| (08/11/13) Wef REF: CSCT1 2400 | 1120/Pah3 |
|---|--|
| ASS. REC. BY: | |
| ASSI | GNMENT (OF-2025/OFC |
| From: Date: | Veh No: 985 4817 J Yr Regnt 2015 , OFC |
| Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van/ Lorry / Taxt / Prime Mover / |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| To Inspect Vehicle No: GRE 48173 | Make: NISSAN NV 3502.5 SMT CC 2488 |
| at Workshop m/s ETHOZ | Colour WHITE AC: Insured / Std / NI / NA |
| of 18,0 poroson RD | Sp.Reading ~ 204098 T/Radio: Insured / Std / NI / NA |
| Insured: CTI | Eng/No: |
| Policy No. | CNO: JNIMC 262005325 |
| Claims No. | Gen. Cond: Good (Fair) Poor / Burnt |
| Sum Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inorder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil-/ S/Rim / STD A/Rim or |
| | Tyre Size: F: 195R18C |
| (Policy Condition) | R: |
| Remark: The veh had commenced its N/S O/S | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO/YOKO or FALKEN |
| Bal. or Market Value: | Front Rear |
| IDAC Accident Rport: Consistent?: Yes or No | R/Bal. 6 mm R/Bal. 6 mm |
| GIA / PR Seen: Consistent?: Yes or No | L/Bail. 6 mm L/Bail. 6 mm |
| Est. Repairs: days Res.: Yes or No | D.O.A. 03 09 24 D.O.I. 09/09/24 |
| Lum Sum: % 3 Val.: Yes or No | Survey held at PANOPURD |
| CA / REV / REP. / 24HRS | Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or |
| Vehicle: IN / OUT | REAR N/S |
| Date: Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | |
| redow Limit— 8K | • |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| Date/Time, File Pass to? Prelli. Report | Days Of Repair: |
| 1) : Final Report | Resurvey No. of Trip: Survey Fee: |
| Oate/Time, File Roturn to? | :Transportation: |
| 2) Add Fee: | |
| | : Interview (\$); Photos |
| | The state of the s |
| Report Format: | : Tech. invs (\$) Others |



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

Selamatshahh

CLAIM DEPARTMENT

DID: 66547727

Date

09/09/2024

FAX:

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

: 03/09/2024

Vehicle No

GBE-4817-J

Make & Model

NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

1 REAR WINDSCREEN SEALANT

Excess

0.00

Add Excess : 0.00

40.00

QTY DESCRIPTION SURVEYOR APP. REPAIRER AMT (\$) **Nett Item** 1 TAILGATE 2,021.80 1 REAR LOGO A 75.00 1 EMBLEM - NV350 M 58.00 **Sub Total** 2154.80 Discount 10% On Parts (215.48)**Special Nett Item** 1 70 KM/HR 10.00 1 8 PAX STICKER 10.00

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:

SOMPO INSURANCE SINGAPORE PTE. LTD.

Date:

Date

09/09/2024

To

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

ETHOZ

Attn

Motor Claim Department

FAX .

Owner

ETHOZ Group Ltd

Certificate No

Accident Date

03/09/2024

Vehicle No

GBE-4817-J

Make & Model

NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

OTY

DESCRIPTION

REPAIRER AMT (S)

SURVEYOR APP.

Sub Total

Labour & Misc

LABOUR TO FACILITATE REPAIR

TO RESPRAY AFFECTED PORTION

TO REMOVE AND REFIT REAR WINDSCREEN

RUST PROOFING

Sub Total

250 300.00 250 300.00

120.00

60.00

30.00

750.00

Remarks:

2,749.32

SUB TOTAL

GST 9.0 %

247.44

TOTAL

2,996.76

Surveyor's name:

Rasuc - 40 90010068

Principal's name:

Survey Date & Time:

ETHOZ Group Ltd 4 deys /L/S
09/09/24 Ross after reprir

PAGE:

2

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 witholding of material facts may allow insurance companies to repudiate policy liab
- 4. The issue acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false conting 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

Reported by

Date of Accident

Exact Local Ln of Accident Additional Location Information

Country/State of Loss

04/09/2024 15:24 (SGT)

Both Policyholder and Actual Driver

03/09/2024 16:15 (SGT)

Singapore

CHANG CHARN ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE4817J

INSURED/POLICYHOLDER

Is company?

