ASS. REC'd BY: Steve | CS/SPF2200579/Ery3

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: QX527U

Policy No. _____

Claims No. ACS/105/009/2022/033

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SLS5170S Yr Regn: 27/9/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mazda 3 c.c 1496

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 356604 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BNW7A 8H0150615

Gen. Cond: Good / Fai / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: "

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.	4/6/22	D.O.I.	2/6/22

Survey held at Pegos SKS

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front LH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MV-65K
4/10/22	Steve informed LS $1050 (Red 994, 48%)
	Repair range $1050-$1100

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2) 4/10/22-typist

Repair Format : TP

Lump Sum / ~~T&L~~ ($ $1050)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech, Invs ($ _____) ☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

PEGASUS ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO : 201101753C

Quotation

From :	Customer :
PEGASUS ENGINEERING & TRADING PTE LTD 74 KIAN TECK ROAD SINGAPORE 628800 Officer in Charge : VIVIAN TAN EE WI Tel : Email :	GRAB RENTALS PTE LTD 3 MEDIA CLOSE #07-03 SINGAPORE 138498 Attn: : Tel : Fax No. :

Quotation No. : QO22/06-1103	**Quotation Date :** 18/06/2022	**Terms :** 60 DAYS
Vehicle No. : SLS5170S	**Chassis No. :** JM6BN22A8H0160615	**Policy Number :** MTGRAB20172581
Model : MAZDA 3		**Date of Accident :** 04/06/2022
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) ~ (cut	1	1,075.0000	1,075.00
5	FRONT FENDER (LHS) - REPAIR X	1		
6	LESS 20%	1	-241.0000	-241.00
7	TO REMOVE & REFOCUS FRONT HEADLAMP.	1	80.0000 30	80.00
8	TO KNOCKING & PANEL BEATING.	1	400.0000 200	400.00
9	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS.	1	600.0000 200	600.00

Steve (LKK)
21/6/22, 3.17p

L/S

My Ally
2 days

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

Please conduct the survey at
Pegasus Engineering @ 74 Kian Teck Road Singapore 628800

Acknowledged by Repairer
Signature:
Date:

Sub Total	2,044.00
GST(7.00%)	143.08
Total (SGD)	2,187.08

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	200G
Vehicle Details	
Vehicle No.:	SLS51705
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:	$9,938.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Sep 2027
PARF Rebate Amount:	$7,453.00
Intended COE Rebate Details	
COE Expiry Date:	26 Sep 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$46,778.00
COE Rebate Amount:	$24,662.00
Total Rebate Amount:	**$32,115.00**

The information contained herein is correct as at 18 Jun 2022

OK

Your NCD will be affected due to late reporting

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	11/06/2022 11:56 (SGT)
Date of Accident	04/06/2022 14:25 (SGT)
Exact Location of Accident	Cantonment Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5170S

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) +65-94368800
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D21MFL0000447_01
Cover Note Number	-

DRIVER

Name of Driver	PANG SZE WEE JEREMY
NRIC No	SXXXX015H

Date Of Birth	09/01/1968
Occupation	Outdoor
Date Of Driving Pass	02/07/1985
Driving experience	36 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94368800
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	5B RIDLEY ROAD #02-03
Address complement	-
Postcode	248478
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	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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20220604/2097

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX527U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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**.
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

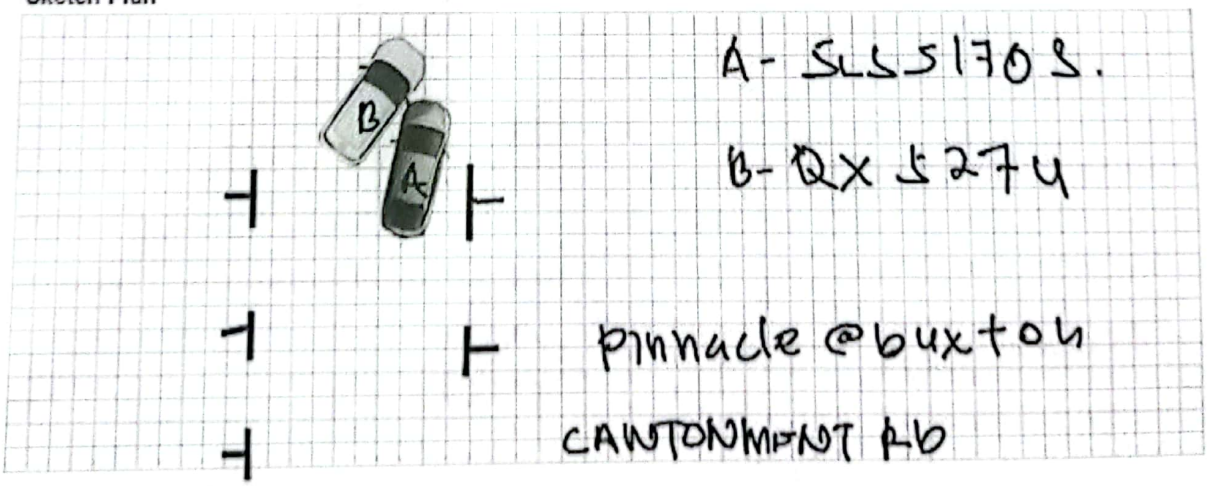
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT REPORTING OFFICER

FRO KHAMARAJ

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	11/6/22 @ 1030H	

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20220604/2097

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
	11/6/22 @ 1020	FLASH ACCIDENT REPORTING OFFICER FRO KHAMARAJ