

(08/11/13) wef

ASS. REC. BY:

REF:

CS/INC 23 005938/Rgy3

2006

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

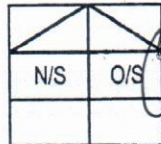
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

8 days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

REPAIR LIMIT - 30K

Repair finalised by \$4400, 8 days. Cited \$1115.60, 7/7/07

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prel. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

TP

4400



PEGASUS ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO : 201101753C

Quotation

From :	Customer :
PEGASUS ENGINEERING & TRADING PTE LTD 74 KIAN TECK ROAD SINGAPORE 628800 Officer in Charge : VIVIAN TAN EE WI Tel : Email :	GRAB RENTALS PTE LTD 3 MEDIA CLOSE #07-03 SINGAPORE 138498 Attn : Tel : Fax No. :

Quotation No. : QO23/06-1071	Quotation Date : 09/06/2023	Terms : 60 DAYS
Vehicle No. : SLP954X	Chassis No. : JM6BN22A8H0154361	Policy Number : A29069766MKF
Model : MAZDA 3		Date of Accident : 09/06/2023
Third Party Insurer : NTUC		TP Vehicle No. : SLZ2190S
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	REAR BUMPER - REPAINT Xnn	1		
2	REAR BUMPER CLIPS @ 10PCS Xnn	10	4.0000	40.00 X
3	REAR FENDER (RHS) repair	1	1,578.0000	1,578.00 XR
4	REAR FENDER INNER SPLASH SHIELD (RHS) Xnn	1	168.0000	168.00 X
5	REAR FENDER INNER SPLASH SHIELD CLIPS @ 6PCS Xnn	6	5.5000	33.00 X
6	REAR FENDER INNER TRIM BOARD (RHS) Xnn	1	495.0000	495.00 X
7	REAR FENDER INNER TRIM BOARD CLIPS @ 7PCS Xnn	7	5.0000	35.00 X
8	REAR DOOR (RHS) Xnn	1	1,250.0000	1,250.00
9	REAR DOOR LOCK (RHS) Xnn	1	218.0000	218.00 X
10	REAR DOOR INNER TRIM BOARD (RHS) ? Xnn	1	585.0000	585.00
11	REAR DOOR INNER TRIM BOARD CLIPS @ 10PCS Xnn	10	5.5000	55.00
12	REAR DOOR HINGE @ 2PCS 1pc lower bt	2	98.0000	196.00 78
13	REAR DOOR CHECKER (RHS) ? Xnn	1	105.0000	105.00 X
14	REAR DOOR OUTER CHROME MOULDING (RHS) ? Xnn	1	188.0000	188.00 X
15	REAR DOOR CENTER B PILLAR GARNISH (RHS) Xnn	1	155.0000	155.00 X
16	REAR DOOR REGULATOR (RHS) ? Xnn	1	198.0000	198.00 X
17	REAR DOOR REGULATOR MOTOR (RHS) Xnn	1	195.0000	195.00 X
18	REAR DOOR OUTER HANDLE (RHS) Xnn	1	177.0000	177.00 X
19	REAR DOOR OUTER HANDLE CAP (RHS) Xnn	1	45.0000	45.00 X
20	REAR DOOR WEATHERSTRIP (RHS) Xnn	1	198.0000	198.00 120.70
21	REAR DOOR BODY RUBBER SEAL (RHS) 2 Xnn	1	212.0000	212.00 X
22	FRONT DOOR (RHS) bt	1	1,345.0000	1,345.00 1228.97

C/F 0.00



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Officer in Charge : VIVIAN TAN EE WI Tel : Email :	Attn : Tel : Fax No. :

Quotation No. : QO23/06-1071	Quotation Date : 09/06/2023	Terms : 60 DAYS
Vehicle No. : SLP954X	Chassis No. : JM6BN22A8H0154361	Policy Number : A29069766MKF
Model : MAZDA 3	Date of Accident : 09/06/2023	
Third Party Insurer : NTUC	TP Vehicle No. : SLZ2190S	
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
			B/F	0.00
23	FRONT DOOR LOCK (RHS) ? Xnn	1	218.0000	218.00 X
24	FRONT DOOR INNER TRIM BOARD (RHS) ? Xnn	1	695.0000	695.00 X
25	FRONT DOOR INNER TRIM BOARD CLIPS @ 10PCS m/	10	5.5000	55.00 ✓
26	FRONT DOOR OUTER CHROME MOULDNG (RHS) ? Xnn	1	199.0000	199.00 X
27	FRONT DOOR CENTER B PILLAR GARNISH (RHS) ? Xnn	1	158.0000	158.00 X
28	FRONT DOOR OUTER HANDLE (RHS) repair	1	218.0000	218.00 X
29	FRONT DOOR OUTER HANDLE CAP (RHS) repair	1	45.0000	45.00 X
30	FRONT DOOR REGULATOR (RHS) ? Xnn	1	218.0000	218.00 X
31	FRONT DOOR REGULATOR MOTOR (RHS) Xnn	1	198.0000	198.00 X
32	FRONT DOOR SWITCH (RHS) Xnn	1	285.0000	285.00 X
33	FRONT DOOR WEATHERSTRIP (RHS) m/	1	198.0000	198.00 X
34	FRONT DOOR BODY RUBBER SEAL (RHS) ? Xnn	1	212.0000	212.00 X
35	FRONT DOOR CATCH (RHS) Xnn	1	65.0000	65.00 X
36	SIDE MIRROR (RHS) Xnn	1	498.0000	498.00 X
37	CENTER B-PILLAR PANEL (RHS) repair	1	1,078.0000	1,078.00 X
38	ROCKER PANEL (RHS) b/	1	1,648.0000	1,648.00 X
39	FRONT FENDER (LHS) - REPAINT Xnn	1		
40	REAR WINDSCREEN GLASS MOULDING Xnn	1	198.0000	198.00 X
41	LESS 20%	1	-2,731.4000	-2,731.40
42	REAR WHEEL HUP CAP (LHS) Xnn	1	120.0000	120.00 X
43	REAR WINDSCREEN GLASS SEALANT Xnn	1	80.0000	80.00 X
44	TO REMOVE & REFIX BACK REAR WINDSCREEN GLASS Xnn	1	200.0000	200.00 X

