

**ETHOZ AUTOMOTIVE
SOLUTIONS LTD
22 TAMPINES STREET 92
SINGAPORE
528876**

Claim Reference:
Assessment Number: SHA00440
Version: ETHOZASL/1
Date Calculated: 11/09/2018 09:08

Full Report - V1
Registration: SGU291H
Printed: 11/09/2018 16:09

Summary Information

Claim

Location:	Singapore (SG)	Currency:	SGD
Printed by:	Ethoz Bukit Batok 01	Date of Incident:	04/09/2018
Authorisation Status:	Interim	Able to Authorise Repairs:	TBA
Work Provider:	AXA Insurance S'pore Pte Ltd	Repairs Authorised:	TBA
Claim Reference:		Estimated Repair Time:	
Policy Number:		Quote Due Date:	
Other Reference:	TP - SBB69T	Actual Repair Days:	
Third Party:	True	Parts Ordered Date:	
Insured Amount:		Hire Car Start:	
Under Warranty:		Hire Car End:	
Warranty Expired:		Vehicle Collected:	

Vehicle Details

Vehicle

Manufacturer:	TOYOTA
Model:	Corolla Altis
Sub Model:	ALTIS
Model Sheet Number:	YCM 13
Registration:	SGU291H
Registration Month:	April
Registration Year:	2007
VIN Number:	MR053ZEC107143792
Odometer:	Not Known
Colour:	
Engine Number:	
Fuel Level:	%

Model Specs

FROM 01/2008	TWO COAT METALLIC
PREPARE OFF VEHICLE	

Vehicle Condition

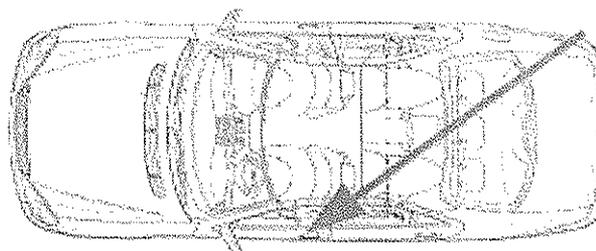
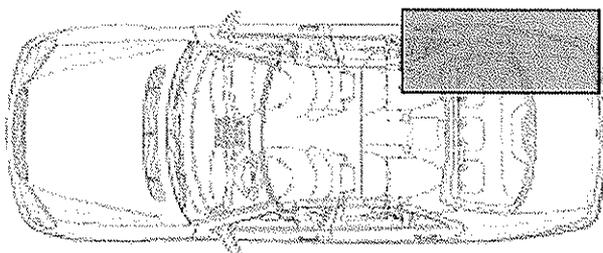
Vehicle Status

Pre-Accident Condition:	Severity of Impact:	
Steering:	Vehicle Status on Inspection:	
Brakes Pedal Travel:	Date of Inspection:	11/09/2018
Place of Inspection:		
Pre-Accident Damage:		
Tyres Condition:		
Tread Depth LHF:	Tread Depth RHF:	
Tread Depth LHR:	Tread Depth RHR:	
Damage Areas:	Direction of Impact:	

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Addresses

Cost Summary

Total Labour	\$216.00
Total Paint/Material	\$130.80
Total Parts	\$212.75
Excess:	TBA
Grand Total Exc GST:	\$559.55
7 % GST:	\$39.17
Grand Total Inc GST:	\$598.72

Repair Information

LABOUR Time Basis 10 WU = 1 HR. Price/CL 1 = \$45.00/HR
Price/Dent = \$45.00/HR

Repair / Guide Number	Repair Details	WU	Cost Price (\$)
B410	R + R REAR BUMPER	4.0	18.00
B420)	RENEW REAR BUMPER (REMOVED)	1.0	4.50
NO NUMBER	R + R REAR BUMPER SUPPORT	1.0	4.50
LABOUR COST			
	Total Work Units	6.0	
	Corrosion Protection External Labour	0.0HRS	0.00
	Corrosion Protection Internal Labour	0.0HRS	0.00
	Sub Total	0.6HRS	\$27.00
	Paint Labour	4.2HRS	\$189.00
	Total Labour	4.8HRS	\$216.00

PAINT WORK Time Basis 10 WU = 1 HR. Price = \$45.00/HR

Guide Number	Description	WU	Cost Price (\$)
	- TWO COAT METALLIC		
	- PREPARE OFF VEHICLE		
2581	REAR BUMPER NEW PART PAINT K1R	15.0	
3482	R/R SIDE PANEL SURFACE PAINT	7.0	
LABOUR COST - PAINT			
	TIME(PAINT)	22.0	
	Preparation Main Work Plastic	15.0	
	Preparation Comp. Work Metal	5.0	
	Preparation Work Multi Layer Paint	0.0	
	Total Work Units (10WU/HR)	42.0	
	Total Paintwork Labour	4.2HRS	\$189.00
MATERIAL COST - PAINT			
	New Part Painting - Plastic K1R		\$75.77

