

Surveyor: Marcel ASSIGNMENT (Office)From (Person): Irene Henry of SMO Date/Time: 13/3/18 @ 11:17am

Estimated Cost: _____ Bill to: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐ CSTo Inspect Vehicle No: GBE 5143 M Insured: 81D573Aat Workshop m/s Ethos Group Tel: 6654 7618of 22 Tumpines Street #2, 528876Policy No: _____ Claim No: CMTD1703293

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20/09/2017
(Client's Record) 15/03/2018CA / REV / REP. / REV 24 HRS up H.O.D. Endorsement: _____Date/Time: 11:35am @ 12/3/18 Person Contacted: Jimmy Vehicle IN ☒ OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>GBE 5143 M - X</u>
	<u>81D573A - X</u>
<u>11/3/18 @ 5:07pm</u>	<u>Revised to Irene Henry by email.</u>

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

SW/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBE 5143M

at Workshop m/s Ethel Tangarut.

of _____

Insured: _____

Policy No. _____

Claims No. _____

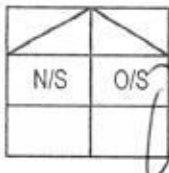
Sum Insured: _____ Excess: _____

(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

SIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBE 5143M Regn: 12/15

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

Truck / Trailer or (in)

Make: NISSAN NV350 c.c. 2488

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 10773 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E26Z0025399

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15

R: _____

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

TOYO / YOKO or OHTSU

Front R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 20/9/17 D.O.I. 19/3/18

Survey held at _____

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

O/S Rear

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

Date / Time Action / Instruction

28/3/18 Confirmed fault by #1357-SU with Gary.
(Ref to 7828.75, 681-1)

RECEIVED 29 MAR 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

250

Report Format: TP

Lump Sum / I.B.I. (\$) 1357.50



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18004756/Uqd3

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERS SINGAPORE 048623

Date : 13-03-2018



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLD 573A	Veh. Inspected	GBE 5143M
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1703293	Excess (\$)	0.00
Assign From	IRENE HENRY	Assign Date	13/03/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	20/09/2017	Inspection Date
Survey held at	ETHOZ GROUP LTD 22 TAMPINES STREET 92 SINGAPORE 528876	

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

Nivitha (LKK Auto)

From: Henry, Irene James <irene.henry@sompo.com.sg>
Sent: Tuesday, 13 March 2018 11:17 AM
To: assignments
Cc: Catherine Chong (LKK Auto)
Subject: FW: Survey for vehicle No : GBE5143M TP Claim
Attachments: GBE5143M AGAINST SLD573A.pdf

Our Claim Reference: CMTD1703293

Dear LKK AUTO,

Kindly assist to arrange to conduct motor survey of the mentioned vehicle (GBE 5143M)

Best Regards

Irene Henry

Claims Division

D: 6322 4618 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: Jimmy Goh [mailto:jimmy.gohkl@ethozgroup.com]
Sent: Monday, 12 March, 2018 4:27 PM
To: Claims - Motor Survey <MotorSurvey@sompo.com.sg>
Cc: Ng Boon Kai <BoonKai.Ng@ethozgroup.com>; Jonathan Lim <Jonathan.Lim@ethozgroup.com>
Subject: Survey for vehicle No : GBE5143M TP Claim

Hi,

Appreciate if you could arrange survey for the above mentioned vehicle on 15/03/2018 Thursday.

Your insured : SLD573A

DOA : 20/09/2017

Thanks

Best Regards,
Jimmy Goh
Motor Claims Dept

ETHOZ
ETHOZ GROUP LTD

22 Tampines Street 92 Singapore 528876

DID: 6654 7618 | Fax: 6654 7648

Website: www.ethozgroup.com



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Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 21 March 2018 5:02 PM
To: 'Henry, Irene James'; assignments
Cc: SUR
Subject: RE: Survey for vehicle No : GBE5143M TP Claim
Attachments: CSSMO18004756Uqd3.pdf

Dear Irene,

Enclosed herewith preliminary advice of GBE 5143M.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Tuesday, 13 March 2018 11:38 AM
To: 'Henry, Irene James' <irene.henry@sompo.com.sg>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Survey for vehicle No : GBE5143M TP Claim

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer arrange on 15/03/2018.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Henry, Irene James [<mailto:irene.henry@sompo.com.sg>]
Sent: Tuesday, 13 March 2018 11:17 AM
To: assignments <assignments@lkkauto.com>
Cc: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Subject: FW: Survey for vehicle No : GBE5143M TP Claim

Our Claim Reference: CMTD1703293

Dear LKK AUTO,

Kindly assist to arrange to conduct motor survey of the mentioned vehicle (GBE 5143M)

Best Regards



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD1703293

Date: 21st March 2018

Our Ref: CS/SMO18004756/Uqd3

Without Prejudice

The Motor Claims Department
Sompo Insurance

Attn: Irene

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. GBE 5143M .

