LES. RECUBY: SIEVE CS/SPF2	2005797/EV43
ASSI	IGNMENT SLS 5170S Yr Regn: 27/9/17
From: Date:	Veh No: SLS 5170 S Yr Regn:
Eslimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover
OD / RPI WS I TP RES I OD RES I EVA / INV / MV	Truck/Trailer or
To Inspect Vehicle No:	Make: MOLA S NC: Insured / Std / NI / NA
at Workshop m/s	Colour SIGE
of	Sp.Reading 356604 T/Radio: Insuled 7
Insured:	Eng/No:
Policy No.	CINO: JM6/3/1977
Claims No.	Gen. Cond: Good / Fall / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Indrder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII I STRIM I STD AIRIN OF
	Modi: NII / SIRIM / STD ARRIGH OF Tyre Size: F:
(Policy Condition)	Tyre size: //
Remark: The veh had commenced its N/S C	DIS BS I DUN EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I
repair at the time of inspection.	TOYO / YOKO orRear
Bal. or Market Value:	Front R/Bal. 12 mm
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. W mm
GIA / PR Seen: Consistent? : Yes or No	UBal. 1/ mm D.O.I. 1/6/22
Est Repairs: days Res.: Yes or No	D.O.A. 1461111
Lum Sum: % · 3 Val.: Yes or No	Survey held at Pego SIC
Editi dam	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA REV REP. 24 HRS Vehicle: It	The U/C / Chassis frame / Body Structure affected due to collision.
Date:Person Contacted:	The U/C / Chassis frame / Body Guestier
Date / Time Action / Instruction	
MY-651.	
3	
. \$	
	Days Of Repair:
Osite/Time, File Pass to? : Prell. Report	
i): Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	
2)	Add I co.
	: Interview (\$) Photos
Repent Formel:	: Tech, Invs (\$) Others
Lump Sum/I.B.k: (\$)	:Weellend (#
comp. state of the	TOTAL
	to .

GST / ROC COMPANY NO: 201101753C

Quotation

From:

PEGASUS ENGINEERING & TRADING PTE LTD 74 KIAN TECK ROAD

SINGAPORE 628800

Officer in Charge: VIVIAN TAN EE WI

Tel: Email: Customer:

GRAB RENTALS PTE LTD

3 MEDIA CLOSE #07-03

SINGAPORE 138498

Attn:: Tel:

Fax No.:

Quotation No.: QO22/06-1103 Terms: 60 DAYS Quotation Date: 18/06/2022

Policy Number: MTGRAB20172581 Vehicle No.: SLS5170S Chassis No.: JM6BN22A8H0160615

Date of Accident: 04/06/2022 Model: MAZDA 3

Third Party Insurer: TP Vehicle No.: QX527U

Remarks:

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	FRONT BUMPER - REPAIR X R	1			
2	FRONT BUMPER CLIPS @ 10PCS X	10	4.0000		40.00
3	FRONT BUMPER LOWER SIDE COVER @ 2PCS X	2	45.0000		90.00
4	FRONT HEADLAMP (LHS) / (UI	1	1,075.0000	1,0	75.00
5	FRONT FENDER (LHS) - REPAIR X	1			
6	LESS 20%	1	-241.0000	-2	41.00
7	TO REMOVE & REFOCUS FRONT HEADLAMP.	1	80.0000	30	80.00
8	TO KNOCKING & PANEL BEATING.	1	400.0000	200 4	00.00
9	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS.	1	600.0000	200 6	00.00

Steve (LKK) MM 21/6/12,)-17 L/S

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

Total (SGD)

Sub Total

GST(7.00%)

2.044.00 143.08 2,187.08

Please conduct the survey at

Date:

Pegasus Engineering @ 74 Kian Teck Road Singapore 628800

, Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	200G
Vehicle No.:	SLS5170S
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Jun 2022
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	P520453021
Chassis No.:	JM6BN22A8H0160615
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,938.00
Original Registration Date:	27 Sep 2017
First Registration Date:	27 Sep 2017
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$9,938.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Sep 2027
PARF Rebate Amount:	\$7,453.00
Intended COE Rebate Details	26 Sep 2027
COE Expiry Date:	A - Car up to 1600cc & 97kW (130bhp)
COE Category:	10
COE Period(Years):	\$46,778.00
QP Paid:	\$24,662.00
COE Rebate Amount:	\$32,115.00
Total Rebate Amount:	selection of a first plant of the production of the control of the

The information contained herein is correct as at 18 Jun 2022



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 few tests 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 few tests 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 few tests of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will fee a few tests of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will fee a few tests of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will fee a few tests of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will fee a few tests of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will fee a few tests of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the GIA Records Management Centre established by the GIA Records Management Centre established by the GIA Records Management Centre established by the GIA Records Manag 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 11/06/2022 11:56 (SGT) Date of Accident 04/06/2022 14:25 (SGT) Cantonment Rd, Singapore Exact Location of Accident Additional Location Information Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS5170S

INSURED/POLICYHOLDER

Is company? GRAB RENTALS PTE LTD Name Of Registered Owner 2XXXXX200G Company Reg No gr.sg.accident@grab.com Email Address (Phone) +65-94368800 Mobile Phone No (Office) +65-66550005 Alternative Phone No

VEHICLE PARTICULARS

Mazda Manufacturer 3 Model 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy **Policy Number** D21MFL0000447 01 Cover Note Number

DRIVER

Name of Driver PANG SZE WEE JEREMY NRIC No SXXXX015H

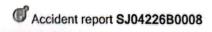
Accident report SJ04226B0008

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e Of Birth 09/01/1968 cupation Outdoor Date Of Driving Pass 02/07/1985 priving experience 36 YEARS AND 11 MONTHS Gender (Phone) +65-94368800 Mobile Number Alt. Phone Number gr.sg.accident@grab.com **Email Address** 5B RIDLEY ROAD #02-03 Address Address complement 248478 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 UNKNOWN Name Female Gender DETAILS OF POLICE ACTION Yes Was the accident reported to the police? River Valley Neighbourhood Police Post Police Station Name (Phone) +65-18002789999 Police Station Phone No (Fax) +65-62786427 Alt. Police Station Phone No Blk 4 Delta Avenue #01-02 Singapore 161004 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT No.T/20220604/2097 ATTACHMENT(S) Yes Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number QX527U Vehicle Manufacturer Page 2 of 19 Accident report SJ04226B0008

Model Wariant	
Mode.	-
	_
्रोटिष्ट Colour	
which Category	-
Phicle Category	Governmen
20 0 DIIVOI	
Contact Number	
Contact	-
Address	
Address complement	
Postcode	
Insurance Company Name	•
Insulance company Name	
Nature Of Damage	4
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•
No. Of Fassenger (medding briver)	





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 4. The Issue and acceptance of this Form by Insurance companies is not an admission of policy tability on the part of the insurance
- 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
- 8. Consent under the Personal Data Protection Act(PDPA)

l understand, 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) w ho 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:
- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing w ith my instructions or responding to any enquiries by me;
- (br) administering my claims (including the mailing of correspondence, statements, involces, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT REPORTING OFFICE FRO KHAMARA

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date 6/22@1030H

Witnessed by Reporting Centre Personnel

Sketch Plan

6-0x 5274 prinacle ebuxton CANTONMENT ALO

Accident report SJ04226B0008

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Describe Circumstances of the Accident PLEASE REFER TO POLICE REPORT T/20220604/2097

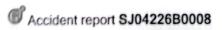
Declaration

I/We declare the foregoing particulars are true in eve

Policyholder's Signature / Date &



Witnessed by Reporting Centre



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