


**Borneo Motors**

**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](http://www.borneomotors.com.sg)

**Our Ref: BMS2023/01/PD0143/DS (ST)**

**Your Ref: LONPAC-SLB5417X**

**03/02/2023**

**BY HAND (INS COPY)**

**M/S.LONPAC INSURANCE BERHAD C/O LKK AUTO CONSULTANTS PTE LTD**

Attn : Officer In-Charge

Dept : Motor Claims

**RE : ACCIDENT INVOLVING SLG8738Z AND SLB5417X ON 26/03/2022**

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 - \$5,399.01	B. LTA Search - \$2.00
C. Excess -	D. Loss of Use -
E. Loss of Rental - \$538.40(\$67.30x8days)	F. Others -
G. Medical Claims -	<b>Total Claim - \$5,939.41</b>
H. -Undertake By Claimant <input checked="" type="checkbox"/>	

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

(✓) 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](mailto: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
Lonpac Insurance Berhad 100 Beach Road #19-00 Shaw Tower Singapore 189702 Attn: Ms Lily Koh/Mr Chia	S1000007 / ICLPI1	M/S Grab Rentals Pte Ltd 3 Media Close #07-03 Singapore 138498  Work: 65703925
	Document No. 38066987	
	Document Date 26/09/2022	

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2016	ZVW50R	AHXEBW Q1	17/10/2016	SLG8738Z	324646	14131	66TP/SLG8738Z/280321
Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On		
JTDKB3FU303536292	2ZRR956457	60	Shashitharan	30/03/2022 10.25	26/09/2022 16.26		

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.:SLB5417X ACC DATE:26/03/22 TOW/DRIVE IN:30/03/22 EXCESS: DATE-IN:30/03/22 DATE SURVEY:30/03/22 NO OF REPAIR DAYS:5 BY:steve AUTHORIZED ON:30/03/22	*			50.00
2	B	BP-LAB2 CHECK WIRING AND CONDUCT LEAK TEST	*			180.00
3	B	BP-MECH2 RESET ECU UPON COMPLETION OF REPAIR	BP60			180.00
4	B	BP-MECH2 CONDUCT WHEEL ALIGNMENT	BP60			180.00
5	B	BP-LAB2 REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALIGN ACC AFF AREA	*			1440.00
6	B	BP-RES2 RESPRAY ACC AFF AREA	*			1920.00
7	1	U53801-47080 FENDER SUB-ASSY, FR	1.00	1037.80		1037.80
8	2	U75374-47140 EMBLEM, SIDE PANEL	1.00	58.00		58.00

For & on behalf of Borneo Motors (Singapore) Pte Ltd	Customer's Signature	Charge Summary	Total	5,045.80	
	Please acknowledge receipt of vehicle	Parts	1,095.80	GST 7.00%	353.21
		Labour	3,950.00		
		Sublet	0.00	Less	0.00
		Lubrication/Fluid	0.00		
		Others	0.00	Amount Due	5,399.01

Company Copy

## Renter Details

<b>Name</b>	Neo Ting Hua
<b>NRIC</b>	
<b>Driver's License</b>	
<b>Address</b>	Blk 634B Senja Road #11-229
<b>Date of Birth</b>	18 Nov 1983
<b>Telephone Number</b>	6588233288
<b>Mobile Number</b>	6588233288

## Vehicle Description

<b>Vehicle Number</b>	SLG8738Z
<b>Make &amp; Model</b>	Toyota Prius

## Rental Period

<b>Rental Agreement</b>	63817
<b>Agreement Start Date</b>	24 Jun 2021
<b>Minimum Rental Period End Date</b>	23 Dec 2021
<b>Minimum Rental Period (days)</b>	182