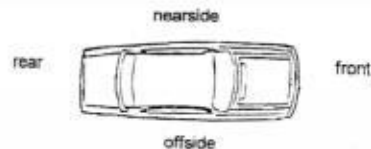
We thank you for the instruction on 13/03/2018.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 19/03/2018 at the premises of M/s ETHOZ and have the following to report:-

Workshop Estimate Amount	: S\$ <u>4,186.25</u> .
Revised Estimate Amount	: S\$ <u>1,357.50</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:

The vehicle sustained damages at the o/s rear portion.



Comments/ Present Status:

Damages consistent.

Days of repair: 3 days.

We have NOT authorize repair.

Yours faithfully

Marcus Chua
Licensed Appraiser

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	4531H

Vehicle Details

Vehicle No.:	GBE5143M
Vehicle to be Exported:	No
Intended De-registration Date:	19 Mar 2018
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	YD25384343A
Chassis No.:	JN1MC2E26Z0005399
Maximum Power Output:	-
Open Market Value:	\$22,481.00
Original Registration Date:	21 Dec 2015
First Registration Date:	21 Dec 2015
Transfer Count:	0
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:	20 Dec 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$45,890.00
COE Rebate Amount:	\$35,577.00
Total Rebate Amount:	\$35,577.00

The information contained herein is correct as at 19 Mar 2018

OK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9648715J



Name

BRYAN SEAH XUE SONG

谢学松

Race

CHINESE

Date of birth

15-05-1996

Sex

M

Country of birth

INDONESIA

S9648715J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
Name

S9648715J

BRYAN SEAH XUE SONG

Birth Date: 15 May 1996

Issue Date: 15 Dec 2016



002639075H

4766317



NRIC No. S9648715J



Date of issue

18-08-2011

Address

APT BLK 516 BEDOK NORTH AVENUE 2
#17-125
SINGAPORE 450516

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

15 Dec 2016

NP 428A



Licence No: S9648715J

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 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 ability.
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 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 Report	20/09/2017 12:25
Date Of Accident	20/09/2017 09:10
Exact Location Of Accident	TPE SLIP ROAD > LOYANG AVE & CHANGI VILLAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5143M
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 DIESEL G (M) EURO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D17MTHCVE000151
Cover Note Number	
Driver	
Name of Driver	BRYAN SEAH XUE SONG
NRIC No	S9648715J
Date Of Birth	15/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2016
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94557727
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KAKI BUKIT NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526
COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4429999 - FAX NO: 62444377

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD573A

Vehicle Make/Model/Colour MAZDA 3 (B)

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name BRYAN SEAH XUE SONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBE5143M

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

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 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.

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.

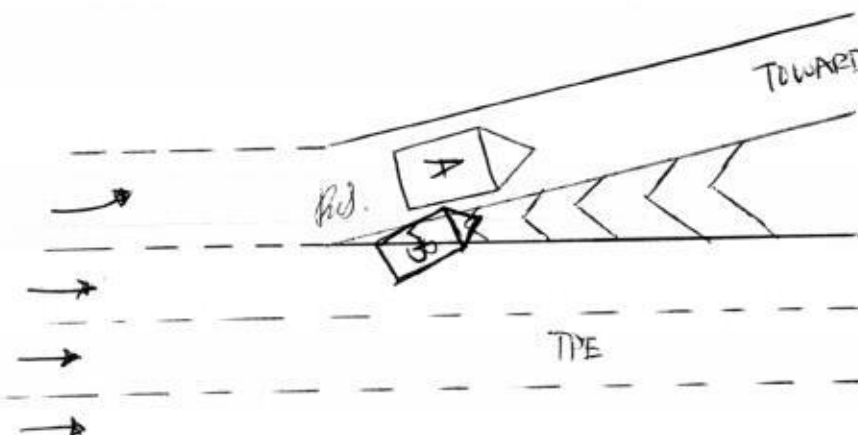


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS driving towards TPE / LOYANG & I took the exit / sliproad towards LOYANG Ave, it was jammed & I was travelling around 15 km/h, other cars were all queuing to turn but the mazda took the divider to cut into the lane of the sliproad & tried to cut into mine while I was moving, he then lose speed to try to get behind me, but instead hit my side / oil cap. After the impact I felt a strong pain on my shoulders & neck.

