

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.sa

Our Ref: BMS2022/12/PD1152/DS (MY) Your Ref: CC4/PLC220003938/EGA3

06/12/2022

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 SLL9863L AND XD4367K ON 27/04/2022

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:

Α.	Repair Cost - \$4,606.03	B. LTA Search - \$2.00	
C.	Excess -	D. Loss of Use -	
E.	Loss of Rental - \$549.50(\$54.95x10days)	F. Others -	
G.	Medical Claims -		
Н.	-Undertake By Claimant	Total Claim - \$5,157.53	

We would appreciate if you could revert to us with an offer to settlement within  $\underline{\mathbf{8}\ \mathbf{working}\ \mathbf{weeks}}$  as required under NIMA Protocol.

Enc	osed	are	the	fol	lowing	docum	ents f	or vour	kind	nerusal	ŀ

(✓) 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

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: claimstatusenquiry@borneomotors.com.sg

<sup>\*</sup>Cheque is to be made payable to <u>BORNEO MOTORS (SINGAPORE) PTE LTD</u> & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department\*



# **Borneo Motors**

**TOYOTA** 

Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9 No. 2 PANDAN CRESCENT

SINGAPORE 128462, Tel no.: 6631 1188

## **PRO-FORMA INVOICE**

Account Details			Account No	Account No.			Customer Details				
00 E	Beac 00 S	nsurance Berhad ch Road chaw Tower			7 / ICLPI1	M/S Grab Rentals Pte Ltd 3 Media Close #07-03					
Singapore 189702 Attn: Ms Lily Koh/Mr Chia				Document Date 23/06/2022		Singapore 138498  Work: 65703925					
Ye	ar	Model	Variant	Reg. Date	Reg. Date Reg. No.		Kilometers Wip No.			Order No. / Remarks	
20	17	NSP151R CE	XRKT Q1	17/03/2017	7/03/2017 SLL9863L			1799	75/DS/SLL9863L		
	Chassis No. Engine No.		Terms	Terms SA / Counter		Vehicle In		Collected On			
MI	HFE	329F3X02007765	2NRX132282	60	Ng Mei Yen		28/04/202	2 11.47	04/05/20	17.35	
L	Cd		Job/Parts Des	cription			Qty L	Jnit Price	Disc %	Amount	
1 234 5678	ВВВВ	TP VEH NO.:XD4367K DRIVE IN: 28/04/2022 DATE-IN: DATE NO OF REPAIR DAYS:5 BY:STEVE LKK BP-LAB2 CHECK WIF BP-LAB2 REPL ACC STRAIGHTEN & PANEL BP-RES2 RESPRAY BP-LAB2 RESET ECU K67003-0D230 PANE	ACC DATE:27 SURVEY:28/04/ idays RING & CONDU RIGHT DOOR M AFF AREA BEAT ACC AFF ACC AFF AREA	CT LEAT TEST ACH AREA ETION OF REP		* * * BP03	1.00	993.80 50.90		180.00 360.00 720.00 1770.00 180.00 993.80 50.90	
		behalf of Motors (Singapore) Pte Ltd	Customer	s Signature	Charge St	ummary		Total		4,304.7	
Please acknowledge re			e receipt of vehicle	Parts Labour Sublet Lubrication/Fluid		1,044.70 3,260.00 0.00 0.00	GST 7.00	0%	301.3		
					Others		0.00 Amount Due				

## GrobRentols

Schedule Rental agreement # 110230

## Renter Details

Name

Goh Yew Sze

NRIC

**Driver's License** 

Address

Date of Birth

**Telephone Number** 

Mobile Number

## Vehicle Description

Vehicle Number Make & Model

SLL9863L

Toyota Vios

## Rental Period

**Rental Agreement** 

110230

**Rental Agreement Start** 

2 Mar 2022

Date

Minimum Rental Period

**End Date** 

9 Mar 2022

Minimum Rental Period

(days)

7

## Rental Charges

**Package Name** 

toyotavios mileage apr21offer oc 54.95 120421 nofrills

**Promotional Rental Rates** 

(without GST)

S\$51.36 / daily

**GST** amount

S\$3.60

**Promotional Rental Rates** 

S\$54.95 / daily

(with 7% GST)

**Open Contract Rental** 

Please see note below\*\*

Rates **Deposit Collected** 

S\$500.00 (as at 2 Mar 2022)

Package notes

No Frills from 13 Apr

Add-Ons (Other Charges) are listed on separate pages

Version Jan 2022 as at: 24 Jan 2022

<sup>\*</sup>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.

<sup>\*\*</sup>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 10 business days' notice through the relevant communication channels, including (but not limited to) SMS and/or messages through the Grab Driver App.