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Surface-/Blend Paint	\$17.43
Material-Const Main Work Plastic	\$28.60
Material-Const Comp. Work Metal	\$9.00
Total Excluding Pearlescent Uplift	\$130.80
Pearlescent Uplift @ 0.0%	\$0.00
Total Paint Material Cost	\$130.80

PARTS

Guide No.		Qty	Description	Part Number	Supplier	Bet.	Price (\$)
2581		1	REAR BUMPER	52159 02540		0%	160.00*
2622		1	R/F BUMPER RR BRKT	52155 02120		0%	10.00*
2650		1	RR BUMPER CLAMP KIT	USE SINGLE PARTS		0%	15.00*
f: OEM Parts				Sub Total			\$185.00
g: Original				Mark Up From Cost	(15 %)		\$27.75
h: Secondhand				Sundry Parts	(Fixed)		\$0.00
p: Parallel				Total Parts			\$212.75
x: Exchange							

Price Valid: 01/06/2015

NB - COLOUR CODED ITEMS/TRIM - PART NUMBERS MAY DIFFER

Total Extras \$0.00

Final Calculation

Total Parts		\$212.75
Labour		
Total Panel/Mechanical	\$27.00	
Total Paintwork	\$189.00	
Total Labour		\$216.00
Total Paint/Material Costs		\$130.80
Grand Total Excludes GST		\$559.55
GST @ 7 %		\$39.17
Grand Total Includes GST		\$598.72

Assessment Notes

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 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	05/09/2018 09:37
Date Of Accident	04/09/2018 18:10
Exact Location Of Accident	BUKIT BATOK WEST AVE 6 CROSS JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU291H
Insured/Policyholder	
Name Of Registered Owner	NGUI YONG SIANG
NRIC No	S7242040C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93218773
Alternative Phone No	OFFICE-93218773

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00269962/03
Cover Note Number	28/04/2018-27/04/2019

Driver

Name of Driver	NGUI YONG SIANG
NRIC No	S7242040C
Date Of Birth	10/11/1972
Occupation	INDOOR
Date Of Driving Pass	23/12/1994
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93218773
Fax Number	
Contact Number	OFFICE-93218773
Email Address	NOEMAIL

Address	BLK 112 BUKIT BATOK WEST AVENUE 6 08-146
Postcode	650112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN

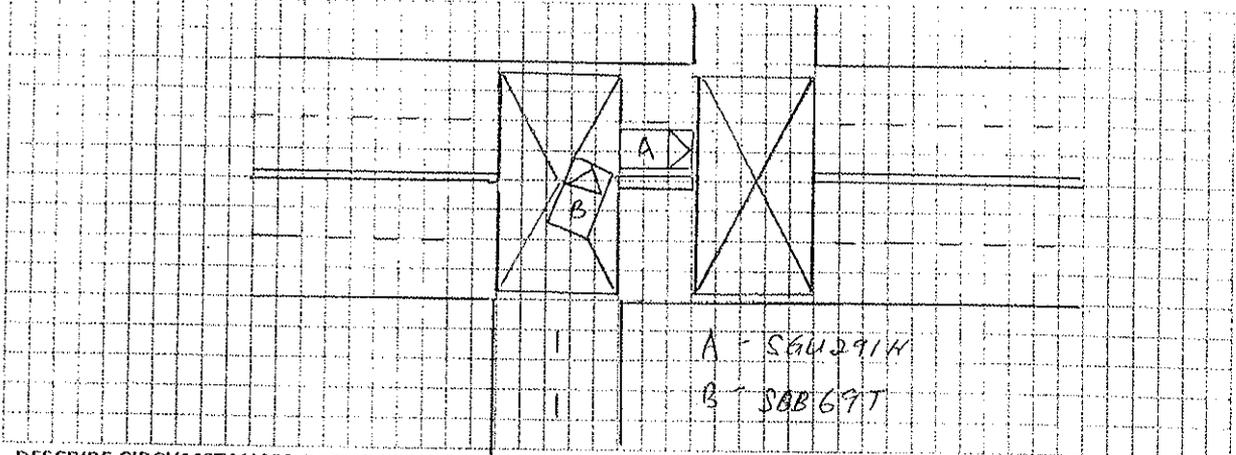
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBB69T
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO BOON HWEE
NRIC/Passport Number	
Contact Number	97360108
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



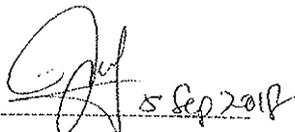
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Clear weather
- I was driving, in front of 2 yellow box junctions, were clear of vehicles. I drive ahead, then a public bus hand-signalled & cut into my lane. I stopped in response to avoid collision with the bus.
- At this time, the third party collided into my right rear bumper.
- Attached video footage.

<p>Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p>		- 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 not the policyholder)
 Date & Time


 Reporting Centre Personnel's Signature
 Name: Kenneth
 Nric/Fin No.

SKETCH PLAN

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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: 5 Sep 2018

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



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