

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

Ng Boon Kai

CLAIM DEPARTMENT

DID: 6654_7617

FAX:

Date

To

17/09/2018

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LONPAC INSURANCE BHD.

ESTIMATION

Attn

: Motor Claim Department

FAX:

Owner

ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

D17MTRENT000119

Accident Date

: 15/09/2018

Certificate No Vehicle No

SLJ-4766-C

Make & Model

MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List l	tem_		
1	BONNET	1,185.60	
1	BONNET HINGE RH	62.70	
1	BONNET HINGE LH	62.70	
1	BONNET WEATHER STRIP(OUTER)	74.70	
1	BONNET WEATHER STRIP(INNER)	69.40	
1	BONNET LOCK	232.90	
1	BONNET LOCK CABLE	189.20	
1	FRONT GRILLE TOP GARNISH	123.60	
1	FRONT GRILLE BASE	141.20	



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0.00

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SURVEYOR APP. DESCRIPTION REPAIRER AMT (\$) QTY 61.40 1 FRONT GRILLE LOGO 208.30 1 FRONT GRILLE CHROME MOULDING RH 1 FRONT GRILLE CHROME MOULDING LH 208.30 1,089.50 1 FRONT BUMPER 58.70 1 FRONT BUMPER BRACKET RH 58.70 1 FRONT BUMPER BRACKET LH 35.40 1 FRONT BUMPER SIDE RETAINER RH 35.40 1 FRONT BUMPER SIDE RETAINER LH 185.90 FRONT BUMPER INNER GARNISH 37.80 1 FROTN BUMPER LOWER AIR GRILLE COVER RH



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Excess

: 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT BUMPER LOWER AIR GRILLE COVER LH	37.80	
1	FRONT BUMPER TOWING COVER	42.70	
1	FRONT BUMPER REINFORCMENT	664.70	
10	FRONT BUMPER CLIPS	55.00	
1	FOG LAMP COVER RH	68.70	
1	FOG LAMP COVER LH	68.70	
1	FRONT SIGNAL LAMP RH	223.90	
1	FRONT SIGNAL LAMP LH	223.90	
1	HEADLAMP RH	910.60	
1	HEADLAMP L/H	910.60	



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: 0.00

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QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	HEADLAMP SIDE PANEL RH	235.60	
1	FROTN CHASSIS RH	RESTORE	
1	FROTN SUPPORT PANEL	553.10	
1	A/C CONDENSOR	1,250.60	
1	CONDENSOR SIDE GARNISH RH	61.40	
1	RADIATOR	1,251.80	
1	WIPER WASHER TANK	146.70	
1	WIPER WASHER TANK NECK	77.40	
1	WIPER WASHER MOTOR	112.30	
1	ENGINE LOWER COVER	338.90	



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ESTIMATED REPAIR COST DETAILS

Excess.

0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT FENDER RH	394.20	
1	FRONT FENDER L/H	394.20	
1	FROTN FENDER TOP GARNISH RH	73.40	
1	FRONT FENDER INNER SHIELD RH	155.30	
10	FRONT FENDER INNER SHILED CLIPS	55.00	
1	FRONT WHEEL HOUSE PANEL RH	703.60	
1	FRONT WHEEL HOUSE EXTENSION PANEL RH	252.90	
1	FROTN DOOR RH	RESTORE	
1	A-PILLAR RH	RESTORE	
1	FRONT SHOCK ABSORBER RH	404.70	



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ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT ABSORBER TOP MOUNTING RH	122.70	
1	FRONT KNUCKLE ARM RH	451.80	
1	FRONT WHEEL HUB & BEARING RH	637.90	
1	FRONT LOWER ARM RH	570.60	:
1	FRONT STABILIZER LINK RH	90.20	
1	FRONT TIE ROD END RH	170.60	
1	FRONT ABS SENSOR RH	176.50	
1	FRONT DRIVE SHAFT RH	1,570.60	
1	FRONT CROSS MEMBER	2,117.80	
1	FRONT CROSS MEMBER BRACKET RH	112.50	



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Vehicle No

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Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

Add Excess : 0.00

QTY DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
Sub Total	19810.30	
Discount 20% On Parts	(3962.06)	
Special Nett Item		
1 COOLANT	25.00	
1 BRAKE FLUID (1 LITRE)	55.00	
1 FRONT TRYE RH	250.00	
1 FRONT SPORT RIM RH	350.00	
Sub Total	680.00	
Labour & Misc		
LABOUR TO FACILIATE REPAIR	1,200.00	



