



Borneo Motors

Co Reg No: 196700086Z

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: BMS2023/01/PD0144/DS (MY)

Your Ref: CC4/AIS22011385/PA3

03/02/2023

BY HAND (INS COPY)

M/S.ALLIANZ GLOBAL CORPORATE AND SPECIALTY AG-SINGAPORE BRANCH

Attn : Officer In-Charge

Dept : Motor Claims

RE : ACCIDENT INVOLVING SLZ3908H AND SNG0500X ON 11/11/2022

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 - \$5,516.76 | B. LTA Search - \$2.00 |
| C. Excess - | D. Loss of Use - |
| E. Loss of Rental - \$565.60(\$80.80x7days) | F. Others - \$560.00(Loss of Income) |
| G. Medical Claims - | Total Claim - \$6,644.36 |
| H. -Undertake By Claimant <input 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

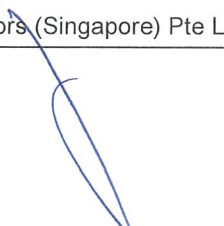
Inchcape

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 | | | |
|---|--------|---------------------------------------|-----------------------------|-------------------|--|------------|---------------------|----------|
| Allianz Insurance Singapore Pte Ltd 12 Marina View #14-01 Asia Square Tower 2 Singapore 018961 | | | S1000040 / ALLIANZ | | M/S Grab Rentals Pte Ltd 3 Media Close #01-03/06 Singapore 138498 Work: 65703925 | | | |
| | | | Document No. 38068042 | | | | | |
| | | | Document Date 28/11/2022 | | | | | |
| Year | Model | Variant | Reg. Date | Reg. No. | Kilometers | Wip No. | Order No. / Remarks | |
| 2018 | ZVW40R | AWXEBW Q2 | 30/04/2018 | SLZ3908H | 471975 | 18548 | 75/DS/SLZ3908H | |
| Chassis No. | | Engine No. | Terms | SA / Counter | Vehicle In | | Collected On | |
| JTDZS3EU50J026666 | | 2ZR0B52869 | 60 | Ng Mei Yen | 14/11/2022 | 15.20 | 28/11/2022 8.34 | |
| L | Cd | Job/Parts Description | | | Qty | Unit Price | Disc % | Amount |
| 15 | 9 | T52015-47080 ARM SUB-ASSY, RR | | | 1.00 | 189.80 | | 189.80 |
| For & on behalf of Borneo Motors (Singapore) Pte Ltd | | Customer's Signature | | Charge Summary | | Total | | 5,155.85 |
|  | | Please acknowledge receipt of vehicle | | Parts | 2,407.85 | GST 7.00% | 360.91 | |
| | | | | Labour | 2,748.00 | Less | 0.00 | |
| | | | | Sublet | 0.00 | | | |
| | | | | Lubrication/Fluid | 0.00 | | | |
| | | | | Others | 0.00 | Amount Due | 5,516.76 | |

