

## ASSIGNMENT

Front: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

To inspect Vehicle No: \_\_\_\_\_

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

or \_\_\_\_\_

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

B.S. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est Repairs: \_\_\_\_\_ days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLS 8756H Yr Regn: 10/10/17Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Private Motor

Truck / Trailer or

Make: Toyota CH-R No. 1797Colour: Blue A/C: Insured / Std / Nil / N/ASp. Reading: 383687 T/Radio: Insured / Std / Nil / N/A

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

C/No: 24X102073347Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 1BS / DUN / EXNOVA / GY / FS / LIZA / MIC / ORT / PIR / SUMI  
TOYO / YOKO or TouadorFront R/Bal. 4 mmU/Bal. 4 mmD.O.A. 15/11/22Survey held at BorndDes. of Damages: Front / Rear / O/S / N/S / U / Roof top

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

Date/Time Action/Instruction

MR-77K

Order/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Repair Format: \_\_\_\_\_

Lump Sum / U.S. (\$) \_\_\_\_\_

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

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

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

Survey Fee:

Transportation

S + R (\$ \_\_\_\_\_)

Notes

Dates

TOTAL



# Borneo Motors



# TOYOTA

Inchcape

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

## ESTIMATE

Account Details			Account No.		Customer Details		
THIRD PARTY CLAIM			S1000020 / TPCLAIM		M/S Grab Rentals Pte Ltd		
			Document No. 0		3 Media Close #01-03/06 Singapore 138498		
			Document Date 15/11/2022		Work: 65703925		
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	ZYX10	CAT B	10/10/2017	SLS8756H	0	18632	75/DS/SLS8756H
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
ZYX102073347		2ZR8189801	60	Ng Mei Yen	--/--/----		0.00 --/--/---- 0.00
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.:GW4261H ACC DATE:15/11/22 DRIVE IN:15/11/22 EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50	100.00
2	B	BP-LAB2 CHECK WIRING AND CONDUCT LEAK TEST					198.00
3	B	BP-ECU2 TO RESET ECU AND REPROGRAMME					198.00
4	B	BP-MECH2 CONDUCT WHEEL ALIGNMENT					198.00
5	B	BP-LAB2 REPL ACC AFF AREA STRAIGHTEN & PANEL BEAT ACC AFF AREA	792 x1			792	3960.00
6	B	BP-RES2 RESPRAY ACC AFF AREA	656 x2		1312	65	2624.00
7	1	T52119-10410 J0 COVER, FR BUMPER	1.00	1495.90			1495.90
8	2	T52129-10010 COVER, FR BUMPER,	1.00	557.90			557.90
9	3	T52128-10020 COVER, FR BUMPER	1.00	90.50			90.50
10	4	T81482-10030 COVER, FOG LAMP, LH	1.00	98.30			98.30
11	5	T52128-10030 J0 COVER, FR BUMPER	1.00	35.20			35.20
12	6	T53112-10050 GRILLE, RADIATOR, X	1.00	171.70			171.70
13	7	T52521-10040 RETAINER, FR BUMPER, / BR	1.00	58.60			58.60
14	8	T53802-10700 FENDER SUB-ASSY, FR / OD	1.00	916.30			916.30
For & on behalf of Borneo Motors (Singapore) Pte Ltd			Customer's Signature		Charge Summary		Total
			Please acknowledge receipt of vehicle		Parts Labour Sublet Lubrication/Fluid Others		Less
							Amount Due

Customer Copy



# Borneo Motors



# TOYOTA

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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Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
ZYX102073347		2ZR8189801	60	Ng Mei Yen	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
15	9	T53828-10040 PROTECTOR ?			1.00	115.50		115.50
16	0	T75602-10010 MOULDING SUB-ASSY, ? / cut			1.00	159.20		159.20
17	1	T81150-10870 HEADLAMP ASSY, LH ?			1.00	1984.00		1984.00
18	2	T42611-10340 WHEEL, DISC / cut			1.00	2303.50		2303.50
<p>Steve (LKK) 15/11/22, 3:30pm w/ LKK PIP by Bel Ly 4 days</p>								
For & on behalf of LKK Auto Consultants (Singapore) Pte Ltd					Customer's Signature		Charge Summary	
Borneo Motors (Singapore) Pte Ltd					Please acknowledge receipt of vehicle		Total 15,264.60	
<ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul>					Parts 7,986.60 Labour 7,278.00 Sublet 0.00 Lubrication/Fluid 0.00 Others 0.00		GST 7.00% 1,068.52 Less 0.00 Amount Due 16,333.12	

Acknowledged by Repairer  
Signature:

Customer Copy

## 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	15/11/2022 13:39 (SGT)
Reported by	Driver
Date of Accident	15/11/2022 09:15 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8756H
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) +65-96671748
Alternative Phone No	(Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1797

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	SIVANDARASS S/O M SEVOO
NRIC No	SXXXX501A
Date Of Birth	09/10/1962
Occupation	Outdoor

Date Of Driving Pass 10/10/1985  
 Driving experience 37 YEARS AND 1 MONTH  
 Gender Male  
 Mobile Number (Phone) +65-96671748  
 Alt. Phone Number -  
 Email Address gr.sg.accident@grab.com  
 Address 986B BUANGKOK CRESCENT #11-52  
 Address complement -  
 Postcode 532986  
 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 THE 15/11/2022 AT ABOUT 0915 HOURS, I WAS DRIVING VEHICLE A (SLS8756H) ON LANE 1 ALONG JURONG TOWN HALL ROAD TURNING RIGHT TOWARDS AYE WHEN VEHICLE B (GW4261H) ENCROACHED INTO MY LANE FROM LANE 2 AND HIT ONTO THE FRONT LEFT PORTION OF MY CAR, HE THEN ACCUSED ME OF NOT GIVING WAY TO HIM. 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 GW4261H  
 Vehicle Manufacturer Nissan

Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NGIN SING YENG
Work Permit No	FXXXX911L
Contact Number	(Phone) +65-91940613
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

## IMPORTANT NOTICE

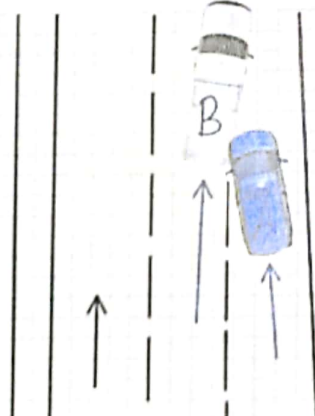
1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 &amp; Time

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

Witnessed by Reporting Centre Person

Sketch Plan



JURONG TOWN HALL

A - SLS8756H  
B - GW4261H

Describe Circumstances of the Accident

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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 15/11/22 1110

Witnessed by Reporting Centre Personnel