


Borneo Motors

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.sg

Our Ref: BMS2023/04/PD0327/DS (ST)

Your Ref: LONPAC-GBK2421Z

05/04/2023

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 SLM1503Z AND GBK2421Z ON 17/08/2022

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:

| | |
|---|---------------------------------|
| A. Repair Cost - \$4,642.62 | B. LTA Search - \$2.00 |
| C. Excess - | D. Loss of Use - |
| E. Rental - \$342.65(\$48.95x7days) | F. Others - |
| G. Medical Claims - | Total Claim - \$4,987.27 |
| H. -Undertake By Claimant <input checked="" type="checkbox"/> | |

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

- | | |
|----------------------------------|---------------------------------|
| (✓) 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 |

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

Yours faithfully,

TPR Team

Claims Service Department

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

(As this is a computer generated letter, no signature is required.)



Borneo Motors


Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no.: 6631 1188



TOYOTA

TAX INVOICE

| Account Details | | | Account No. | | Customer Details | | | |
|---|---------|--|---------------------------------------|-------------------|--|----------------|----------------------|----------|
| Lonpac Insurance Berhad 100 Beach Road #19-00 Shaw Tower Singapore 189702 Attn: Ms Lily Koh/Mr Chia | | | S1000007 / ICLPI1 | | M/S Grab Rentals Pte Ltd 3 Media Close #01-03/06 Singapore 138498 Work: 65703925 | | | |
| | | | Document No. 38067404 | | | | | |
| | | | Document Date 20/10/2022 | | | | | |
| Year | Model | Variant | Reg. Date | Reg. No. | Kilometers | Wip No. | Order No. / Remarks | |
| 2017 | NSP151R | CEXRKT Q1 | 22/03/2017 | SLM1503Z | 288511 | 17052 | 66TP/SLM1503Z/180822 | |
| Chassis No. | | Engine No. | Terms | SA / Counter | Vehicle In | | Collected On | |
| MHFB29F3902008163 | | 2NRX134925 | 60 | Shashitharan | 18/08/2022 | 15.43 | 20/10/2022 9.51 | |
| L | Cd | Job/Parts Description | | | Qty | Unit Price | Disc % | Amount |
| 1 | Z | BP-GRAB-DS SUNDRIES - FLASH ARRIVE: DD/MM/YY 0000HR TP VEH NO.:GBK2421Z ACC DATE:17/08/22 DRIVE IN:18/08/22 EXCESS: DATE-IN:19/08/22 DATE SURVEY:19/08/22 NO OF REPAIR DAYS:4 BY:taufikh AUTHORISED ON:23/80/22 | | | * | | | 50.00 |
| 2 | B | BP-LAB2 | CHECK WIRING AND CONDUCT LEAK TEST | BP02 | | | | 180.00 |
| 3 | B | BP-LAB2 | DRILL HOLE AND INSTALL REVERSE SENSOR | BP02 | | | | 180.00 |
| 4 | B | BP-LAB2 | TRANSFER BOOT LID MECHANISM | BP02 | | | | 360.00 |
| 5 | Z | BP-SLANT | SUPPLY SEALANT (NETT) | | | | | 80.00 |
| 6 | B | BP-LAB2 | REPL ACC AFF PARTS AND PANEL | BP02 | | | | 720.00 |
| 7 | B | BP-RES2 | RESRPAY ACC AFF AREA | * | | | | 1180.00 |
| 8 | 1 | K52159-0U908 | COVER, RR BUMPER, L | | 1.00 | 565.60 | | 565.60 |
| 9 | 2 | K52155-0D090 | SUPPORT, RR BUMPER S | | 1.00 | 25.00 | | 25.00 |
| 10 | 3 | K64401-0D160 | PANEL SUB-ASSY, LUGG | | 1.00 | 852.90 | | 852.90 |
| 11 | 4 | K75442-0D250 | PLATE, LUGGAGE COMPT | | 1.00 | 49.40 | | 49.40 |
| 12 | 5 | K90975-T2006 | EMBLEM, SYMBOL | | 1.00 | 57.50 | | 57.50 |
| 13 | 6 | K75444-0D460 | PLATE, LUGGAGE COMPT | | 1.00 | 38.50 | | 38.50 |
| For & on behalf of Borneo Motors (Singapore) Pte Ltd | | Customer's Signature | | Charge Summary | | Total 4,338.90 | | |
|  | | Please acknowledge receipt of vehicle | | Parts | 1,588.90 | GST 7.00% | | 303.72 |
| | | | | Labour | 2,750.00 | | | |
| | | | | Sublet | 0.00 | Less | | 0.00 |
| | | | | Lubrication/Fluid | 0.00 | | | |
| | | | | Others | 0.00 | Amount Due | | 4,642.62 |

Company Copy

Renter Details

Name Lai Pheng Fong
NRIC
Driver's License
Address
Date of Birth
Telephone Number
Mobile Number

Vehicle Description

Vehicle Number SLM1503Z
Make & Model Toyota Vios

Rental Period

Rental Agreement 78206
Agreement Start Date 19 Oct 2021
Minimum Rental Period End Date 18 Oct 2022
Minimum Rental Period (days) 364

Rental Charges

Package Name toyotavios_mileage_julretention21offer_12m_48.95_180721_grb
Promotional Rental Rates S\$48.95 / daily from 19 Oct 2021* to 18 Oct 2022
Open Contract Rental Rates Please see note below**
Total Deposit Collected S\$500.00 (as at 19 Oct 2021)
Package notes toyotavios_mileage_julretention21offer_12m_48.95_180721_grb

**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.*

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

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

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 Schedule.



