

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

ON / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

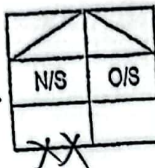
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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: SLN 2193Y Yr Regn: 20/4/17Type: M. Car M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 C.C. 1496Colour: Grey A/C: Insured / Std / HI / NASp. Reading 385/178 T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: JM6BN72A81051047Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NII / STD / STD A/Rim orTyre Size: F: 205/55 R15R: 1BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front: _____ mm

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 16/7/22 D.O.I. 21/7/22Survey held at PeggsDes. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-638

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Form:

Lump Sum / I.B.F. (\$)

Days Of Repair: _____

Resurvey No. of Trip: _____

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 :
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. : QO22/07-1077	Quotation Date : 16/07/2022	Terms : 60 DAYS
Vehicle No. : SLN2193Y	Chassis No. : JM6BN22A8H0151047	Policy Number : A29069766MKF
Model : MAZDA 3		Date of Accident : 16/07/2022
Third Party Insurer : AUTO & GENERAL		TP Vehicle No. : SJT8437Y
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	REAR BUMPER <i>BR</i>	1	1,075.0000	1,075.00
2	REAR BUMPER CLIPS @ 10PCS <i>MR</i>	10	4.0000	40.00
3	REAR BUMPER TOW COVER @ 2PCS <i>(LH) MR ?</i>	21	55.0000	110.00
4	REAR BUMPER REFLECTOR @ 2PCS <i>(LH) ?</i>	21	115.0000	230.00
5	REAR BUMPER INNER BRACKET <i>?</i>	1	45.0000	45.00
6	REAR REINFORCEMENT <i>?</i>	1	545.0000	545.00
7	REAR END PANEL - REPAIR <i>x R</i>	1		
8	LESS 20%	1	-409.0000	-409.00
9	REAR REVERSE SENSOR @ 1SET	1	280.0000	280.00
10	TO REMOVE & REPLACED REAR REVERSE SENSOR.	1	100.0000	100.00
11	TO KNOCKING AND PANEL BEATING.	1	600.0000	600.00
12	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS.	1	600.0000	600.00

Steve (LKK)
21/7/22, 10:30 AM
ML
L/S
hy ML
4

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 is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Sub Total 3,216.00
GST(7.00%) 225.12
Total (SGD) 3,441.12

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

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 16/07/2022 11:23 (SGT)
Reported by Driver
Date of Accident 16/07/2022 04:10 (SGT)
Exact Location of Accident Ang Mo Kio Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN2193Y

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) +65-96116120
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 WOO HOCK KUAN
NRIC No SXXXX393H
Date Of Birth 21/10/1966
Occupation Outdoor

Of Driving Pass
ing experience
nder
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

27/12/2002
19 YEARS AND 7 MONTHS
Male
(Phone) +65-96116120
"
gr.sg.accident@grab.com
BLK 697C JURONG WEST CENTRAL 3 #10-29
"
643697
No
Hirer
No
"
"

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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) 1
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 -

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 16/06/2022 AT ABOUT 0410 HOURS, I WAS DRIVING VEHICLE A (SLN2193Y) ON LANE 1 ALONG ANG MO KIO AVENUE 5 APPROACHING A U-TURN POCKET AHEAD WHEN I WAS SLOWING DOWN AND VEHICLE B (SJT8437Y) REAR ENDED ME. BOTH OF US GOT DOWN AND EXCHANGE PARTICULARS BUT WE DID NOT EXCHANGE MOBILE NUMBER. NOBODY IS INJURED.

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 SJT8437Y
Vehicle Manufacturer Toyota
Vehicle Model Prado
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car

Name of Driver	JONATHAN PILLAI ARUL JAGA NATHAN
C No	SXXXX644C
Contact Number	-
Address	-
Address complement	2
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

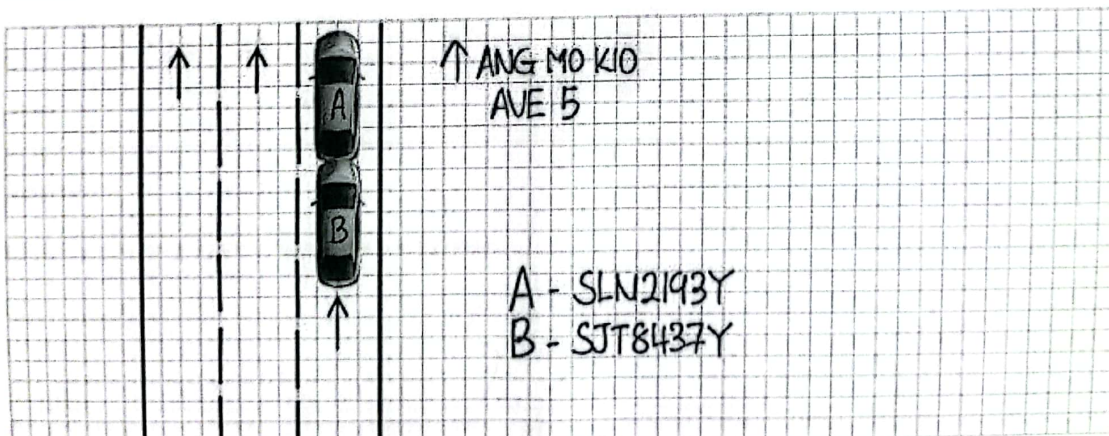
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 THE 16/06/2022 AT ABOUT 0410 HOURS, I WAS DRIVING VEHICLE A (SLN2193Y) ON LANE 1 ALONG ANG MO KIO AVENUE 5 APPROACHING A U-TURN POCKET AHEAD WHEN I WAS SLOWING DOWN AND VEHICLE B (SJT8437Y) REAR ENDED ME. BOTH OF US GOT DOWN AND EXCHANGE PARTICULARS BUT WE DID NOT EXCHANGE MOBILE NUMBER. 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

Witnessed by Reporting Centre Personnel

16/07/22

0445