

(08/11/13) WOI

ASS. REC. BY:

REF: CS/CT124100505/Ruh3

9439

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: GBF 840L

at Workshop m/s ETHO2

of PANDAN RD

Insured:

CTI

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:

17K

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

REPAIR LIMIT - 9K

Veh No:

GBF 840L

Yr Regn:

2016 Jun

Type: M/Car / M/Cycle / Bus / Van / Lorry / Trail / Prime Mover /

Truck / Trailer or

Make:

NISSAN NV 350 PANEL V. 2.5 cc 2488

Colour

BLACK

AC:

Insured / Std / NI / NA

Sp. Reading

227975

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

7N1MC2E2620006069

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195R15C

R:

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/10/24

D.O.I.

29/10/24

Survey held at

PANDAN RD

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

REAR N/S

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

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Invs (\$
☐ : Weekend (\$

) : S + RS \$

) : Photos

) : Others

TOTAL

Report Format:

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

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547727
FAX :

Date : 23/10/2024

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 : 18/10/2024

Vehicle No : GBF- 840-L

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.
Nett Item			
1	REAR BUMPER <i>de</i>	74.00	
3	REAR BUMPER RETAINER CLIPS <i>re</i>	60.60	
10	REAR BUMPER CLIPS <i>re</i>	50.00	
1	REAR STEP PANEL <i>cut</i>	191.50	
1	TAILGATE <i>bt</i>	2,021.80	
1	TAILGATE LOCK ?	319.30	
1	TAILGATE WEATHERSTRIPE <i>re</i>	149.50	
1	TAILLAMP LH <i>ca</i>	250.30	
1	END PANEL <i>ref</i>		
	RESTORE		

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR FENDER LH	RESTORE	
	Sub Total	3117.00	
	Discount 10% On Parts	(311.70)	
	Special Nett Item		
1	REVERSE SENSOR <i>rw</i>	220.00	
1	REAR WINDSCREEN SEALANT <i>rw</i>	50.00	
1	8 PAX STICKER <i>rw</i>	10 15.00	
1	70KM/H STICKER <i>rw</i>	10 15.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	300.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,000.00	700
	TO RESPRAY AFFECTED PORTION	1,000.00	800
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	150.00	120
	TO REMOVE AND TRANSFER TAILGATE COMPONENTS	150.00	80
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	/
	RUST PROOFING	50.00	/

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Vehicle No : GBF- 840-L

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	2380.00	

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:

5,485.30

Remarks:

6 days / L / S / Res after repair

SUB TOTAL

GST 9.0 %

493.68

TOTAL

5,978.98

Surveyor's name: Rasul - Hp 90010068

Principal's name: ETHOZ Group Ltd

Survey Date & Time: 29/10/24

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	18/10/2024 19:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/10/2024 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF840L
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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	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	SARAVANAKKUMAR MUTHU
Passport No/FIN	GXXXX993T
Date Of Birth	12/01/1998
Occupation	Outdoor
Driving Pass Date	22/09/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90574042
Alt. Phone Number	-
Email Address	NOEMAIL@COM.SG
Address	5 BURN ROAD #05-01
Address complement	-
Postcode	369972
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)	3
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	MUHAMMAD HAIKAL
Gender	Male

PASSENGER 2

Name	SUBRAMANIAM
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

ATTACHMENTS

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF3599Y
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHD AZMI BIN ABDUL GHANI
NRIC No	SXXXX423E
Contact Number	(Phone) +65-98941172
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 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.
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 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:

M. Sel.

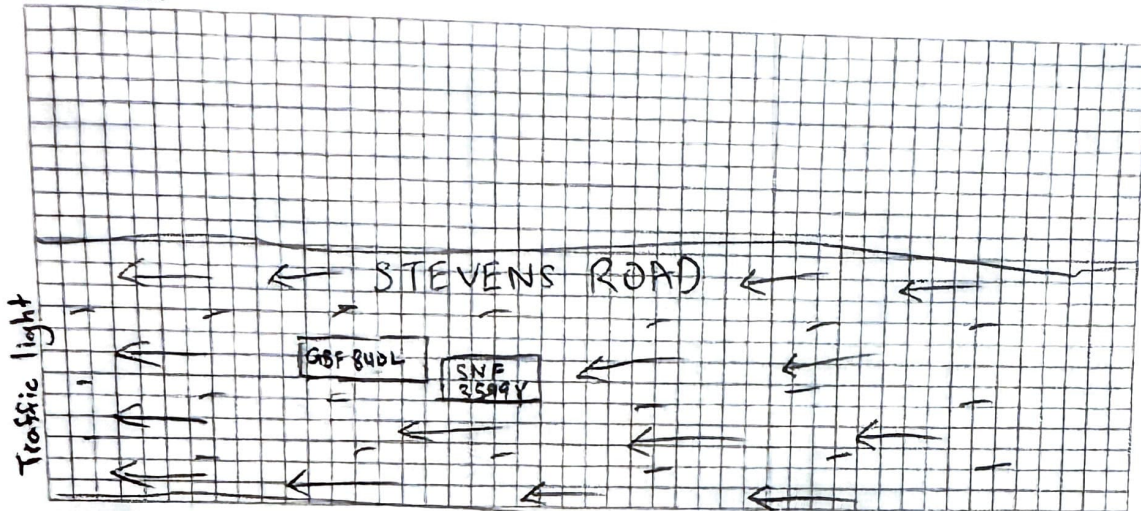
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

ACCIDENT REPORT Form 1/1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My van vehicle, (GBF840L), was stopped at traffic light when another vehicle (SNF 3599Y) hid behind mine vehicle.

Time : 12.50PM

Location : Stevens Road

Date : 18/10/2024

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
<input checked="" type="checkbox"/> 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:

GUARANTEE SKETCHPLAN form_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/10/2024

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





Nissan NV350 2.5M

\$17,800 Instalment \$887/mth

PREMIUM AD

Shortlist

Loan Calculator



Overview Financial Photo Research

Depreciation	<i>i</i> \$10,700 / year
Reg. Date	30-Jun-2016 (1yr 7mths 30days COE left)
Lifespan	<i>i</i> 29-Jun-2036
Manufactured	<i>i</i> 2016
Mileage	-
Transmission	Manual
Engine Cap	2,488 cc
Curb Weight	<i>i</i> 1,800 kg
Fuel Type	Diesel
COE	<i>i</i> \$4,535
OMV	<i>i</i> \$22,962
ARF	<i>i</i> \$1,149
Dereg Value	<i>i</i> \$754 as of today
No. of Owners	<i>i</i> 4
Type of Veh	Van

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	943G
Vehicle Details	
Vehicle No.:	GBF840L
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Oct 2024
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	YD25389939A
Chassis No.:	JN1MC2E26Z0006069
Maximum Power Output:	-
Open Market Value:	\$22,153.00
Original Registration Date:	17 Jun 2016
First Registration Date:	17 Jun 2016
Transfer Count:	1
Actual ARF Paid:	\$1,108.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jun 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$43,002.00
COE Rebate Amount:	\$7,011.00
Total Rebate Amount:	\$7,011.00
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 30 Oct 2024

OK