## Rental Charges

<b>Package Name</b>	toyotapriushybrid_mileage_june21offer_6m_61.95_140621_nofrills
<b>Promotional Rental Rates</b>	S\$61.95 / daily from 24 Jun 2021* to 23 Dec 2021
<b>Open Contract Rental Rates</b>	Please see note below**
<b>Total Deposit Collected</b>	S\$500.00 (as at 24 Jun 2021)
<b>Package notes</b>	toyotapriushybrid_mileage_june21offer_6m_61.95_140621_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

<b>Addon Name</b>	CDW (\$5.35) / Excess \$535
<b>Rate</b>	S\$5.35
<b>Payment Interval</b>	daily
<b>Type</b>	Collision Damage Waiver
<b>Start Date</b>	24 Jun 2021
<b>Total Value</b>	Not Applicable
<b>Terms &amp; Conditions</b>	<p>Where the Renter &amp; 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 &amp; 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 &amp; 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 &amp; any other undertakings &amp; 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 &amp; instead the ER Promotion Rental Charges rate (only) shall apply (subject to the relevant terms &amp; conditions being continually fulfilled in order for the ER Promotion Rental Charges rate to apply), &amp; 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 &amp; all costs &amp; payments due to the Lessor under the Agreement.</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	29/03/2022 11:23 (SGT)
Date of Accident	26/03/2022 17:15 (SGT)
Exact Location of Accident	Joo Chiat Rd, Singapore
Additional Location Information	ONAN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8738Z
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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) +65-83831911
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	NEO TING HUA (LIANG TINGHUA)
NRIC No	SXXXX521B

Date Of Birth .....	19/11/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	02/04/2003
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83831911
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	BLK 634B SENJA ROAD #18-235
Address complement .....	-
Postcode .....	672634
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 - Major/Minor Rd
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	Yes
Police Station Name .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE ABOVE STATED DATE AND TIME, I WAS DRIVING ALONG THE LEFT MOST LANE OF JOO CHIAT ROAD, JUST PAST THE EXIT OF ONAN ROAD. SUDDENLY, I WAS HIT BY A VEHICLE (SLB5417X) WHICH WAS A EXITING ONAN ROAD. WE BOTH CAME TO A STOP AND I PROCEEDED TO TAKE SOME PHOTOS. BASED ON THE PHOTOS TAKEN BY MYSELF, THE SAID VEHICLE HAD MADE AN EXCESSIVELY WIDE TURN WHILST EXITING ONAN ROAD AND AS SUCH, HAD HIT ONTO MY CAR. WE INITIALLY AGREED FOR A PERSONAL SETTLEMENT HOWEVER UPON GIVING HER MY QUOTATION FOR DAMAGES AS WELL AS FOR MY LOSS OF INCOME, SHE BECAME UNAGREEABLE. I ALSO WENT TO POW FAMILY CLINIC WHERE I RECEIVED 3 DAYS ME FOR PAIN ON MY NECK AND BACK. I WILL BE CLAIMING INSURANCE AGAINST HER. THAT IS ALL.

#### 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 .....	SLB5417X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	NEO TING HUA (LIANG TINGHUA)
Gender .....	Male
Phone No .....	(Phone) +65-83831911
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON NECK AND BACK
Injured person in which vehicle? .....	SLG8738Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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

