

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. _____
 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
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Bal. or Market Value: _____
 IDAC Accident Report: _____ 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: SLP 8969B Yr Regn: 21/6/17
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Maruti 3 c.c. 1496
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 788895 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: JM6BN72A8H0152698
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/60R15
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front _____ mm Rear _____ mm
 R/Bal. U mm R/Bal. U mm
 L/Bal. U mm L/Bal. U mm
 D.O.A. 7816127 D.O.I. 517122
 Survey held at Pegusus
 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

6/10/22 MV-591
Steve informed LS \$1161.02 (Red 420.25, 26%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

2) 12/10/22-typist

Report Format: MERIMEN

Lump Sum H.B. (\$) \$1161.02

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

Pegasus Engineering & Trading
74 Kian Teck Road, Singapore 628800

Insurer Reference:
Repairer Reference: VSR22-17231
Date calculated: 30/06/2022 4:36 PM

Full Report
Registration: SLP8969B
Printed: 30/06/2022 4:36 PM

Summary Information

Claim

Location:	Singapore (SG)	Work Provider:	China Taiping Insurance (Singapore) Pte Ltd
Printed by:	pegasus 01	Currency:	SGD
Claim Reference:		Date of Incident:	28/06/22
Estimated Repair Time:		Hire Car Start:	
Actual Repair Days:		Hire Car End:	

Vehicle Details

Vehicle

Manufacturer:	MAZDA
Model:	3 (BM/BN)
Sub Model:	DELUXE
Model Sheet Number:	36 68 98
Registration:	SLP8969B
VIN number:	
Odometer:	

Model Specs

4-DOOR SALOON

Vehicle Condition

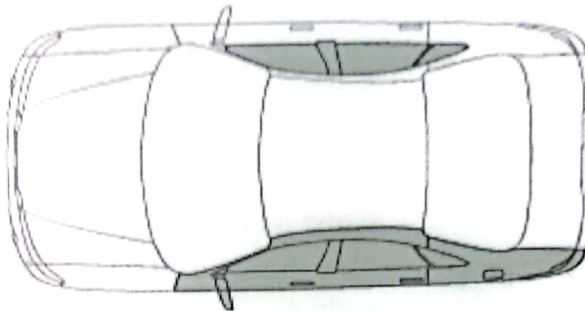
Vehicle Status

Pre-Accident Damage:

Date of Inspection:

Damage Areas

All ☐
Underbody ☐



Tyres Condition

Tyre Brand	Tread (Left Middle), mm	Tread (Left Outer), mm	Tread (Left Inner), mm	Tread (Right Inner), mm	Tread (Right Outer), mm	Tread (Right Middle), mm	Condition
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Spare Tyre Brand	Tread (Spare), mm
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Labour

Code	Description	Time Base 10 WU/h	Price = 50.00 SGD/h	
			WU	Price SGD
S1101A-R-X	RENEW L/R DOOR INCLUDES: R + R DOOR		15.0	75.00
1481	LEFT FRONT DOOR REPAIR		20.0*	100.00
3481	L/RR SIDE PANEL REPAIR		20.0*	100.00
Labour Cost		Hrs	WU	
Panel / Mechanical Labour		5.50	55.0	275.00
Total of Labour				275.00

Paint

Paint Work		SYSTEM AZT	Time Basis 10 WU/h	
Code	Description		WU	Price SGD
	L/R DOOR NEW PART PAINTING		13.0	
	LEFT FRONT DOOR REPAIR PAINTING <50%		15.0	
	L/RR SIDE PANEL REPAIR PAINTING <50%		14.0	

Paint Work

SYSTEM AZT

Time Basis 10 WU/h

Code Description

WU Price SGD

Paint Material Per Part

Price SGD

Code	Description	Price SGD
1781	L/R DOOR NEW PART PAINTING	29.42
1481	LEFT FRONT DOOR REPAIR PAINTING <50%	21.00
3481	L/RR SIDE PANEL REPAIR PAINTING <50%	17.75

Labour Cost - Paint

Factor

Time Paint

Preparation Main Work Metal

Total

50.00 SGD/h

Hrs WU Price SGD

42.0
1.70 17.0 85.00
5.90 59.0 295.00

Material Cost - Paint

New Part Painting

Repair Painting

Material-constant Metal

Total

Price SGD

29.42

38.75

18.10

86.27

Spare Parts

prices as at 2015-06-01/01

Code	Description	Part Number	Part Source	Price SGD
1781	L/R DOOR	BHY07302XF	Original	1,250.00
1943	L/R OUTER D/FOIL UPP	BHS250995B		0.00
1955	L/R OUT DOOR RR FOIL	BHS250M60A		0.00
1959	L/R OUT DR FRT FOIL	BHS250M40A		0.00
				0.00
f: OEM Parts	Savings			1,250.00
n: Non-OEM Parts	Subtotal			-375.00
u: Used parts	Subtotal Discount(+30.00%)			875.00
	Total			

