

ASS. REC. BY:

Taufikh

REF:

CS/CT/22063220/Tg, y3.

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. SNM22D202346C02

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Sashin

Veh No:

SLT2545J

Yr Regn:

2017, Oct.

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

Truck / Trailer or

1798

Make:

Toyota Prius Hybrid.

c.c

1797

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

288574

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKCB3F4X03574487

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

2 -

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

TOYO/YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

7/4/22

Survey held at

Boulevard Park

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

27/05/22@10.15am revised to So Chow by email.

Taufikh finalised final fig \$9842, 10 days. (Red \$1321, 12%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: MER-TP

Lump Sum / L.B. / 9842

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$



Borneo Motors

Inchcape

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

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

Signature:

Date:

Customer Details

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 05/04/2022	Work: 65703925

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	ZVW50R	AHXEBW Q2	24/10/2017	SLT2545J	0	14379	66TP/SLT2545J/050422

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTDKB3FUX03574487	2ZRS105306	60	Shashitharan	--/--/----	0.00 --/--/---- 0.00

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.:PZ5551S ACC DATE:05/04/22 DRIVE IN:05/04/22 EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50 100.00
2	B	BP-LAB2 CHECK WIRING AND CONDUCT LEAK TEST				180.00
3	B	BP-LAB2 R/I INTERIOR UPHOLSTERY TO FAC REPAIR				720.00
4	B	BP-LAB2 REPL ACC AFF PARTS AND PANEL 720 STRAIGHTEN AND REALIGN ACC AFF AREA				3600 4320.00
5	B	BP-RES2 RESRPAY ACC AFF AREA 540				3245 3540.00
6	B	BP-LAB2 DRILL HOLE AND INSTALL REVERSE SENSOR				180.00
7	S	BP-SUBLET RESET ECU UPON COMPLETION OF REPAIR				180.00
8	1	T08826-08115 PANEL BONDING AD	1.00	267.20		267.20
9	2	U52159-47913 COVER, RR BUMPER	1.00	469.50		469.50
10	3	U52575-47040 RETAINER, RR BUMPER	1.00	124.90		124.90
11	4	U52565-47900 FILLER, RR BUMPER	1.00	131.10		131.10
12	5	U61601-47150 PANEL SUB-ASSY,	1.00	925.90		925.90
13	6	U58745-47030 PROTECTOR, QUARTER	1.00	24.40		24.40

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			11,163.00
Tan Jiah 97495749 up, 21/4/22 @ 2:15 pm Passing before paint Tan Jiah @ 11/4/22	Please acknowledge receipt of vehicle	Parts 1,943.00 Labour 9,040.00 Sublet 180.00 Lubrication/Fluid 0.00 Others 0.00	GST 7.00% 781.41 Less 0.00 Amount Due 11,944.41

Company 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	05/04/2022 19:45 (SGT)
Date of Accident	05/04/2022 12:30 (SGT)
Exact Location of Accident	300 Mandai Rd, Singapore 779393
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2545J
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) +65-84982907
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	NG CHEE GUAN(HUANG ZHIYUAN)
NRIC No	SXXXX930F

Date Of Birth	29/07/1977
Occupation	Outdoor
Date Of Driving Pass	18/06/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84982907
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLOCK 576 ANG MO KIO AVENUE 10
Address complement	#08-1919
Postcode	560576
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	Collided into Parked Vehicle
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)	0
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 05/04/2022 AT ABOUT 1230-1245 HOURS, VEHICLE B (PZ5551S) ENROUTE TOWARDS ASH COLLECTION CENTRE, HIT AND RUN PARKED STATIONARY VEHICLE A (SLT2545J) OUTSIDE BLOCK B COLUMBARIUM. THE TRAFFIC CONTROLLER STATIONED AT THE MOUTH OF THE COLUMBARIUM AND CARPARK ENTRANCE ALERTED TWM ZUL LEE (SUPERVISOR OF THE TRAFFIC CONTROLLER TEAM) AND THEY GAVE ORDERS TO STOP VEHICLE B FRKM LEAVING THE PREMISES AND TOOK DOWN HIS PARTICULARS. THEN THEY CONTACTED ME TO PASS ME THE DETAILS OF THE ERRANT BUS DRIVER OF VEHICLE B. 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	PZ5551S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	NG KIM LIONG
NRIC No	SXXXX587C
Contact Number	(Phone) +65-84814255
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT 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 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/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

Sketch Plan

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

05/04/22

1630

Witnessed by Reporting Centre Personnel

NA

Describe Circumstances of the Accident

ON THE 05/04/2022 AT ABOUT 1230-1245 HOURS, VEHICLE B (PZ5551S) ENROUTE TOWARDS ASH COLLECTION CENTRE, HIT AND RUN PARKED STATIONARY VEHICLE A (SLT2545J) OUTSIDE BLOCK B COLUMBARIUM. THE TRAFFIC CONTROLLER STATIONED AT THE MOUTH OF THE COLUMBARIUM AND CARPARK ENTRANCE ALERTED TWM ZUL LEE (SUPERVISOR OF THE TRAFFIC CONTROLLER TEAM) AND THEY GAVE ORDERS TO STOP VEHICLE B FRKM LEAVING THE PREMISES AND TOOK DOWN HIS PARTICULARS. THEN THEY CONTACTED ME TO PASS ME THE DETAILS OF THE ERRANT BUS DRIVER OF VEHICLE B. 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

[Signature]
05/04/22 1630

Witnessed by Reporting Centre
Personnel

[Signature]