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Vehicle No

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Make & Model

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ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY D	ESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
LAB	OUR TO SPRAY PAINT AFFECTED AREAS	1,400.00	
то с	CHECK AND RECONNECT ALL NECCESSARY WIRINGS	30.00	
TO R	UST PROOF AFFECTED AREA	80.00	
TO R GAS	EMOVE & REFIT A/C CONDENSOR INCLUIDNG A/C	120.00	
TOC	CONDUCT CHASSIS ALIGNMENT	250.00	
	EMOVE & REFIT BOTHFRONT UNDERCARRIAGE LUDING FRONT CROSS MEMBER	350.00	
	CONDUCT ALL WHEEL COMPUTERISED WHEEL	80.00	



Date	:	17/09/2018					
То	:	LONPAC INSURANC	CE BHD.]	ESTIMAT	TION
Attn	:	Motor Claim Departmen	nt		I	FAX:	
Owner		ETHOZ Group Ltd					·····
	:	SOMPO INSURANCE SIN	GAPORE PTE. L	TD.			
Certificate No	:	D17MTRENT000119	Accident Date	:	15/09/201	8	
Vehicle No	:	SLJ-4766-C	Make & Mode	:l ;	MAZDA	3 1.5 (A) SED	AN STANDARD
ESTIMATED	REP	AIR COST DETAILS	Excess	:	0.00	Add Exces	s : 0.00
QTY DESCRIPT	ION				REPAIR	ER AMT (\$)	SURVEYOR APP.
Sub Total						3510.00	
						20,038.24	
Remarks:						20,030.24	
			ern	в тот	T' A Y		
				ST 7.0		1,402.68	
				TAL		21,440.92	
Surveyor's name:							
Principal's name:	FTF	HOZ Group Ltd					
"		102 Group Dia					
Survey Date & Time	e:						
						P	AGE: 9

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 witholding 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
 17/09/2018 11:08

 Date Of Accident
 15/09/2018 17:00

Exact Location Of Accident TEMBELING ROAD X KOON SENG ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ4766C

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 MAZDA

Model 3 1.5 (A) SEDAN STANDARD

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?

span to your venicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage THIRD PARTY

Fleet Policy NO

 Policy Number
 D17MTRENT000119

 Cover Note Number
 01/01/2018-31/12/2018

Driver

Name of Driver TAN TAI LOONG PETER

NRIC No S1641224D
Date Of Birth 07/02/1964
Occupation INDOOR
Date Of Driving Pass 19/07/1984

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96150576

Fax Number Contact Number

EMail Address NOEMAIL

Address

114 SIMEI ST 1

08-616

Postcode

520114

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

NO

Was any other material or property damaged?

YE\$

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3 NAME:

Passenger 1

: AN KIT

: MALE

Passenger 2

NAME:

: ELAINE

GENDER:

GENDER:

: FEMALE

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 SKETCH PLAN

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

SJF8923J

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

XIAO LIANG YU

NRIC/Passport Number

S2659378F

Contact Number

98525325

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
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- 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:
 - 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.

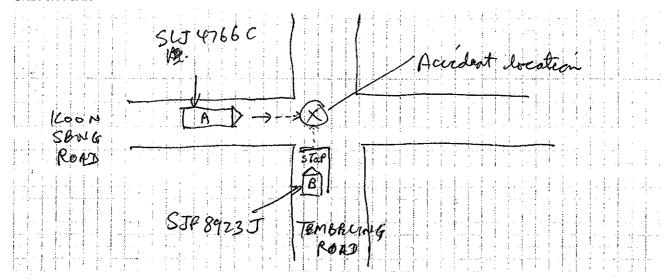
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: July In

GUARMO SLACKOVI (45 VA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE travelling along from Seng Road, nearing				
Tembeling Road jointion, CAR (B) did not stop at the				
Junction and drive straight across Koon Seng Road				
Upon seeing CAR (B) moving across the junction, 9				
immediately stepped brake but it was that late. The talk right				
front bunger, hit the left side of car (B).				
of CAR (A) front				
It Fortunately, notody is injured				
- The state of the				
It was clear CAR (B) failed to stop at the junction				
they be the face of the face of the face of				
when he was trying to drive across the junction to the				
Other side of Tembeling Road.				
You had been advised by workshop that in the event that you wish to claim Reporting Only				
against your own policy (OD claim), there is a Fourteen (14) days clause				
whereby the claim must be made within the stipulated timeframe from Claim TP				
the day of occurance. — 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: Exhami

NRIC/FIN No.:

GIARMC SketchPlanForm, V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 17 Sep 2018

Company

4531H

SLJ4766C

Yes

27 Sep 2018

MAZDA

MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

Grey 2016

P520367938

F32030/730

JM6BM42A8G0342480

88.0 kW (118 bhp)

\$16,600.00

13 Dec 2016

13 Dec 2016

1

\$11,600.00

Yes

12 Dec 2026

\$8,700.00

12 Dec 2026

A - Car up to 1600cc & 97kW (130bhp)

10

\$51,506.00

\$41,204.00

\$49,904.00

OK