Extras

Code	Description	Price SGD
1000	Miscellaneous (10) Door Trim Clip	50.00*
	Total Extras	50.00

ster (CLKK)
S/7/22 2.11p

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L/S
M M y

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 claims are subject to insurance basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Audatex System Using Manufacturer Times

Acknowledged by Repairer
Signature:
Date:

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PRINT DATE 30/06/2022

Final Calculation

	SGD	SGD
Parts	1,250.00	
Total Discount(+30.00%)	-375.00	
Total Parts		875.00
Labour Time Base 10 WU/h		
Total 55.0 WU X 50.00 SGD/h	275.00	
Total of Labour		275.00
Total Of Extras		50.00
Paint Work Time Base 10 WU/h		
Labour Cost 59.0 WU X 50.00 SGD/h	295.00	
Material Cost	86.27	
Total Paint Including Material		381.27
Repair Cost Excludes GST		1,581.27
GST (+7.0%)		110.69
Repair Cost Included GST		1,691.96

Comments

* - USER SUPPLIED DATA
NN - NO MANUFACTURERS CODE EXISTS
) - WU PARTIAL INCL IN OTHER POSITIONS

Assessment Note

No assessment notes entered.

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	29/06/2022 10:34 (SGT)
Reported by	Driver
Date of Accident	28/06/2022 17:50 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8969B
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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) +65-88095851
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
Policy Number / Cover Note Number	D21MFL0000447_01

DRIVER

Name of Driver	WAI POH KEE
NRIC No	SXXXX602A
Date Of Birth	16/11/1957
Occupation	Outdoor

Date of Driving Pass	04/01/1983
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88095851
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 204 TAMPINES STREET 21 #04-1223
Address complement	-
Postcode	520204
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 28/06/2022 AT ABOUT 1750HRS, I WAS DRIVING VEHICLE A (SLP8969B) ALONG OPHIR ROAD TOWARDS ECP, AT THE JUNCTION ON BEACH ROAD, VEHICLE B (SKF9188X) WAS ON THE LEFT TURN LANE ONLY TOWARDS BEACH ROAD. I PROCEEDED STRAIGHT SUDDENLY SAID VEHICLE B, HIT ME FROM THE LEFT. NO INJURY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF9188X
Vehicle Manufacturer	BMW

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EE CHEE YUNG
NRIC No	SXXXX742H
Contact Number	-
Address	-
Address complement	BLK 162 BUKIT BATOK STREET 11 #09-90
Postcode	650162
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 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

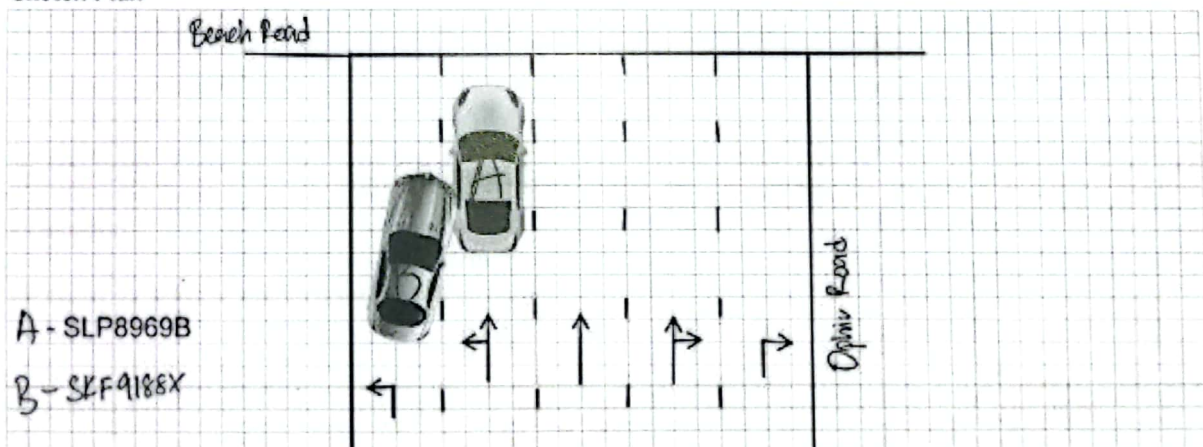
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



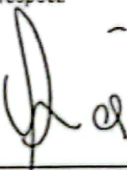
Describe Circumstances of the Accident

ON 28/06/2022 AT ABOUT 1750HRS, I WAS DRIVING VEHICLE A (SLP8969B) ALONG OPHIR ROAD TOWARDS ECP, AT THE JUNCTION ON BEACH ROAD, VEHICLE B (SKF9188X) WAS ON THE LEFT TURN LANE ONLY TOWARDS BEACH ROAD. I PROCEEDED STRAIGHT SUDDENLY SAID VEHICLE B, HIT ME FROM THE LEFT. NO INJURY.

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 28/06/22 1910



Witnessed by Reporting Centre
Personnel Amin