

(08/11/13) Wef

ASS. REC. BY:

REF: CS/CT124090137/Rq13

9436

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: GBH 146SU

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

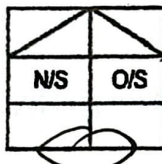
Excess:

(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:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

6

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:

GBH 146SU

Yr Regn: 2018 PGB

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

Truck / Trailer or

Make:

TOYOTA DYNA 1505MT

c.c 2982

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

215016

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFAT 35480K209 431

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195R15C

R:

155R12C

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal.

7

mm

R/Bal.

5/5

mm

L/Bal.

7

mm

L/Bal.

5/5

mm

D.O.A.

17/08/24

D.O.I.

09/09/24

Survey held at

PANDAN RD

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

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

Date / Time

Action / Instruction

REPORT LMT - 30k

Rasul finalised LS \$3250, 6 days. (Red \$2856.25, 47%)

Date/Time, File Pass to?



Prel. Report

1) 18/10 Typist

Date/Time, File Return to?



Final Report

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$

) \$ + RS \$



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

) TOTAL

Report Format: EZCLAIMS-TP

Lump Sum / L.B. (\$ 3250)

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547727
FAX :

Date : 09/09/2024

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 17/08/2024

Vehicle No : GBH-1465-U Make & Model : TOYOTA DYNA 150 (EURO 6) 3.0 DIESEL G (M

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

1	TAILGATE PANEL ASSY <i>bt</i>	1,760.00	
1	REAR END PANEL <i>bt</i>	580.00	
1	FLOOR PANEL <i>regr</i>	1,650.00	
1	TAILAMP RH <i>cm</i>	280.00	
1	TAILAMP LH <i>cm</i>	280.00	
1	REAR NUMBER LATE LAMP <i>?</i>	115.00	
1	REAR NUMBER PLATE BRACKET <i>4</i>	90.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	4755.00	
	Discount 25% On Parts	(1188.75)	
	<u>Special Nett Item</u>		
1	REAR NUMBER PLATE <i>lf</i> ✓	30.00	
1	REVERSE SENSOR <i>rw</i> ✓	180.00	
1	70 KM/HR <i>rw</i> ✓	10.00	
1	13 PAX STICKER <i>rw</i> ✓	10.00	
1	REAR STEP BRACKET <i>lf</i> ✓	200.00	

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Certificate No : 1 Accident Date : 17/08/2024
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ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

Sub Total 430.00

Labour & Misc

LABOUR TO FACILITATE REPAIR
TO RESPRAY AFFECTED PORTION
TO CHECK AND RECONNECT ALL NECESSARY WIRINGS
RUST PROOFING
Sub Total

KK 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:

Per 1,000.00
700.00
30.00
60 80.00
2110.00

Remarks:

SUB TOTAL
GST 9.0 % 549.56
TOTAL 6,655.81

Surveyor's name: Rasul - 4p 90010068
Principal's name: ETHOZ Group Ltd 6 days
Survey Date & Time: 09/09/24 4/3
Res after repair

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 First Submission	19/08/2024 17:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/08/2024 22:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1465U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	ACCIDENTREPORT@ETHOZPROTECT.COM
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Goods vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	MARIADASS AROCKIASAMY
Passport No/FIN	GXXXX470U
Date Of Birth	13/03/1982
Occupation	Outdoor
Driving Pass Date	04/04/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91344241
Alt. Phone Number	-
Email Address	NOMAIL@COM.SG
Address	51 BUKIT BATOK CRESCENT #06-07
Address complement	-
Postcode	658077
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)	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	MUNSI MOHAMMED ALOMGIR
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

PLEASE REFER TO SKETCH PLAN

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	GN7645L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GURDIAL SINGH
Passport No/FIN	GXXXX270R
Contact Number	(Phone) +65-81714530
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 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.**
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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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

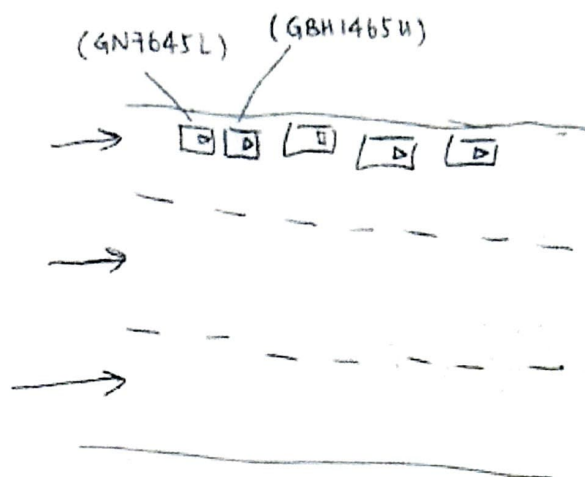
19/08/24

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While my vehicle (GBH1465U) is at stationery, the other party vehicle (GN 7645L) hit onto ~~the~~ the back of my vehicle while ~~was~~ waiting for the traffic to be clear.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

Claim OD

☒ Claim TP

Claim OD / TP at other workshop

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	943G
Vehicle Details	
Vehicle No.:	GBH1465U
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Sep 2024
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2761925
Chassis No.:	JTFAT35Y80K209431
Maximum Power Output:	-
Open Market Value:	\$27,084.00
Original Registration Date:	07 Feb 2018
First Registration Date:	07 Feb 2018
Transfer Count:	1
Actual ARF Paid:	\$1,355.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	06 Feb 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$38,081.00
COE Rebate Amount:	\$12,984.00
Total Rebate Amount:	\$12,984.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 09 Sep 2024

OK



Toyota Dyna 150 3.0M

\$45,900

Instalment \$1,146/mth

DIRECT OWNER

♡ Shortlist

📄 Paperwork Support

📄 Loan Calculator



Overview

Financial

Photo

Research

Depreciation

📘 \$13,130 / year

Reg. Date

09-Mar-2018

(3yrs 5mths 28days COE left)

Lifespan

📘 08-Mar-2038

Manufactured

📘 2017

Mileage

-

Transmission

Manual

Engine Cap

2,982 cc

Curb Weight

📘 2,320 kg

Fuel Type

Diesel

COE

📘 \$34,405

OMV

📘 \$27,084

ARF

📘 \$1,355

Dereg Value

📘 \$12,028 as of today

No. of Owners

📘 2