## **GrabRentals**

Schedule Rental agreement # 110230

### Terms and Conditions

- I, the Renter, agree that the Lessor may collect, use & disclose my personal data, as provided in this Schedule &/or pursuant to the Agreement from time to time, including my vehicle location information (through various channels and methods such as through the use of telematics technology), for the following purposes in accordance with the Personal Data Protection Act 2012 & the Lessor's group Privacy Policy (available at www.grab.com/sg/privacy/):
- (a) administration of the vehicle rental under the Agreement;
- (b) to ensure that the rented vehicle is maintained appropriately and serviced in a timely fashion;
- (c) to improve and enhance the products and services of the Grab group;
- (d) to administer the driver-partner relationship between the Grab group and myself;
- (e) for internal tracking, analysis and administrative purposes:
- (f) to communicate with me;
- (g) for the Lessor to comply with its obligations under agreements with the owner/lender in relation to the Vehicle (including disclosure of personal data to the owner/lender);
- (h) for debt recovery purposes in the event that I am in default of my payment obligations (including provision of my personal data to debt recovery agency/ies for inclusion on a negative listing);
- (i) where I have applied for finance-related or insurance services from Grab group or its partners, to process my application and assess my suitability for the service I requested:
- (j) for the Lessor to comply with its obligations under law; and
- (k) to investigate and process any insurance claims relating to the vehicle rented by me.

### Schedule

The Renter has read, understood & agrees with all terms & conditions of this Agreement.





Renter's Signature/Stamp Date:

Signature not required if re-contracted online with email acknowledgement

Authorised Signatory/Stamp Grab Rentals Pte Ltd Date:



## 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 witholding of material facts may allow insurance companies to repudiate
- 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 27/04/2022 11:59 (SGT) Date of Accident 27/04/2022 07:55 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLL9863L

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) +65-91691959 Alternative Phone No (Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of

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 1496

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Yes Policy Number 400001149

DRIVER

Name of Driver **GOH YEW SZE** NRIC No. SXXXX884B

Date Of Birth 26/07/1959 Occupation · Outdoor Date Of Driving Pass 22/11/2012 Driving experience 9 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91691959 Alt. Phone Number Email Address gr.sg.accident@grab.com Address BLK 392 BUKIT BATOK WEST AVENUE 5 #12-406 Address complement Postcode 650392 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 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 **PRAHBU** Gender PASSENGER 2 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 27/04/2022 AT ABOUT 07:55HRS. I WAS DRIVING VEHICLE A, SLL9863L TRAVELLING ALONG LOYANG AVE THEN I TURNED RIGHT TOWARDS TPE/SLE. SUDDENLY I FELT AN IMPACT COMING FROM MY RIGHT SIDE AND I REALISED VEHICLE B HAS SIDE SWIPE MY VEHICLE. 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	XD4367K
Vehicle Manufacturer	
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Commercial vehicle
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)	_

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudlate policy liability</u>.
- 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) 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' 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;
- (iii) carrying out and/or dealing w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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.

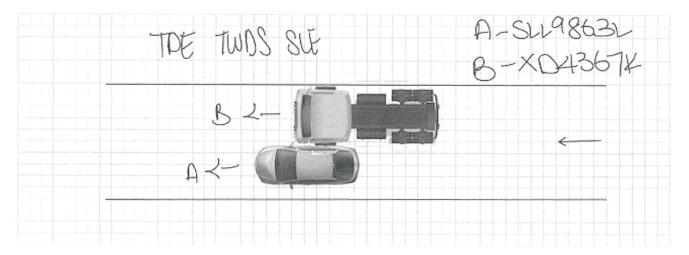
1

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 0.20 20.042

Witnessed by Reporting Centre Personnel MDNA224N

### Sketch Plan



Describe Circumstances of the Accident
ON 27/04/2022 AT ABOUT 07:55HRS. I WAS DRIVING VEHICLE A, SLL9863L TRAVELLING ALONG LOYANG AVE THEN I TURNED RIGHT TOWARDS TPE/SLE. SUDDENLY I FELT AN IMPACT COMING FROM MY RIGHT SIDE AND I REALISED VEHICLE B HAS SIDE SWIPE MY VEHICLE.

### 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 10:30 27.04.22

Witnessed by Reporting Centre Personnel MD NHDO 1N

## LETTER OF AUTHORITY

1000000 ST 98631 VO 712/2K 24/22
ACCIDENT INVOLVING Own vehicle's number Other
7PE
Accident location
BY THE LETTER OF AUTHORITY, I/we, GRAB RENTALS PTE LTD
Name of Policy Holder & (IC/Passport/Company Registration) number
of G BATTERY ROAD #38-04 SINGAPORE 049909
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 NO 2 PANDAN CRESCENT SINGAPORE 128462 to do all or any of the following:
1. To submit, resolve and make any claims (including the commencement of legal proceedings) 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
<ol> <li>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 favors of <u>BORNEO MOTORS (SINGAPORE) PTE</u> <u>LTD</u> and give a valid receipt and discharge, therefore.</li> </ol>
<ol><li>For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.</li></ol>
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 on  of the monthYear 20
Signed & Delivered By:  Witness By:
(To be sign by the policy holder only) **Please stamp the company chop for vehicle registered under a company's name

INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

xd4367k

**Date of Accident** 

27/04/2022

Reset

## % RESULT & RECEIPT

## TP Insurer Enquiry

Lonpac Insurance Bhd Insurance ..... Requested By ...... Ashlyn Chng (Borneo Motors P... 

## Payment details

Request Amount: \$\$1.87 GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): **\$\$2** 

### General Insurance Association

Records Management Centre GST Registration No: M400017735