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

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



T/20170920/2086

1 of 3

Report No. T/20170920/2086

Vide Report No.:		Station Diary No.:
		14
Name of Informant: BRYAN SHAH XUE SONG		Address: APT BLK 516 BEDOK NORTH AVENUE 2 #17-125 SINGAPORE 460516
IRIC No. / ID No.: IRIC NO. (S9648715J)		Contact No.: Home/Office: Mobile: 94557727
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 21	Date of Birth: 15/05/1996
Type of Informant: Driver		
Language: English		Institution / School Name:
Driving Licence Information: Class: 3		Date of Expiry:
Occupation: DEWTERY DRIVER - REDMART		

Description of the Accident				
Type of Accident:	Injury: Hit and Run	Drink Drive: No	Date/Time of Accident: 20/09/2017 09:10	Type of Location: Bridge
Location: Junction of Road 1 and Road 2 TAMPINES EXPRESSWAY				
Type of Road towards Loyang Ave (Changi Village): TPE Slip Rd towards Loyang Ave (Changi Village)			Road Speed Limit:	
Weather: Clear		Road Surface: Dry	Traffic Volume: Heavy	
Traffic Flow: One Way		Traffic Control: Not Controlled	Anyone conveyed by ambulance: No	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				

Involved		Make	Model	Color	Condition	No of Passenger
GBE5143M	Van	NISSAN	NV350	Red	Slightly Damaged	1
SLD573A	Car	MAZDA	3	Grey	Slightly Damaged	0

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



SINGAPORE POLICE FORCE



T/20170920/2086

2 of 3

Report No. T/20170920/2086

Police Station Of Origin
Main Road NRP
33 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel: 67428880

CONTINUATION OF REPORT

BRYAN SEAH XUE SONG		ID No.	S9648715J
G885143M (Van)		Contact No.	94557727
KCS MEDICAL CENTRE PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
20/09/2017		Date Discharge	20/09/2017
Medical Leave: 02		Degree of Injury	Slight
EXPLODER		ID No.	NIL
SLD573A (Car)		Contact No.	NIL
		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
		Date Discharge	NIL
Medical Leave: NIL		Degree of Injury	NIL

At about 9-10am, while I was driving in my vehicle bearing the registration no [redacted] at a low speed which was at 15Km/h as there was a heavy jam, at the extreme left lane [redacted] (TPE) and turning left into the slip road towards Loyang Ave (Changi Village) [redacted] my vehicle bearing the registration no SLD573A crossed the road chevron from my [redacted] the rear right of my vehicle. [redacted] the side of the road while the other driver stop at the chevron. I then got of my vehicle with [redacted] and got particulars with the other driver however I was unable to do so as the [redacted] prevented me from crossing and getting to his vehicle that was parked at the [redacted] a male Chinese in his late forties checking his left wing mirror and thereafter [redacted] Loyang Ave and Tampines Ave 7 however he refuse to give his particulars and [redacted] the vehicle registration no [redacted] medical attention at KCS Medical Centre Pte Ltd on the 20/09/2017 and was [redacted] (20/09/2017 to 21/09/2017).

Damage to my van - Scratch and dent on my rear ride side the Van.



**SINGAPORE
POLICE FORCE**



T/20170920/2086

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20170920/2086

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

SI MOHAMED SHAHARUM B ABDUL JEBAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/09/2017 13:44

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No: 65476079

SN 112

Classification Of Case:

Authentication Stamp

NP168



Signature :

Singapore Police Force

PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Jimmy Goh KI
CLAIM DEPARTMENT
DID : 66547618
FAX :

Date : 20/09/2017

To : SOMPO INSURANCE SINGAPORE PTE. LTD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D16MTHCVE000186

Accident Date : 20/09/2017

Vehicle No : GBE-5143-M

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.
List Item			
1	REAR FENDER (RH)	1,450.00	α
1	REAR FENDER MUD FLAP RH	115.00	α
1	TAIL LAMP ASSY (RH)	150.00	X
1	REAR BUMPER	320.00	✓
1	REAR BUMPER SIDE RETAINER (RH)	20.00	α
10	REAR BUMPER CLIPS	30.00	✓
Sub Total		2085.00	
Add 25% On Parts		521.25	
Labour & Misc			
LABOUR TO FACILITATE REPAIR		800.00	480

Date : 20/09/2017

To : SOMPO INSURANCE SINGAPORE PTE. LTD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D16MTHCVE000186

Accident Date : 20/09/2017

Vehicle No : GBE-5143-M

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.
	TO REMOVE & INSTALL FLOOR BOARD & TRIMS TO FACILITATE REPAIR	11 80.00	X
	TO REMOVE & INSTALL REVERSE SENSOR	20.00	✓
	TO RUST PROOF AFFECTED AREA	11 60.00	X
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	20.00	✓
	TO SPRAY PAINT ON AFFECTED AREAS	600.00	400
	Sub Total	1580.00	

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

Remarks:

Acknowledged by Repairer

Signature: *[Signature]*

Date: *[Signature]*

SUB TOTAL 4,186.25

GST 7.0 % 293.04

TOTAL 4,479.29

Surveyor's name: *marcus khalil*

Principal's name: ETHOZ Group Ltd

Survey Date & Time: *19/3/18*

2/3/18
to be photo. After rep -
3 dy.

