ASS. REC. BY: STOR 1 (S/INC)	2007375/ Ety 3
Ass	BIGNMENT OF TOTAL
From: Date:	Veh No: SCK 72136 Yr Regu: 24/1/17
Estimated Cost:	Type: M.Cari M.Cycle / Bus / Vall / Colly / Taxi /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vulida No.	Make: Mazda 3 c.c 1496
at Workshop m/s	Colour (1/CV)
0	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: TM6BNJ218HQ135855
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorden / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / G/Rim / STD A/Rim or
	Tyre Size: F: 205/60816
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYO / YOKO or ·
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 4 nim
Est. Repairs: days Res.: Yes or No	D.O.A. 8 3 17 Dagge 118
Lum Sum: % - 3 Val.: Yes or No	Survey held at PegoSUS
	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN/O	JT Real LT
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
MV-SIK	
	•
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Oate/Time, File Return 107: Final Report	Transportation:
Addi	ee: : Site Insp (\$)s+RSSI
2)	: Interview (\$ ) Photos
Rop <b>ent F</b> ormel :	: Tech, Invs (\$ ) Ohso
Lump Sum / LB.J: ()	: Weellend (\$
Sample State of the State of th	TOTAL

# ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO: 201101753C

## Quotation

From:

PEGASUS ENGINEERING & TRADING PTE LTD

74 KIAN TECK ROAD SINGAPORE 628800

Officer in Charge: VIVIAN TAN EE WI

Tel: Email: Customer:

**GRAB RENTALS PTE LTD** 

3 MEDIA CLOSE #07-03 SINGAPORE 138498

Tel:

Fax No.:

Quotation No. : QO22/03-1081	Quotation Date: 15/03/2022	Terms: 60 DAYS
Vehicle No. : SLK7213G	Chassis No.: JM6BN22A8H0135855	Policy Number: A29069766MKF
Model: MAZDA 3		Date of Accident: 08/03/2022
Third Party Insurer : NTUC		TP Vehicle No.: FBP7157C

Remarks:

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	REAR DOOR OUTER HANDLE CAP (LHS) / (M)	1	65.0000	65.00
2	REAR DOOR OUTER CHROME MOULDING (LHS) X	1	198.0000	198.00
3	REAR DOOR (LHS) - REPAIR Y K	1		
4	REAR DOOR INNER TRIM BOARD CLIPS @ 10PCS X	10	5.0000	50.00
5	REAR FENDER (LHS) - REPAIR X K	1		
6	ROCKER PANEL (LHS) - REPAIR X R	1		
7	LESS 20%	1	-62.6000	-62.60
8	REAR FENDER CLEAR STICKER (LHS) /	1	30.0000	30.00
9	TO APPLY RUSTPROOFING & TUFFCOATING ON THE AFFECTED PARTS.	1 30	100.0000	100.00
10	TO KNOCKING & PANEL BEATING.	1 400	7 1,500.0000	1,500.00
11	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS.	1 600	1,000.0000	1,000.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- 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

Please conduct the survey at

Pegasus Engineering @ 74 Kian Teck Road Singapore 628800

Sfere (LKK) When 16 15/3/22,1.39 P/P MALY 3 45

Sub Total	2,880.40
GST(7.00%)	201.63
Total (SGD)	3.082.03

0422390003 / JP Knights Pte Ltd 0422390003737 Kilights Fie Ltd NTRY DATE & TIME: 09/03/2022 10:21 (SGT) UBMITTED BY: Kavi VERSION: 1 (09/03/2022 10:21 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

IMPORTANT NOTICE

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

 Prease report contenant to speed up the claims proce
 This Form must be completed by the Policyholder and/or the Authorised Driver 2. This Form must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 falsa reporting may be referred to the Police for Investigation. 5. Any raise reporting may be referred to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 6. This report will be forwarded by the insurers of the GIA necessary 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

09/03/2022 10:21 (SGT) Date of Submission 08/03/2022 13:00 (SGT) Date of Accident Exact Location of Accident AYE, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

**SLK7213G** Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? GRAB RENTALS PTE LTD Name Of Registered Owner 2XXXXX200G Company Reg No ..... gr.sg.accident@grab.com Email Address (Phone) +65-90933862 Mobile Phone No (Office) +65-66550005 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Mazda Exact purpose for which vehicle was being used at time of Private hire ..... Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Private hire Vehicle Category ..... Auto Transmission ..... 1496 CC