Name Of Pagistered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

Yes

Nissan Nv350

Private hire

Goods vehicle

Manual

2488

ETHOZ AUTO LEASING LTD

2XXXXX943G

ACCIDENTREPORT@ETHOZPROTECT.COM

(Phone) +65-66547777

No - Claiming third party

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Caregory

Transmission

CC

Vehicle Fuel

First Regis ation Date

Chassis To

Effective Enas/Time of Ownership

INSURANCE COMPANY

Name of Legrance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd.

DRIVER

@ Acc. L. treport SP1924940002

Page 1 of 17

JI AIMING Passport No/FIN GXXXX448N Date Of Birth 01/03/1989 Occupatio: Outdoor Driving Pass Date 19/01/2023 Driving License Pass Class 3 Driving License Validity Valid Driving experience 1 YEAR AND 8 MONTHS Gender Mobile Number (Phone) +65-80532846 Alt. Phone Number Email Address NOEMAIL@COM.SG Address 513 YISHUN INDUSTRIAL PARK A Address of inclement Postcode | 768736 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Drive 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 Assident Collided into Parked Vehicle Weather Ochditions Clear Road Surface Dry OTHER IN SCRIMATION 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 amar been approached by unknown person(s) soliciting/offering accident claims assistance? No Translater's name Translators 10 Translator schone number Translato s amail Original language used in the statement DETAILS OF POLICE ACTION Was the and dent reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTAL DES OF ACCIDENT PLEASE THER TO SKETCH PLAN ATTACH! ... S; Are accide shotos available for attachment? Yes Was there opinides captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Regulation Number Vehicle Monafacturer

Name of Driver

GBK7183C

Vehicle Marcel
Vehicle Valiant
Vehicle Colour
Vehicle Colour
Vehicle Colour
Vehicle Colour
Name of Diver
Contact Number
Address
Address
Address complement
Postcode
Insurance Company Name
Nature Of Lamage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPO ANT NOTICE

- 1 Pear report correctly the details of the accident to speed up the claims process.
- 2 Programmest be completed by the Policyholder and/or the Authorised Driver.
- It is a provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material factor may allow insurance companies to repudiate policy liability.
- 4. Each acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance
- As a seferering may be referred to the Police for Investigation.
- Expression will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance As a condition of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by the conditions.
- A 5.1 adgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the being made available aforesaid.
- 8 G) Louiser the Personal Data Protection Act (PDPA)
 - ann acknowledge, agree and consent that:
 - makes, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, make and/or process my personal data/personal information set out in this [form] and any other personal information medeo by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such a formation to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured as a first involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the constant Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - in the settlement of the claims and/or dealing with my claims including the settlement of the claims and any necessary in the claims relating to the claims:
 - is locast eating the accident and/or my claims;
 - any anglow and/or dealing with my instructions or responding to any enquiries by me;
 - resumer steering in , claims (including the mailing of correspondence, statements, invoices, reports or notices to me, serior round invoice 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
 - enoughing with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the auropses)
 - (s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted above; use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - FC Agreens information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or a spandounting the clawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - the services and ormation will also be collected and used to compile claims history for the purpose of fraud detection, yest aution and management in present and all future claims.
 - an information so collected under (d) above may be shared / disclosed:

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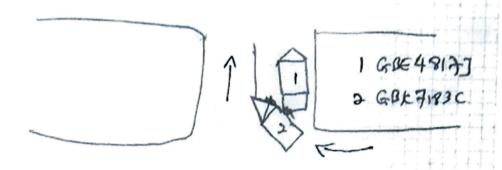
nex sementing with requirements under any regulations, laws or court orders

jiai MIN

Oriver's Signature (If dover is not the policyholder) Date & Time:

Reporting Centre Personner's Sanature

Name: NRIG/FIN No.



| DES/ | S CYCUMSTANCES OF | THE ACCIDENT | | |
|----------------------|--|--|--|--|
| 1. | MY VEHICLE BY | THE SIDE AND DO MY DELIVERY. I P | ROCEE | D TO OPEN MY TAILGATE |
| D.:. | TO UNLOAD, AS I W | AS UNLOADING SUDDENLY THERE W | AS A V | EHICLE GBK7183C |
| Ν | STURNING OUT | HIT AGAINST MY TAILGATE DOOR A | ND CAL | ISING DAMAGES. |
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| | | op that in the event that you wish to claim | | Aeporting Only |
| harra . | | aim), there is a Fourteen (14) days clause | | Claim OD |
| | | ade within the stipulated timeframe from by of occurance. | - X | Claim TP |
| Landan . | and the second s | | | Claim OD/TP at other workshop |
| | if the expension of the cultures | are true in every respect. | | |
| | | jiai mino | | 7 |
| | E STATE OF | Oriver's Signature (If driver is not the policyholder) | Reportio | d Centre Personnel's Signature |

NRIC/FIN No.

Date & Time:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| ehicle Owner Particulars | | | |
|-------------------------------|------------------------------------|--|--|
| Owner ID Type: | Company | | |
| Owner ID: | 943G | | |
| Vehicle Details | | | |
| /ehicle No.: | GBE4817J | | |
| /ehicle to be Exported: | No | | |
| ntended Deregistration Date: | 09 Sep 2024 | | |
| Vehicle Make: | NISSAN | | |
| Vehicle Model: | NV350 PANEL VAN 2.5 5MT 5DR EURO V | | |
| Primary Colour: | White | | |
| Manufacturing Year: | 2015 | | |
| Engine No.: | YD25383377A | | |
| Chassis No.: | JN1MC2E26Z0005325 | | |
| Maximum Power Output: | <u></u> | | |
| Open Market Value: | \$22,481.00 | | |
| Original Registration Date: | 14 Dec 2015 | | |
| First Registration Date: | 14 Dec 2015 | | |
| Fransfer Count: | 1 | | |
| Actual ARF Paid: | \$1,125.00 | | |
| ntended PARF Rebate Details | | | |
| PARF Eligibility: | No | | |
| PARF Eligibility Expiry Date: | | | |
| PARF Rebate Amount: | \$0.00 | | |
| ntended COE Rebate Details | | | |
| COE Expiry Date: | 13 Dec 2025 | | |
| COE Category: | C - Goods Vehicle & Bus | | |
| COE Period(Years): | 10 | | |
| QP Paid: | \$43,809.00 | | |
| COE Rebate Amount: | \$5,523.00 | | |
| Total Rebate Amount: | \$5,523.00 | | |
| Message | | | |

The information contained herein is correct as at 09 Sep 2024

m.sgcarmart.com













Nissan NV350 2.5M

\$13,800 Instalment \$989/mth

PREMIUM AD



○ Shortlist

☐ Loan Calculator











Overview Financial Photo Research

Depreciation

(i) \$11,470 / year

Reg. Date

23-Nov-2015 (1yr 2mths 13days COE left)

Lifespan

(i) 22-Nov-2035

Manufactured

167,620 km (19k / year)

2015

Mileage

Transmission Manual

2,488 cc

Engine Cap

① 1,800 kg

Curb Weight

Fuel Type

Diesel

COE

\$6,529

OMV

\$23,153

ARF

(i) \$785 as of today

Dereg Value

No. of Owners

(i) 2

\$1,158