Company Copy



Borneo Motors

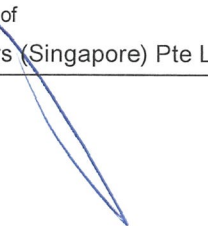
Inchcape

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



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| JTDZS3EU50J026666 | | 2ZR0B52869 | 60 | Ng Mei Yen | 14/11/2022 | 15.20 | 28/11/2022 8.34 |
| 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.: SNG500X ACC DATE:11/11/22 DRIVE IN:11/11/22 DATE-IN: DATE SURVEY:14/11/22 NO OF REPAIR DAYS:4 day BY: STEVE LKK AUTHORISED ON: | | | | 50.00 | |
| 2 | B | BP-LAB2 CHECK WIRING & CONDUCT LEAK TEST | * | | | 198.00 | |
| 3 | B | BP-ECU2 TO RESET ECU AND REPROGRAMME | BP08 | | | 198.00 | |
| 4 | B | BP-LAB2 DRILL HOLE & INSTALL REVERSE SENSOR | * | | | 198.00 | |
| 5 | B | BP-LAB2 REPL ACC AFF AREA | * | | | 792.00 | |
| 6 | B | BP-RES2 RESPRAY ACC AFF AREA | * | | | 1312.00 | |
| 7 | 1 | U52159-47912 COVER, RR BUMPER | 1.00 | 602.60 | | 602.60 | |
| 8 | 2 | U52023-12240 REINFORCEMENT | 1.00 | 234.70 | | 234.70 | |
| 9 | 3 | K52161-0K040 PIECE, RR BUMPER | 10.00 | 4.50 | | 45.00 | |
| 10 | 4 | U76891-47040 SPOILER, RR NO.1 | 1.00 | 917.10 | | 917.10 | |
| 11 | 5 | U75442-47080 PLATE, BACK DOOR | 1.00 | 68.70 | | 68.70 | |
| 12 | 6 | U75441-47130 PLATE, LUGGAGE COMPT | 1.00 | 59.10 | | 59.10 | |
| 13 | 7 | TREVSE-47006 11 BACK SENSOR 040 SUPER WHITE | 1.00 | 101.05 | | 101.05 | |
| 14 | 8 | T52016-47060 ARM SUB-ASSY, RR | 1.00 | 189.80 | | 189.80 | |
| For & on behalf of Borneo Motors (Singapore) Pte Ltd | | | Customer's Signature | | Charge Summary | | Total |
|  | | | Please acknowledge receipt of vehicle | | Parts | | Less |
| | | | | | Labour | | |
| | | | | | Sublet | | |
| | | | | | Lubrication/Fluid | | |
| | | | Others | | | | Amount Due |

Company Copy



Renter Details

| | |
|-------------------------|--|
| Name | Koh Tze Hee |
| NRIC | |
| Driver's License | |
| Address | Apt Blk 976 Jurong West Street 93, #04-389 |
| Date of Birth | 19 May 1974 |
| Telephone Number | |
| Mobile Number | 6593699410 |

Vehicle Description

| | |
|-------------------------|-------------------|
| Vehicle Number | SLZ3908H |
| Make & Model | Toyota Prius Plus |

Rental Period

| | |
|---------------------------------------|-------------|
| Rental Agreement | 126923 |
| Rental Agreement Start Date | 28 Jun 2022 |
| Minimum Rental Period End Date | 12 Jul 2023 |
| Minimum Rental Period (days) | 364 |

Rental Charges

| | |
|---|---|
| Package Name | toyotapriusplus/alpha_mileage_Feb22offer_12m_74.95_150222_grb |
| Promotional Rental Rates (without GST) | S\$70.05 / daily |
| GST amount | S\$4.90 |
| Promotional Rental Rates (with 7% GST) | S\$74.95 / daily |
| Open Contract Rental Rates | Please see note below** |
| Deposit Collected | S\$800.00 (as at 28 Jun 2022) |
| Package notes | toyotapriusplus/alpha_mileage_Feb22offer_12m_74.95_150222_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 10 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



Add-On

| | |
|-------------------------------|--|
| Addon Name | CDW Standard (\$5.85) / Excess \$300 |
| Rate (without GST) | S\$5.47 |
| GST amount | S\$0.38 |
| Rate (with 7% GST) | S\$5.85 |
| Payment Interval | daily |
| Type | Collision Damage Waiver |
| Start Date | 15 Jun 2022 |
| Total Value | Not Applicable |
| Terms & Conditions | <p>Where the Renter & all authorised drivers (each of which hold a valid PDVL or TDVL) are 26 years of age or older and the Renter has opted to pay CDW Charges as indicated above, the Renter shall enjoy the following Discount: (A) Renter shall only be liable to pay S\$300.00 in insurance excess (for each section) instead of the excess amount indicated in the Insurance Matters table above (Sections 1 & 2 ONLY) PROVIDED THAT the Renter fulfills all the following: - fulfilment of Minimum Rental Period - timely payment of all Rental Charges and Other Charges at all times - timely reporting of all accidents, thefts & other incidents in accordance with the Agreement - there are no accidents, thefts or other incidents occurring within the first week of rental - the Renter at all times is in full compliance with the Agreement & any other undertakings & arrangements entered into with Lessor or its affiliated entities ((A) above, a "Qualifying Incident"). The Lessor may at its sole discretion allow or disallow an incident to count as a Qualifying Incident. The above Discount may be cancelled at any time at the Lessor's sole discretion. In the case of cancellation, the CDW Charges rate shall no longer apply & instead the ER Promotion Rental Charges rate (only) shall apply (subject to the relevant terms & conditions being continually fulfilled in order for the ER Promotion Rental Charges rate to apply), & the Lessor shall hold to the credit of the Renter the amount comprised in the CDW Charges (where paid) ("Credit Amount"). The Credit Amount may be applied by the Lessor to satisfy any & all costs & payments due to the Lessor under the Agreement.</p> |