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 Actual 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 | 17/08/2022 19:49 (SGT) |
| Reported by | Driver |
| Date of Accident | 17/08/2022 18:00 (SGT) |
| Exact Location of Accident | Paya Lebar Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLM1503Z |
|-----------------------------|----------|

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) +65-91896735 |
| Alternative Phone No | (Office) +65-66550005 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Vios |
| 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 | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | 400001149 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | LAI PHENG FONG |
| NRIC No | SXXXX980J |
| Date Of Birth | 13/05/1956 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 03/10/1977 |
| Driving experience | 44 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91896735 |
| Alt. Phone Number | - |
| Email Address | gr.sg.accident@grab.com |
| Address | BLK 635 PASIR RIS DRIVE 1 #06-602 |
| Address complement | - |
| Postcode | 610635 |
| 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 - Head to Rear |
| 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) | 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 17/08/2022 AT ABOUT 1800HRS, I WAS DRIVING VEHICLE A(SLM1503Z) ALONG PAYA LEBAR ROAD. AT THE JUNCTION OF UBI AVENUE 3, I STOPPED DUE TO TRAFFIC INFRONT OF ME STOPPED. SUDDENLY VEHICLE B (GBK2421Z) HIT ME FROM THE REAR. 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 | GBK2421Z |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|---|----------------------|
| Name of Driver | PONRAJ TAMILSELVAN |
| Passport No/FIN | GXXXX452W |
| Contact Number | (Phone) +65-87502779 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

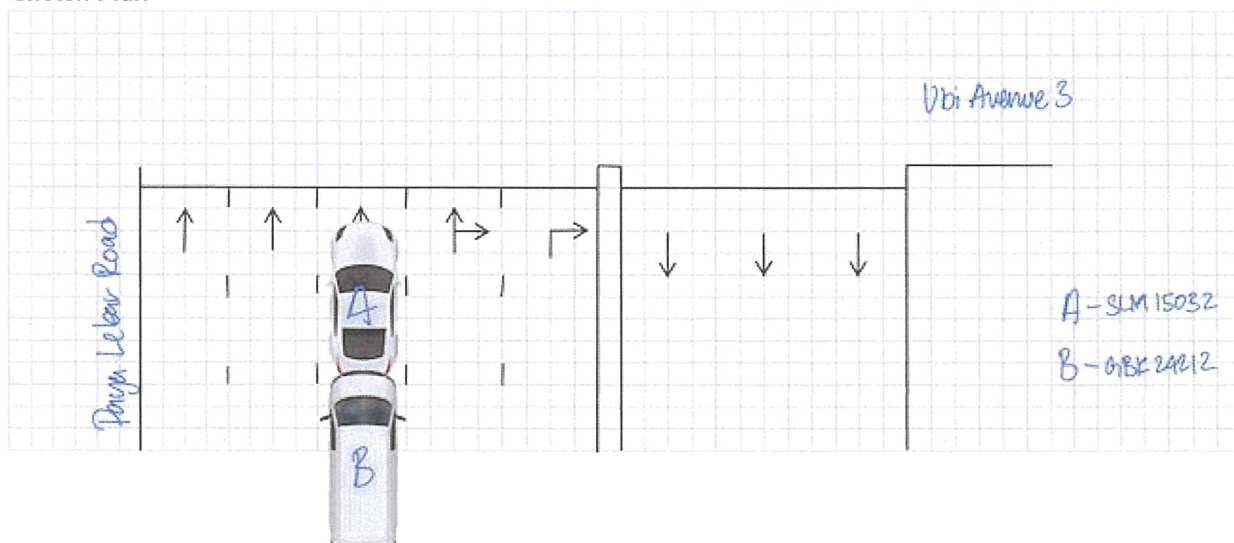
SKETCH PLAN**IMPORTANT NOTICE**

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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 17/08/22 1420

Witnessed by Reporting Centre Personnel Amin

Sketch Plan

Describe Circumstances of the Accident

ON 17/08/2022 AT ABOUT 1800HRS, I WAS DRIVING VEHICLE A(SLM1503Z) ALONG PAYA LEBAR ROAD. AT THE JUNCTION OF UBI AVENUE 3, I STOPPED DUE TO TRAFFIC INFRONT OF ME STOPPED. SUDDENLY VEHICLE B (GBK2421Z) HIT ME FROM THE REAR. 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 17/08/22

Witnessed by Reporting Centre Personnel Amin

LETTER OF AUTHORITY

ACCIDENT INVOLVING SLM 1503Z and GBK2421Z on 17/8/22 along
Own vehicle's number Other vehicle's number Date of accident

Paya Lebar Rd

Accident location

BY THE LETTER OF AUTHORITY, I/we, **GRAB RENTALS PTE LTD**

Name of Policy Holder & (IC/Passport/Company Registration) number

of **6 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 _____ taken up by *me/us and pay the compulsory excess in respect of the cost of repairs suffered by *me/us arising from the Accident (loss and damage).
2. 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 **BORNEO MOTORS (SINGAPORE) PTE LTD** and give a valid receipt and discharge, therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
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 month _____ Year 20____.

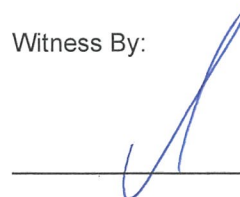
Signed & Delivered By:



(To be sign by the policy holder only)

**Please stamp the company chop for vehicle registered under a company's name

Witness By:



INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBK2421Z

Date of Accident

17/08/2022 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **28/08/2021 - 27/08/2022**Requested By **Ashlyn Chng (Borneo Motors P...**Requested Date **18/08/2022 13:57****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**