

Steve

CS/INC 27002376/Erq3

## 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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Sent:

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:

SMW 6310 R

Yr Regn:

30/11/20

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

Truck / Trailer or

Make:

Hyundai Iona

c.c 1580

Colour

Grey

A/C: Insured / Std / Nil / NA

Sp. Reading

85471

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

KMHCE51CVU21170

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:

17

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

12/3/22

D.O.I.

15/3/22

Survey held at

Pegasus

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

Front LH

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

Date/Time

Action / Instruction

MV-110K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.H. (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL



# PEGASUS ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO : 201101753C

## Quotation

<b>From :</b> <b>PEGASUS ENGINEERING &amp; TRADING PTE LTD</b> 74 KIAN TECK ROAD SINGAPORE 628800 Officer in Charge : VIVIAN TAN EE WI Tel : Email :	<b>Customer :</b> <b>GRAB RENTALS PTE LTD</b> 3 MEDIA CLOSE #07-03 SINGAPORE 138498 Attn : Tel : Fax No :
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*Handwritten notes:* Steve CLKK, 15/3/22, 2.00, PIP, ALY, 3 djs

Quotation No. : QO22/03-1079	Quotation Date : 15/03/2022	Terms : 60 DAYS
Vehicle No. : SMW6310R	Chassis No. : KMHC851CVLU201170	Policy Number :
Model : HYUNDAI IONIQ		Date of Accident : 12/03/2022
Third Party Insurer : NTUC		TP Vehicle No. : SCV8763C
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	FRONT BUMPER — OR	1	682.9000	682.90
2	FRONT BUMPER SIDE RETAINER (LHS) — OR	1	65.0000	65.00
3	FRONT BUMPER CLIPS @ 10PCS — OR	10	4.0000	40.00
4	FRONT BUMPER FOGLAMP COVER (LHS) X	1	125.2000	125.20
5	FRONT BUMPER FOGLAMP (LHS) X	1	682.5000	682.50
6	FRONT FENDER (LHS) X R	1	495.5000	495.50
7	FRONT FENDER SPLASH SHIELD (LHS) X	1	172.0000	172.00
8	FRONT FENDER SPLASH SHIELD CLIPS @ 10PCS X	10	4.0000	40.00
9	FRONT HEADLAMP (LHS) ?	1	2,250.3000	2,250.30
10	FRONT WHEEL HUP CAP (LHS) X — CUT	1	346.4000	346.40
11	LESS 20%	1	-979.9600	-979.96
12	TO REMOVE & REFOCUS FRONT HEADLAMP.	1	30 100.0000	100.00
13	TO APPLY RUSTPROOFING/TUFFCOATING TREATMENT TO REPLACED PARTS.	1	30 80.0000	80.00
14	TO CONDUCT WHEEL ALIGNMENT.	1	60 150.0000	150.00
15	TO KNOCKING & PANEL BEATING.	1	250 600.0000	600.00
16	TO PUTTY & SPRAY PAINT ALL THE AFFECTED AREAS.	1	400 600.0000	600.00

Sub Total 5,449.84  
 GST(7.00%) 381.49  
 Total (SGD) 5,831.33

Please conduct the survey at 74 Kian Teck Road Singapore 628800

**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 LKK Auto Consultants

Acknowledged by Repairer  
 Signature:  
 Date:



## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	200G
Vehicle Details	
Vehicle No.:	SMW6310R
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Mar 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	G4LEKU454272
Chassis No.:	KMHC851CVLU201170
Maximum Power Output:	96.7 kW (129 bhp)
Open Market Value:	\$25,119.00
Original Registration Date:	30 Nov 2020
First Registration Date:	30 Nov 2020
Transfer Count:	0
Actual ARF Paid:	\$17,167.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2030
PARF Rebate Amount:	\$12,875.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2030
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,999.00
COE Rebate Amount:	\$28,754.00
<b>Total Rebate Amount:</b>	<b>\$41,629.00</b>

The information contained herein is correct as at 12 Mar 2022

OK

## 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 ..... 12/03/2022 12:09 (SGT)  
Date of Accident ..... 12/03/2022 10:20 (SGT)  
Exact Location of Accident ..... Balestier Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW6310R