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 | 11/11/2022 15:53 (SGT) |
| Reported by | Driver |
| Date of Accident | 11/11/2022 09:15 (SGT) |
| Exact Location of Accident | Clementi Ave 2, Singapore |
| Additional Location Information | TOWARDS AYE (CITY) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLZ3908H |
| 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) +65-98763662 |
| Alternative Phone No | (Office) +65-66550005 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | PRIUS PLUS |
| 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 | 1798 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | 400001149 |

DRIVER

| | |
|----------------|------------------------------|
| Name of Driver | TEO HOCK PENG (ZHANG FUPING) |
| NRIC No | SXXXX142E |
| Date Of Birth | 27/02/1979 |
| Occupation | Outdoor |



| | |
|--|----------------------------|
| Date Of Driving Pass | 20/06/1998 |
| Driving experience | 24 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98763662 |
| Alt. Phone Number | - |
| Email Address | gr.sg.accident@grab.com |
| Address | BLK 216 PETIR ROAD #08-403 |
| Address complement | - |
| Postcode | 670216 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | RELIEF DRIVER |
| 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) | 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 | SUBAJ |
| 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 THE 11/11/2022 AT ABOUT 0915 HOURS, I WAS DRIVING VEHICLE A (SLZ3908H) ALONG A SLIP ROAD TURNING OUT ON A SLIP ROAD FROM CLEMENTI AVENUE 2 TOWARDS AYE (CITY) WHEN I WAS IN STATIONARY POSITION AT THE GIVE WAY LINE WHEN VEHICLE B (SNG500X) REAR ENDED ME. 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 | SNG500X |
| Vehicle Manufacturer | Porsche |

| | |
|---|----------------------|
| Vehicle Model | Boxster |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | EDMUND TEO SHAO YAN |
| NRIC No | SXXXX686J |
| Contact Number | (Phone) +65-97431119 |
| 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' 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 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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.

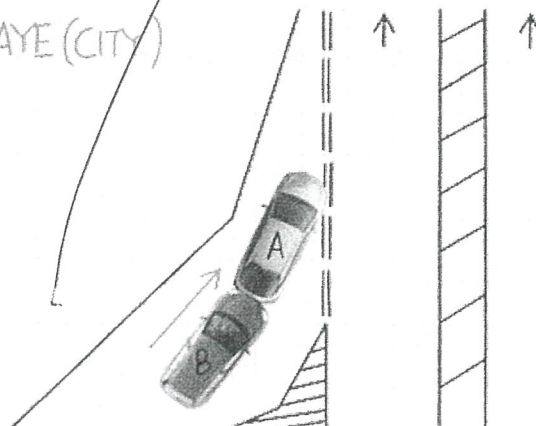
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

↑ AYE (CITY)



↑ CLEMENTI AVENUE 2

A - SLZ3908H
B - SNG500X

Describe Circumstances of the Accident

ON THE 11/11/2022 AT ABOUT 0915 HOURS, I WAS DRIVING VEHICLE A (SLZ3908H) ALONG A SLIP ROAD TURNING OUT ON A SLIP ROAD FROM CLEMENTI AVENUE 2 TOWARDS AYE (CITY) WHEN I WAS IN STATIONARY POSITION AT THE GIVE WAY LINE WHEN VEHICLE B (SNG500X) REAR ENDED ME. 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 11/11/22 1230

Witnessed by Reporting Centre Personnel

LETTER OF AUTHORITY

ACCIDENT INVOLVING SLZ3908H and SNG 500X on 11/11/20 along
Own vehicle's number Other vehicle's number Date of accident
Clement Ave 2
Accident location

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

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

of **3 MEDIA CLOSE #07-03 SINGAPORE 138498**

Address of Policy Holder

owner of Vehicle Registration No. SLZ 3908H 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 Qorro 1149 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 11
of the month Nov Year 20 20

Signed & Delivered By:

Witness By:


(To be sign by the policy holder only)

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

INSURER ENQUIRY

Find

insurer

Vehicle reg. no.

SNG500X

Date of Accident

11/11/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Allianz Insurance Singapore P...

Period of Insurance 13/12/2021 - 12/12/2022

Requested By Ashlyn Chng (Borneo Motors P...

Requested Date 11/11/2022 14:20

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**