

ASS. REC. BY:

REF: GRB / 22 00 90421Kc

Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/s \_\_\_\_\_ EPCOM

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: TBA

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \$66k

IDAC Accident Rpt: \_\_\_\_\_ 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: SUR 7284P Yr Regn: 08, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Honda Vezel C.C. 1496

Colour: M. Green A/C: Insured / Std / NI / NA

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

Eng/No: \_\_\_\_\_

C/No: RU3 - 1222484

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 / RIM or

Tyre Size: F: 215/60R16 R: \_\_\_\_\_

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

Tristar

Front R/Bal. 8 mm Rear R/Bal. 7 mm

L/Bal. 8 mm L/Bal. 7 mm

D.O.A. 12/9/22 D.O.I. 14/9/2022

Survey held at \_\_\_\_\_

Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time	Action / Instruction
27/9/22	No estimate, engine block cracked, wksip said total loss. Submit uneconomical total loss report. MV: \$66,000 LTA: \$26,790 Nett: \$39,210 Repair Cost: \$45,000

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation: \_\_\_\_\_ \$ - RS. \_\_\_\_\_ SI

Fuel

Others

TOTAL

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: OD.

Lump Sum / I.B.I: (\$ Total Loss.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	200G
Vehicle Details	
Vehicle No.:	SLR7284P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Dec 2022
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X A
Primary Colour:	Green
Manufacturing Year:	2016
Engine No.:	LEB5922495
Chassis No.:	RU31222484
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$27,443.00
Original Registration Date:	25 Aug 2017
First Registration Date:	25 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Aug 2027
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	24 Aug 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,110.00
COE Rebate Amount:	\$23,290.00
<b>Total Rebate Amount:</b>	<b>\$26,790.00</b>

The information contained herein is correct as at 14 Sep 2022

OK

# 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	13/09/2022 10:42 (SGT)
Reported by	Driver
Date of Accident	12/09/2022 14:50 (SGT)
Exact Location of Accident	Sumang Link, Singapore
Additional Location Information	TOWARDS SUMANG WALK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7284P
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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) +65-90905770
Alternative Phone No	(Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
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 - Reporting only
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	SUHAIL BIN SUNARI
NRIC No	SXXXX613F
Date Of Birth	30/10/1979
Occupation	Outdoor

Date Of Driving Pass .....	13/06/2000
Driving experience .....	22 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89223382
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	BLK 55 LENGKOK BAHRU
Address complement .....	#16-391
Postcode .....	151055
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 12.09.2022 AT OR ABOUT 1450HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SLR7284P ALONG SUMANG LINK TOWARDS SUMANG WALK. SUDDENLY THE VEHICLE BEARING XE795D HAD ADRUPTLY STOPPED FOR UNKNOWN REASON. I HAD APPLIED THE EMERGENCY BRAKES HOWEVER, DUE TO THE CLOSE PROXIMITY I HAD REAR ENDED THE VEHICLE XE795D. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT.

#### 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 .....	XE795D
Vehicle Manufacturer .....	Scania
Vehicle Model .....	P360CB6X4MHZ
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	LIANG HONGJUN
Passport No/FIN .....	GXXXX862N
Contact Number .....	-
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**

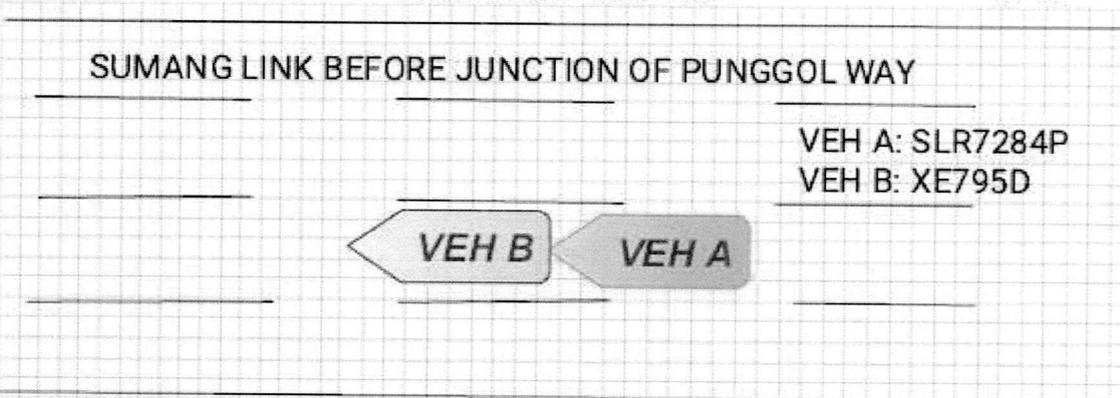
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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' 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages), and/or
  - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.
 (collectively the "Purposes")
- (b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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), w hich 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 12.09.2022, 1730HRS	 _____ Witnessed by Reporting Centre Personnel AFIQ
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## Describe Circumstances of the Accident

ON 12.09.2022 AT OR ABOUT 1450HRS, I WAS TRAVELLING IN MY VEHICLE BEARING SLR7284P ALONG SUMANG LINK TOWARDS SUMANG WALK. SUDDENLY THE VEHICLE BEARING XE795D HAD ADRUPTLY STOPPED FOR UNKNOWN REASON. I HAD APPLIED THE EMERGENCY BRAKES HOWEVER, DUE TO THE CLOSE PROXIMITY I HAD REAR ENDED THE VEHICLE XE795D. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT.

**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

12.09.2022, 1730HRS

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

AFIQ