## INSURANCE COMPANY

India International Insurance Pte Ltd Name of Insurance Company ..... Comprehensive Type of Coverage Fleet Policy D21MFL0000447\_01 Policy Number Cover Note Number

#### DRIVER

NG HEE HOCK (HUANG XIFU) SXXXX914F



	07/11/1971
e Of Birth	Outdoor
F son	12/07/1990
of Driving Pass	31 YEARS AND 8 MONTHS
ate Of Driving Pass piving experience	A No. 18
Driving experience  Driving experience  Gender  Mobile Number  Mobile one Number	Male (Phone) 165 00023963
Gender Mobile Number Mobile Number Alt. phone Number	(Phone) +65-90933862
Mobile Number	a contract () contracts
. phone .	gr.sg.accident@grab.com
	BLK 308B PUNGGOL WALK #14-390
. JdreSS	*
Address complement  Address complement  Postcode  Postcode	822308
postcode	No
the driver the policy that the Incured	Hirer
No. Relationship of the	No
f No, Relationship of the Driver with the Insured Tho, Relationship of the Driver with the Insured Thomas Priver Own Other Vehicles? The Priver Own Other Vehicle Owned by Driver	
tabicle Registration Number of Care	
nsurance Company of Other Vehicle Owned by Driver	
nsurance Company of Other Vertical Community	
GENERAL INFORMATION OF THE ACCIDENT	
	Collided into Motorcyclist
Type of Accident	Clear
Oditions	Dry
Veather Conditions	Diy
OTHER INFORMATION	
Vas any foreign vehicle involved in the accident?	No
dumber of vehicles involved in the accident	2
Mac anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	
and an about police?	Yes
Was the accident reported to the police?	Clementi Neighbourhood Police Centre
Police Station Name	(Phone) +65-18008729999
Police Station Phone No Alt, Police Station Phone No	(Fax) +65-68728039
Alt. Police Station Phone No Police Station Address	No. Singapore 129858
Police Station Address Was notice of intended Prosecution given?	No. Gingaporo 120000
If yes, against whom?	-
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20220308/2079	
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	FBP7157C
Vehicle Manufacturer	i mi cinco
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	- Motorcycle
	Motorcycle
<b>a</b>	Dog 2 of 21

of Driver Number
Number
L <sub>a</sub> Cl
/ress complement
Jess Compression
Spiloto and Company Name
vestcode Company Name  peutrance Company Name  Nature Of Damage  Nature of property damaged in accident
Nature Of Damage  Nature Of Passenger (Including Driver)  No. Of Passenger (Including Driver)

# INJURED PERSONS DETAILS

Name of injured person	RIDER Male
	Male
Genes	•
Phone No	
Address	
Address Complement	-
	•
Approximate Age Years Old	
Approximate Age Years Old	UNKNOWN
Approximate Age Tears Oid Injuries Sustained	FBP7157C
laisered person in which vehicle?	
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

# WITNESS DETAILS

### WITNESS 1

Name SUREIN (Phone) +65-94247333

## 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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;
- (ii) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

is not the policyholder) / Date Driver's Signature (V

& Time 2020 Witnessed by Reporting Centre Personnel

Sketch Plan



FBP7157C

AYE TOWARDS TUAS (CLEMENTI AVE 6 EXIT)

# , Back to OneMotoring

PARF/COE Rebate for Registered Vehicle

Jauire PARF/COE Rebate for Registered \ Vehicle Owner Particulars	Walter Control of the
Vehicle Over ID Type:	Company
Owner ID: Vehicle Details	200G
Vehicle No.:	SLK7213G
Vehicle to be Exported:	No
ntended Deregistration Date:	09 Mar 2022
/ehicle Make:	MAZDA
/ehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
rimary Colour:	Grey
Manufacturing Year:	2016
ingine No.:	P520421234
chassis No.:	JM6BN22A8H0135855
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,777.00
Original Registration Date:	24 Jan 2017
First Registration Date:	24 Jan 2017
Transfer Count:	O
Actual ARF Paid:	\$9,777.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jan 2027
PARF Rebate Amount:	\$6,843.00
Intended COE Rebate Details	23 Jan 2027
COE Expiry Date:	A - Car up to 1600cc & 97kW (130bhp)
COE Category:	10
COE Period(Years):	\$48,000.00
QP Paid:	\$23,380.00
COE Rebate Amount:	\$30,223.00
Total Rebate Amount:	22

The information contained herein is correct as at 09 Mar 2022