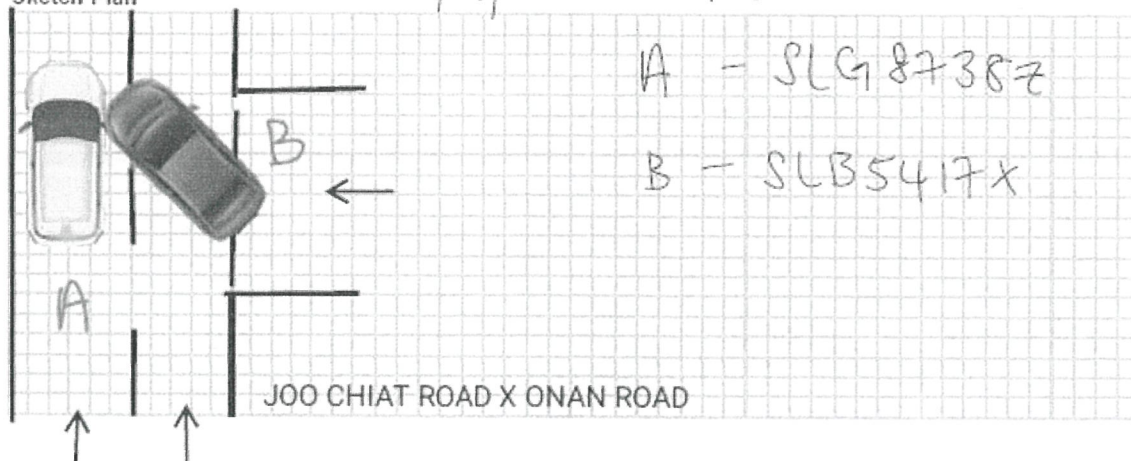
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

PLEASE REFER TO POLICE REPORT T/20220327/2070

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

28/03/2022 1450



Witnessed by Reporting Centre  
Personnel

CA1/FJ



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20220327/2070

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Report No. T/20220327/2070

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEONG SOCK CHAN	ID No.	S1210559B
Related Vehicle	SLB5417X (Car)	Contact No.	96776909
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NEO TING HUA	ID No.	S8335521B
Related Vehicle	SLG8738Z (Car)	Contact No.	83831911
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/03/2022	Date Discharge	27/03/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above stated date and time, I was driving along the left most lane of Joo Chiat Road, just past the exit of Onan Road. Suddenly, I was hit by a vehicle (SLB5417X) which was exiting Onan Road. We both came to a stop and I proceeded to take some photos. Based on the photos taken by myself, the said vehicle had made an excessively wide turn whilst exiting Onan Road and as such, had hit onto my car.

We initially agreed for a personal settlement however upon giving her my quotation for damages as well as for my loss of income, she became unagreeable. I also went to Pow Family Clinic where I received 3 days mc for pain on my neck and back. I will be claiming insurance against her.

That is all.

27-03-2022 T



**SINGAPORE  
POLICE FORCE**



T/20220327/2070

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Report No. T/20220327/2070

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

## CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
G / SGT 3 MOHAMAD AKMAL  
BIN MOHD ROSLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/03/2022 19:53

Officer In Charge Of Case:  
TP / AEIT /  
INSP (1) BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

NP168



## LETTER OF AUTHORITY

ACCIDENT INVOLVING SLG8738Z and SLBS417X on 26/8/22  
Own vehicle's number Other vehicle's number Date of accident  
along Joo Chuan Rd  
Accident location

BY THE LETTER OF AUTHORITY, I/we, GRAB RENTALS PTE LTD  
Name of Policy Holder & (IC/Passport/Company Registration) number  
of 6 SHENTON WAY #38-01 OUE DOWNTOWN SINGAPORE 068809  
Address of Policy Holder

owner of Vehicle Registration No. \_\_\_\_\_ hereby appoint **BORNEO MOTORS (SINGAPORE) PTE LTD** (hereinafter refers to **BMS**), a company incorporated in Singapore and having its registered office at 33 Leng Kee Road, Singapore 159102, to do all or any of the following:

1. To submit, resolve and make any claims 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 \_\_\_\_\_ 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 favour 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 \_\_\_\_\_ of the month \_\_\_\_\_ Year 20\_\_\_\_.

Signed & Delivered By:



(To be sign by the policy holder only)

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

Witness By:



\*delete as appropriate

## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

SLB5417X

Date of Accident

26/03/2022 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**Period of Insurance ..... **13/04/2021 - 12/04/2022**Requested By ..... **Ashlyn Chng (Borneo Motors P...**Requested Date ..... **29/03/2022 10:18****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**