

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 : 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

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>Nett Item</u>			
1	TAILGATE <i>bf</i> ✓	2,021.80	
1	REAR LOGO <i>neu</i> ✓	75.00	
1	EMBLEM - NV350 <i>neu</i> ✓	58.00	
	Sub Total	2154.80	
	Discount 10% On Parts	(215.48)	
<u>Special Nett Item</u>			
1	70 KM/HR <i>neu</i> ✓	10.00	
1	8 PAX STICKER <i>neu</i> ✓	10.00	
1	REAR WINDSCREEN SEALANT <i>neu</i> ✓	40.00	

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:

ETHOZ

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 : 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

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	60.00	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	250 300.00	
	TO RESPRAY AFFECTED PORTION	250 300.00	
	TO REMOVE AND REFIT REAR WINDSCREEN	120.00	
	RUST PROOFING	30.00	
	Sub Total	750.00	

2,749.32

Remarks:

SUB TOTAL

GST 9.0 % 247.44

TOTAL 2,996.76

Surveyor's name: Rame - 4890010068

Principal's name: ETHOZ Group Ltd

4 days / L/S

Survey Date & Time: 09/09/24

Resy 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	04/09/2024 15:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/09/2024 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANG CHARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4817J
-----------------------------	----------

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	Nissan
Model	Nv350
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	2488
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	JI AIMING
Passport No/FIN	GXXXX448N
Date Of Birth	01/03/1989
Occupation	Outdoor
Driving Pass Date	19/01/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80532846
Alt. Phone Number	-
Email Address	NOEMAIL@COM.SG
Address	513 YISHUN INDUSTRIAL PARK A
Address complement	-
Postcode	768736
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	Collided into Parked Vehicle
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENTS

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	GBK7183C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	(Phone) +65-84163654
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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. Filling out and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any loss 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 the interested parties.
7. By acknowledgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
 - (a) I hereby acknowledge, agree and consent that:
 - (i) the insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, store 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 Registry of Motor Vehicles of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (a) assessing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which might 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
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (ii) the 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
 - (iii) my personal information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or subcontractors (including the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (iv) 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.
 - (v) the information so collected under (d) above may be shared / disclosed:
 - (a) to insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud,
 - (b) to statutory law enforcement and government agencies as reasonably required for the purposes stated, or
 - (c) for complying with requirements under any regulations, laws or court orders.



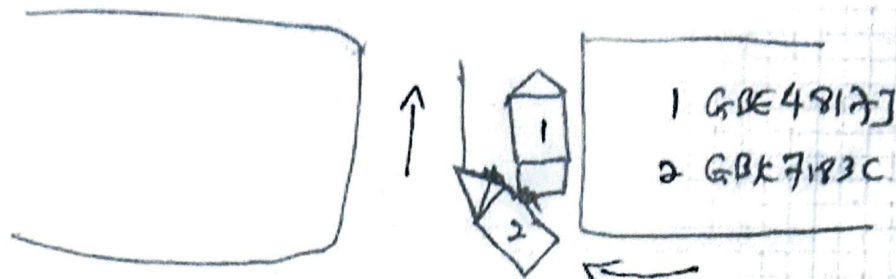
For Driver's Signature
Date & Time:

ji ni mia

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



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



DESCRIPTION OF CIRCUMSTANCES OF THE ACCIDENT

I STOPPED MY VEHICLE BY THE SIDE AND DO MY DELIVERY. I PROCEED TO OPEN MY TAILGATE DOOR TO UNLOAD. AS I WAS UNLOADING SUDDENLY THERE WAS A VEHICLE GBK7183C WHICH WAS TURNING OUT HIT AGAINST MY TAILGATE DOOR AND CAUSING DAMAGES. NO ONE WAS INJURED.

I hereby declare that the information provided is true and correct. I understand that in the event that you wish to claim under your policy (OD claim), there is a **Fourteen (14) days clause** for the claim to be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
☒ Claim TP
Claim OD / TP at other workshop



ji ai ming

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.:	GBE4817J
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Sep 2024
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 SMT 5DR EURO V
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	YD25383377A
Chassis No.:	JN1MC2E26Z0005325
Maximum Power Output:	-
Open Market Value:	\$22,481.00
Original Registration Date:	14 Dec 2015
First Registration Date:	14 Dec 2015
Transfer Count:	1
Actual ARF Paid:	\$1,125.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended 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	
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



Nissan NV350 2.5M

\$13,800 Instalment \$989/mth

PREMIUM AD

Shortlist

Loan Calculator



Overview

Financial

Photo

Research

Depreciation

\$11,470 / year

Reg. Date

23-Nov-2015

(1yr 2mths 13days COE left)

Lifespan

22-Nov-2035

Manufactured

2015

Mileage

167,620 km (19k / year)

Transmission

Manual

Engine Cap

2,488 cc

Curb Weight

1,800 kg

Fuel Type

Diesel

COE

\$6,529

OMV

\$23,153

ARF

\$1,158

Dereg Value

\$785 as of today

No. of Owners

2