

Steve

CS/SMR 22002851/E9931

## 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. TAX/03/22/2061

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 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: SLR67376

Yr Regn: 94/8/17

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

Truck / Trailer or

Make: Toyota Proace

c.c.

1797 1798

Colour: White

A/C:

Insured / Std / Nil / NA

Sp. Reading: 434600

T/Radio:

Insured / Std / Nil / NA

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

C/No: JTD KB 370303570011

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

R:

195/65R15

1)

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. 95/3/22

D.O.I. 23/5/22

Survey held at

Borneo Mfg

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

Action / Instruction

Steve finalised final fig \$2992.90, 3 days. (Red \$10239.30, 77%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 31/05 Typist

☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Rep. Format:

TP

Lump Sum / L.B. (\$ 2992.90)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

\$ + RS. \$

Photos

Others

TOTAL

Inchcape

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 26/03/2022	Work: 65703925					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2017	ZVW50R	AHXEBW Q2	24/08/2017	SLR6737G	0	14118	66TP/SLR6737G/260322	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
JTDKB3FU303570071		2ZRS085387	60	Shashitharan	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
1	Z	<b>S#F#13G</b> BP-GRAB-DS SUNDRIES - FLASH ARRIVE: DD/MM/YY 0000HR TP VEH NO.: ACC DATE:25/03/22 DRIVE IN: EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:						50 100.00
2	L	BP-LPO SUPPLY REGN PLATE (PO# )						QR 80.00 ✓
3	B	BP-LAB2 REPL ACC AFF PRTS AND PANEL STRAIGHTEN AND REALIGN ACC AFF AREA						720 1440.00
4	B	BP-RES2 RESRPAY ACC AFF AREA						590 1180.00
5	B	BP-MECH2 RESET ECU UPON COMPLETION OF REPAIR						180.00 ✓
6	1	U53395-47040 SEAL, HOOD TO FR END			1.00	54.70		54.70
7	2	S52161-0K040 PIECE,RR BUMPER			4.00	4.30		17.20
8	3	U52115-47050 SUPPORT, FR BUMPER			1.00	84.70		84.70
9	4	U52116-47050 SUPPORT, FR BUMPER			1.00	84.70		84.70
10	5	U52119-47962 COVER, FR BUMPER			1.00	547.10		547.10
11	6	U52114-47190 BRACKET, FR BUMPER			1.00	109.80		109.80
12	7	U52127-47907 COVER, FR BUMPER			1.00	31.10		31.10
13	8	U52128-47906 COVER, FR BUMPER			1.00	31.10		31.10
14	9	U53112-47240 GRILLE, RADIATOR,			1.00	180.30		180.30
For & on behalf of		Customer's Signature		Charge Summary		Total		
Borneo Motors (Singapore) Pte Ltd								
		Please acknowledge receipt of vehicle		Parts Labour Sublet Lubrication/Fluid Others		Less		
						Amount Due		

Customer Copy





# 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

Account Details			Account No.		Customer Details			
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			Document No. 0					
			Document Date 26/03/2022					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2017	ZVW50R	AHXEBW Q2	24/08/2017	SLR6737G	0	14118	66TP/SLR6737G/260322	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
JTDKB3FU303570071		2ZRS085387	60	Shashitharan	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
15	0	U51420-47030 COVER ASSY, ENGINE			1.00	197.00		197.00
16	1	U52611-47140 ABSORBER, FR BUMPER			1.00	84.20		84.20
17	2	U52021-47110 REINFORCEMENT			1.00	758.70		758.70
18	3	U53101-47081 GRILLE SUB-ASSY, (CRN (12mm))			1.00	367.20		367.20
19	4	U75310-47060 EMBLEM ASSY, CUT			1.00	96.60		96.60
20	5	U81210-47020 LAMP ASSY, FOG, RH			1.00	1009.10		1009.10
21	6	U81220-47020 LAMP ASSY, FOG, LH			1.00	1009.10		1009.10
22	7	U81145-47691 UNIT, HEADLAMP			1.00	2794.80		2794.80
23	8	U81185-47691 UNIT, HEADLAMP			1.00	2794.80		2794.80
<p>Steve (LKK) 23/5/22, 4.30p</p> <p>W L P/P by BLy 3 Lys</p>								
<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 "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> </ul> <p>For &amp; on behalf of Borneo Motors (Singapore) Pte Ltd</p> <p>Acknowledged by Repairer Signature: _____</p>					<p><b>Customer's Signature</b></p> <p>Please acknowledge receipt of vehicle</p>		<p><b>Charge Summary</b></p> <p>Parts 10,252.20</p> <p>Labour 2,900.00</p> <p>Sublet 80.00</p> <p>Lubrication/Fluid 0.00</p> <p>Others 0.00</p>	<p><b>Total</b> 13,232.20</p> <p>GST 7.00% 926.25</p> <p>Less 0.00</p> <p><b>Amount Due</b> 14,158.45</p>