Ann: MARCUS.

ETHOZ

Date : 28/03/2018
To : SOMPO INSURANCE SINGAPORE PTE. LTD.

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D16MTHCVE000186 Accident Date : 20/09/2017

Vehicle No : GBE-5143-M Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

FINAL ESTIMATED REPAIR COST DETAIL Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
List Item			
1	REAR FENDER (RH) RESTORE	1450.00	0.00
1	REAR FENDER MUD FLAP RH	115.00	0.00
1	TAIL LAMP ASSY (RH)	150.00	0.00
1	REAR BUMPER	320.00	320.00
1	REAR BUMPER SIDE RETAINER (RH)	20.00	0.00
10	REAR BUMPER CLIPS	30.00	30.00
Sub Total		635.00	350.00
Add 25% On Parts		0.00	87.50
Labour & Misc			
LABOUR TO FACILITATE REPAIR		800.00	480.00
TO REMOVE & INSTALL FLOOR BOARD & TRIMS TO FACILITATE REPAIR		80.00	0.00
TO REMOVE & INSTALL REVERSE SENSOR		20.00	20.00

PAGE : 1

Date : 28/03/2018
To : SOMPO INSURANCE SINGAPORE PTE. LTD.

Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D16MTHCVE000186 Accident Date : 20/09/2017
Vehicle No : GBE-5143-M Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

FINAL ESTIMATED REPAIR COST DETAIL Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	TO RUST PROOF AFFECTED AREA	60.00	0.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	20.00	20.00
	TO SPRAY PAINT ON AFFECTED AREAS	600.00	400.00
	Sub Total	1580.00	920.00

Sub Total	4,186.25	1,357.50
	293.04	95.03
Total	4,479.29	1,452.53

Materials : # 350.00 + 25%
Mark Up / List Down : # 437.50
S/N Items :
Labour : # 920.00
Total : # 1,357.50
Lump Sum :
Excess :
Total : # 1,357.50
7% GST : # 95.03
Grand Total : # 1,452.53
Repair Days : 03
Signature : *[Signature]*

Ok completed.
29/1/18

PAGE : 2



28/03/18

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18004756/Uqd3n2

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERSINGAPORE 048623

Date : 03-04-2018



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLD 573A	Veh. Inspected	GBE 5143M
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1703293	Excess (\$)	0.00
Assign From	IRENE HENRY	Assign Date	13/03/2018

2. Vehicle Particulars & Condition

Make & Model	NISSAN NV350 (M)	c.c	2488
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JN1MC2E26Z0005399	Colour	RED
Odometer	70773	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15	OHTSU	6 mm
L/H Front Tyre	195 R15	OHTSU	6 mm
R/H Rear Tyre	195 R15	OHTSU	6 mm
L/H Rear Tyre	195 R15	OHTSU	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	20/09/2017	Inspection Date	19/03/2018
Survey held at	ETHOZ GROUP LTD 22 TAMPINES STREET 92 SINGAPORE 528876		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBE 5143M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR FENDER (RH)(WCP)	TO REPAIR SEE LABOUR	1,450.00	-
1	REAR FENDER MUD FLAP RH (WCP)	SERVICEABLE	115.00	-
1	TAIL LAMP ASSY (RH)(WCP)	NOT NECESSARY	150.00	-
1	REAR BUMPER (WCP)	CUT	320.00	320.00
1	REAR BUMPER SIDE RETAINER (RH)(WCP)	NOT NECESSARY	20.00	-
10	REAR BUMPER CLIPS (WCP)	NECESSARY	30.00	30.00
	COST PLUS 25%		521.25	87.50
			2,606.25	437.50
LABOUR				
	LABOUR TO FACILITATE REPAIR.INCLUSIVE OF THE REPAIR OF REAR FENDER (RH).		800.00	480.00
	TO REMOVE & INSTALL FLOOR BOARD & TRIMS TO FACILITATE REPAIR.	NOT NECESSARY	80.00	-
	TO REMOVE & INSTALL REVERSE SENSOR.		20.00	20.00
	TO RUST PROOF AFFECTED AREA.	NOT NECESSARY	60.00	-
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS.		20.00	20.00
	TO SPRAY PAINT ON AFFECTED AREAS.		600.00	400.00
			1,580.00	920.00
GRAND TOTAL			4,186.25	1,357.50
RECOMMENDED COST OF REPAIRS				1,357.50

Report Ref No. CS/SMO18004756/Uqd3n2

CHUA KANG SENG

Licensed Appraiser

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