C/F 0.00



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Model : MAZDA 3	Date of Accident : 09/06/2023	
Third Party Insurer : NTUC	TP Vehicle No. : SLZ2190S	
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
				B/F 0.00
45	TO REMOVE & REARRANGE ELECTRICAL WIRING SYSTEM FOR FACILITATE REPAIR.	1	120.0000	40 120.00
46	TO REMOVE & TRANSFER RHS FRONT & REAR DOOR MECHANISM TO THE NEW DOOR.	1	200.0000	2100 200.00
47	TO REMOVE & REFIX BACK INNER TRIMMINGS, GARNISHES, SEATS AND RPOOF LINING FOR FACILITATE REPAIR.	1	150.0000	80 150.00
48	TO APPLY RUSTPROOFING & TUFFCOATING TREATMENT FOR THE REPLACED PARTS.	1	120.0000	60 120.00
49	TO KNOCKING & PANEL BEATING.	1	2,000.0000	800 2,000.00
50	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS.	1	1,600.0000	1000 1,600.00

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer

Signature:

Date:

3401.910
2100.00
5501.910
269
4401.52
45-84400
Resue
Hy 900100 68
8 days
4/5
12/06/23 P1145
Resue after repair

Sub Total 15,515.60
GST(8.00%) 1,241.25
Total (SGD) 16,756.85

Please conduct the survey at
Pegasus Engineering @ 74 Kian Teck Road Singapore 628800

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	09/06/2023 15:32 (SGT)
Reported by	Actual Driver
Date of Accident	09/06/2023 12:30 (SGT)
Exact Location of Accident	Amber Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP954X
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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) +65-91169988
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_02

DRIVER

Name of Driver	TAN KOK TONG
NRIC No	SXXXX836A
Date Of Birth	30/07/1965
Occupation	Outdoor

Date Of Driving Pass	31/07/2015
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91169988
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	BLK 86 LORONG 2 TOA PAYOH #10-343
Address complement	-
Postcode	310086
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 - Cross Junction
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 09/06/2023 AT ABOUT 1230HRS I WAS DRIVING VEHICLE A (SLP954X) ALONG AMBER ROAD. WHILE DRIVING STRAIGHT NEAR TO 30 AMBER ROAD, VEHICLE B (SLZ2190S) SUDDENLY MAKE A TURN AND COLLIDED ONTO VEHICLE A. 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	SLZ2190S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	YAP CHOON LYE
NRIC No	SXXXX927H
Contact Number	-
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 correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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.**
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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.

B. 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.



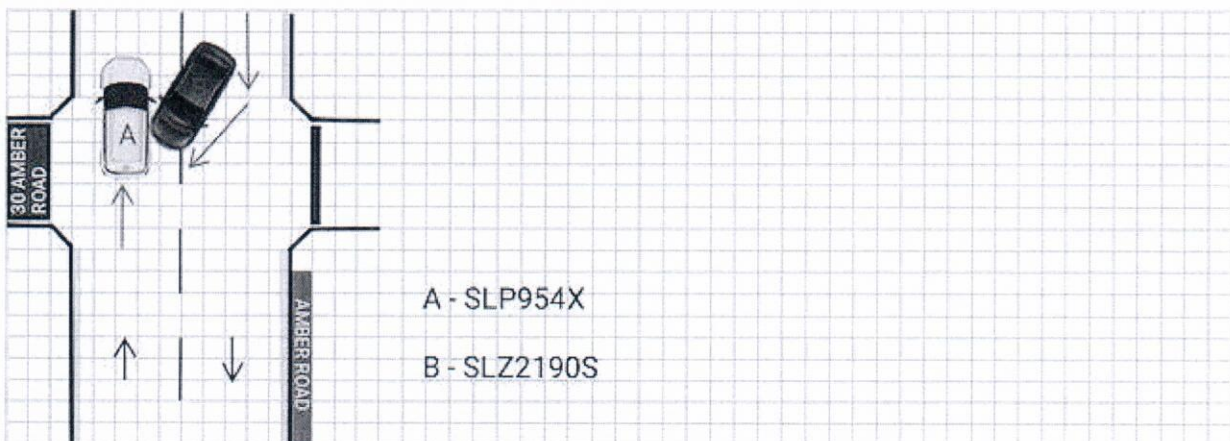
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

09/06/2023 1455HRS

Sketch Plan

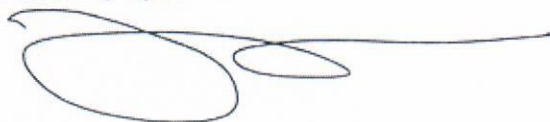


Describe Circumstances of the Accident

ON 09/06/2023 AT ABOUT 1230HRS I WAS DRIVING VEHICLE A (SLP954X) ALONG AMBER ROAD. WHILE DRIVING STRAIGHT NEAR TO 30 AMBER ROAD, VEHICLE B (SLZ2190S) SUDDENLY MAKE A TURN AND COLLIDED ONTO VEHICLE A. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER
FRO NAZREEN**



Policyholder's Signature / Date &
Time

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

09/06/2023 1455HRS

Witnessed by Reporting Centre Personnel