Customer Copy

## 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	26/03/2022 16:08 (SGT)
Date of Accident	25/03/2022 19:10 (SGT)
Exact Location of Accident	Claymore Hill, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6737G
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#### 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) +65-87110939
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

#### 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	ONG CHEE KHOON (WANG ZHIQIN)
NRIC No	SXXXX155D



Date Of Birth 06/09/1974  
 Occupation Outdoor  
 Date Of Driving Pass 18/12/1995  
 Driving experience 26 YEARS AND 3 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-87110939  
 Alt. Phone Number -  
 Email Address gr.sg.accident@grab.com  
 Address 238 BUKT PANJANG RING ROAD #09-99  
 Address complement -  
 Postcode 670238  
 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 Collision - Head to Rear  
 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) 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

#### PASSENGER 1

Name UNKNOWN  
 Gender Male

#### 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 25/03/2022 AT ABOUT HOURS, I WAS DRIVING VEHICLE A (SLR6737G) TURNING OUT OF 8 CLAYMORE HILL TO THE RIGHT WHEN VEHICLE B (SMF123G) HIT INTO THE FRONT OF MY CAR. I HAD MADE SURE THE TRAFFIC ON MY RIGHT IS STATIONARY AS I ENTER THE YELLOW BOX, AND AS I PROCEED FORWARD WITH THE RIGHT TURN AFTER CHECKING MY LEFT IS CLEARED, VEHICLE B WENT THE WRONG WAY IN THE OPPOSITE DIRECTION AND COLLIDED ONTO THE FRONT 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 SHF113G  
 Vehicle Manufacturer -  
 Vehicle Model -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
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

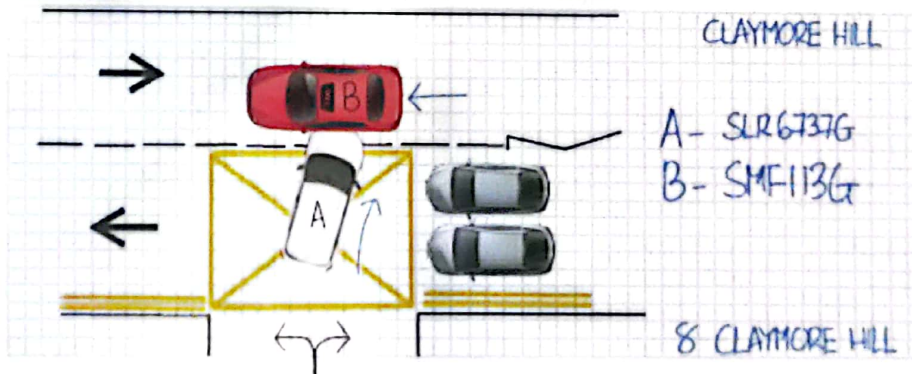
1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorized Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 be 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 be 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 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 &amp; Time

Driver's Signature (if driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 25/03/2022 AT ABOUT HOURS, I WAS DRIVING VEHICLE A (SLR6737G) TURNING OUT OF 8 CLAYMORE HILL TO THE RIGHT WHEN VEHICLE B (SMF123G) HIT INTO THE FRONT OF MY CAR. I HAD MADE SURE THE TRAFFIC ON MY RIGHT IS STATIONARY AS I ENTER THE YELLOW BOX, AND AS I PROCEED FORWARD WITH THE RIGHT TURN AFTER CHECKING MY LEFT IS CLEARED, VEHICLE B WENT THE WRONG WAY IN THE OPPOSITE DIRECTION AND COLLIDED ONTO THE FRONT 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

Witnessed by Reporting Centre Personnel

25/03/22

2200