY ROAD #38-04 SINGAPORE 049909**

Address of Policy Holder

owner of Vehicle Registration No. SLL9539Z hereby appoint **BORNEO MOTORS (SINGAPORE) PTE LTD** (hereinafter refers to **BMS**), a company incorporated in Singapore and having its registered office at **NO 2 PANDAN CRESCENT SINGAPORE 128462** to do all or any of the following:

1. To submit, resolve and make any claims (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy number 90001149 taken up by *me/us and pay the compulsory excess in respect of the cost of repairs suffered by *me/us arising from the Accident (loss and damage).
2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favors of **BORNEO MOTORS (SINGAPORE) PTE LTD** and give a valid receipt and discharge, therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally, do all such acts as it shall deem necessary for the purpose of settling such claim.

*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that the letter of authority hereby conferred shall remain irrevocable.

*I/We further confirm that the acceptance by **BMS** of the settlement amount in respect of such constitute the full discharge of *my/our claim(s) in respect of such loss and damage.

IN WITNESS WHEREOF, *I/we have hereunto to set *my/our hand and sign this on 11
of the month March Year 20 22.

Signed & Delivered By:

Witness By:

(To be sign by the policy holder only)

**Please stamp the company chop for
vehicle registered under a company's name