#### 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) +65-97222127  
Alternative Phone No ..... (Office) +65-66550005

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Ae ioniq  
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 ..... 1580

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver ..... CHIN KOK POH (CHEN GUOBAO)  
NRIC No ..... SXXXX130C



Of Birth	26/08/1972
Occupation	Outdoor
Date Of Driving Pass	24/09/1992
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97222127
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 3 JALAN BUKIT MERAH #05-5074
Address complement	-
Postcode	150003
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LINGAM
Gender	Male

#### PASSENGER 2

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 THE 12/03/2022 AT ABOUT 1020 HOURS, I WAS DRIVING VEHICLE A (SMW6310R) ON LANE 1 ALONG BALESTIER ROAD WHEN SUDDENLY VEHICLE B (SCV8763C) ENCROACHED INTO MY LANE FROM LANE 2 AND GRAZED THE FRONT LEFT SIDE PORTION OF MY CAR. NOBODY IS 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	SCV8763C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	-
Name of Driver	-
Contact Number	-
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

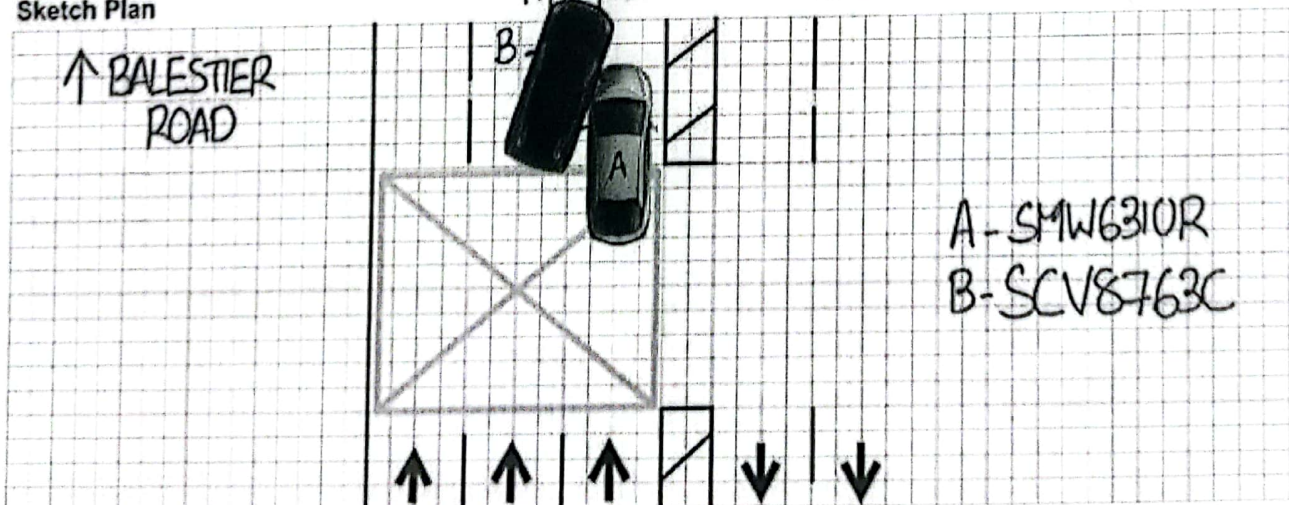
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

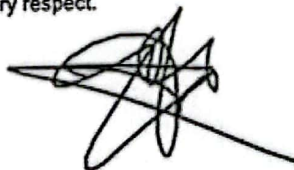


Describe Circumstances of the Accident

ON THE 12/03/2022 AT ABOUT 1020 HOURS, I WAS DRIVING VEHICLE A (SMW6310R) ON LANE 1 ALONG BALESTIER ROAD WHEN SUDDENLY VEHICLE B (SCV8763C) ENCROACHED INTO MY LANE FROM LANE 2 AND GRAZED THE FRONT LEFT SIDE PORTION OF MY CAR. NOBODY IS 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

1120



Witnessed by Reporting Centre Personnel