

RECEIVED: T. L. J. M.

REF: 02/10523000.826/TUC

ASSIGNMENT

From: _____ Date: _____
Estimated cost: _____
OD / TP / VS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop t/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.

N/S	O/S

Ball. or Market Value: 268K
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Turn Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SLM8839J Yr Regt: 2017 April
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Prius C.D. 1798
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 435537 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 5T0KR3F4 203555349
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brakes: In order / Jammed / Leaked / Burnt or _____
Modl: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 195/65K05
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO, or _____
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.L. 27/1/23
Survey held at: Borneo Pardon
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt N/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: _____
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	

Date/Time, File Return to?
2) _____
Group Sum / L. E. K. / P.



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 17/01/2023	Work: 65703925				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2017	ZVW50R	AHXEBW Q3	17/04/2017	SLM8839J	0	19697	66OD/SLM8839J/170123
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In	Collected On	
JTDKB3FU203555349		2ZRS034992	60	Shashitharan	--/--/----	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.: SKW4787K ACC DATE:16/01/23 DRIVE IN: 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-LAB2 REPL ACC AFF PARTS AND PANEL				2376.00	
4	B	BP-RES2 RESRPAY ACC AFF AREA				1968.00	
5	1	U52116-47050 SUPPORT, FR BUMPER	1.00	95.70		95.70	
6	2	U53802-47100 FENDER SUB-ASSY, FR	1.00	1177.80		1177.80	
7	3	U53876-47110 LINER, FR FENDER, LH	1.00	243.20		243.20	
8	4	U75374-47150 EMBLEM, SIDE PANEL	1.00	65.60		65.60	
9	5	U81185-47691 UNIT, HEADLAMP	1.00	3167.20		3167.20	
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p>							
For & on behalf of		Customer's Signature	Charge Summary		Total		
Borneo Motors (Singapore) Pte Ltd		Date:			9,391.50		
Please acknowledge receipt of vehicle				GST 8.00%		751.32	
<p>Tanphk 97495749 wp 27/1/23 @ 250pm p/p Resurvey before paint</p> <p>4 days</p> <p>Tanphk @ lkkauto.com</p>		<p>Parts 4,749.50</p> <p>Labour 4,642.00</p> <p>Sublet 0.00</p> <p>Lubrication/Fluid 0.00</p> <p>Others 0.00</p>		<p>Less 0.00</p> <p>Amount Due 10,142.82</p>			

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	17/01/2023 14:47 (SGT)
Reported by	Driver
Date of Accident	16/01/2023 17:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8839J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-97625850
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_02

DRIVER

Name of Driver	CHOO SIEW WAH (ZHU ZHAOHUA)
NRIC No	SXXXX429H
Date Of Birth	03/07/1973
Occupation	Outdoor

Date Of Driving Pass	05/07/2000
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97625850
Alt. Phone Number	(Office) +65-66550005
Email Address	gr.sg.accident@grab.com
Address	201A COMPASSVALE DRIVE #05-507
Address complement	-
Postcode	541201
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	Male

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 16/01/2023 AROUND 1710HRS I VEHICLE A BEARING REGISTRATION NUMBER (SLM8839J) WAS DRIVING ALONG PIE TOWARDS CHANGI I WAS ON LANE 4 , SUDDENLY THERE WAS THIS VEHICLE B (UNKNOWN) CHANGE INTO MY LANE FROM LANE 5 AND HIT MY FRONT LEFT BUMPER AND FENDER. IN A PANIC I FORGOT TO TOOK HIS VEHICLE PIC BUT SOMEHOW WE EXCHANGE PARTICULARS ONLY , AND ALSO NO ONE 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	SKW4787K
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Vehicle Manufacturer	Toyota
Vehicle Model	ESTIMA AERAS 2.4 A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ENG POH SENG
NRIC No	SXXXX036J
Contact Number	(Phone) +65-83328889
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

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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.

**FLASH ACCIDENT
REPORTING OFFICER**
FRO VICKY



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

16/01/2023 2230HRS

	<p>PIE TOWARDS CHANGI BEFORE LORNIE EXIT</p> <p>A-SLM8839J B-SKW4787K</p>
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Describe Circumstances of the Accident

ON 16/01/2023 AROUND 1710HRS I VEHICLE A BEARING REGISTRATION NUMBER (SLM8839J) WAS DRIVING ALONG PIE TOWARDS CHANGI I WAS ON LANE 4 , SUDDENLY THERE WAS THIS VEHICLE B (SKW4787K) CHANGE INTO MY LANE FROM LANE 5 AND HIT MY FRONT LEFT BUMPER AND FENDER. IN A PANIC I FORGOT TO TOOK HIS VEHICLE PIC BUT SOMEHOW WE EXCHANGE PARTICULARS ONLY , AND ALSO NO ONE 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
16/01/2023 2230HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO VICKY



Witnessed by Reporting Centre Personnel