

PLEASE ARRANGE TO SURVEY
VEHICLE AT PANDAN ROAD

Selamatshahh
CLAIM DEPARTMENT
DID : 66547727
FAX :

Date : 11/11/2024

To : LKK AUTO CONSULTANTS PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 06/11/2024

Vehicle No : GBJ-1221-X

Make & Model : ISUZU NHR87AUE4AA 1.9 G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>List Item</u>			
1	FRONT BUMPER <i>de/</i>	760.00	
1	FRONT BUMPER BRACKET LH <i>bt/</i>	280.00	
1	FRONT GRILLE <i>su/</i>	864.00	
1	FRONT OUTER PANEL <i>bt/</i>	1,150.00	
1	FRONT INNER PANEL <i>repar</i>		RESTORE
1	FRONT CORNER PANEL LH <i>su/</i>	485.00	
1	WING MIRROR (ROUND) LH <i>mls/</i>	95.00	
1	HEADLAMP LH <i>bro/</i>	670.00	
1	SIGNAL LAMP LH <i>bni/</i>	252.00	

Date : 11/11/2024

To : LKK AUTO CONSULTANTS PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 06/11/2024

Vehicle No : GBJ-1221-X

Make & Model : ISUZU NHR87AUE4AA 1.9 G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT DOOR LH <i>regu</i>	RESTORE	
1	STEP PANEL GARNISH LH <i>com</i>	320.00	
	Sub Total	4876.00	
	Discount 15% On Parts	(731.40)	
	<u>Special Nett Item</u>		
1	FRONT NUMBER PLATE <i>bt</i>	35.00	
1	ADVERTISEMENT STICKER <i>re</i>	300.00	<i>200</i>
1	DOOR ROC STICKER <i>re</i>	20.00	

- Auto Consultants hence notify**
Repairer of the following:
- 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 : 11/11/2024

To : **LKK AUTO CONSULTANTS PTE LTD**

ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 06/11/2024

Vehicle No : GBJ-1221-X

Make & Model : ISUZU NHR87AUE4AA 1.9 G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	355.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,000.00	800
	TO RESPRAY AFFECTED PORTION	1,000.00	800
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	RUST PROOFING	50.00	
	Sub Total	2080.00	

6,579.60

Remarks:

6 days - 4/5 / Res after repair

SUB TOTAL

GST 9.0 % 592.16

TOTAL 7,171.76

Surveyor's name:

Rasul - Hp 90010068

Principal's name: ETHOZ Group Ltd

Survey Date & Time:

12/11/24

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	06/11/2024 19:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/11/2024 06:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INTERNATIONAL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1221X
-----------------------------	----------

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	Isuzu
Model	Nhr87aue4aa
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	1898
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
NOC No
Date Of Birth
Occupation
Driving Pass Date
Driving License Pass Class
Driving License Validity
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

LIM HOCK KIAT
SXXXX501I
27/10/1960
Outdoor
11/12/1992
3
Valid
31 YEARS AND 11 MONTHS
Male
(Phone) +65-92359396
-
NOEMAIL@COM.SG
BLK 37 TEBAN GARDENS ROAD #03-308
-
600037
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Yes
Number of vehicles involved in the accident 2
Was anybody injured in the Accident? Yes
Was any injured conveyed to hospital by ambulance? Yes
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 -

FOREIGN VEHICLE 1

Vehicle Registration Number JXJ4877
Vehicle Category Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Nanyang Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18007929999
Alt. Police Station Phone No (Fax) +65-67912972
Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20241106/2032

ATTACHMENT(S)

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

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Manufacturer	JXJ4877
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Motorcycle
Passport No/FIN	MOHAMAD RAFFI BIN ALASSAN
Contact Number	GXXXX520X
Address	(Phone) +60-187905279
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD RAFFI BIN ALASSAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	JXJ4877
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.
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:

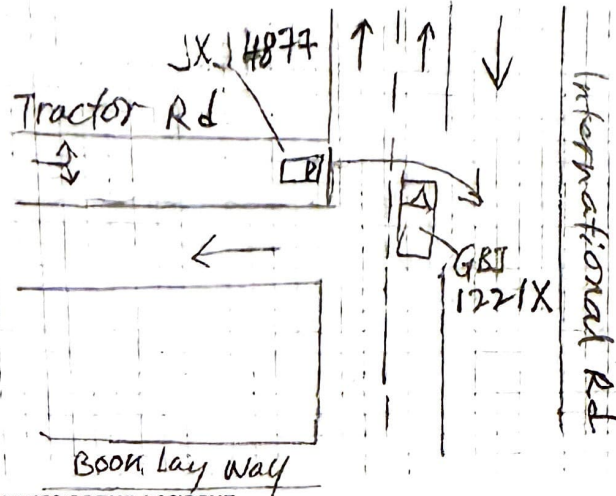
06/11/2024

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

REFER: TO POLICE REPORT

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.:



**SINGAPORE
POLICE FORCE**



T/20241106/2032

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649462
Tel No: 1800-7929999

1 of 3

Report No. T/20241106/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2024 11:21	Vide Report No.: J/20241106/0028	Station Diary No.: 55
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: LIM HOCK KIAT			Address: 37 TEBAN GARDENS ROAD #03-308 SINGAPORE 600037		
ID Type / ID No.: NRIC NO / S14015011			Contact No.: Home/Office: Mobile: 92359396		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 27/10/1960	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other car and light goods vehicle drivers			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2024 06:45	Type of Location: Straight Road
Location: INTERNATIONAL ROAD				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBJ1221X	Lorry				Slightly Damaged	0
JXJ4877	Motorcycle				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20241106/2032

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20241106/2032

CONTINUATION OF REPORT

Signature of Officer Recording The
J /

SGT 1 AQIL JABIL BIN
MOHAMMED AKIB

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

NP168

Signature Of Informant:

Date/Time:
06/11/2024 11:21

Classification Of Case:



Isuzu NHR87A

\$67,800 Instalment \$1,201/mth

Shortlist

Loan Calculator

- Overview
- Financial
- Photo
- Research

Depreciation	<div></div> \$13,510 / year
Reg. Date	<div></div> 19-Nov-2019 (5yrs 6days COE left)
Lifespan	<div></div> 18-Nov-2039
Manufactured	<div></div> 2019
Mileage	80,000 km (16k / year)
Transmission	Manual
Engine Cap	1,898 cc
Curb Weight	<div></div> 1,800 kg
Fuel Type	Diesel
COE	<div></div> \$26,001
OMV	<div></div> \$29,283
ARF	<div></div> \$1,465
Dereg Value	<div></div> \$13,050 as of today
No. of Owners	<div></div> 1
Type of Veh	Truck

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	943G
Vehicle Details	
Vehicle No.:	GBJ1221X
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Nov 2024
Vehicle Make:	ISUZU
Vehicle Model:	NHR87AUE4AA MT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	RZ4E10G258
Chassis No.:	JAANHR87EJ7100257
Maximum Power Output:	-
Open Market Value:	\$27,082.00
Original Registration Date:	03 Jan 2019
First Registration Date:	03 Jan 2019
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:	02 Jan 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,501.00
COE Rebate Amount:	\$12,212.00
Total Rebate Amount:	\$12,212.00
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 12 Nov 2024

OK