

22/03/2002

ASS. REC. BY:

REF:

CS/CT19001772/Uqd3n2

Special Instruction:

Surveyor:

Mellman

ASSIGNMENT (Office)

From (Person):

Irene Tay

of

CTL

Date/Time: 28/02/09 11:20am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLG 4246C

Insured:

PC 5106R

at Workshop m/s

EthoZ

Tel:

of

22 Tampines St 92

Policy No:

DMB19N30639518000

Claim No:

SNM19D20045402

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17012019

CA / REV / REP. / REV 24 HRS 'wp'

Date/Time:

28/02/09 11:45am

Person Contacted:

Boon Kai

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLG 4246C - x
	PC 5106R - x

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SLG 4246C  
at Workshop m/s: Sthara  
of: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Claims No: \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

N/S	O/S

(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: 2 Consistent? : Yes or No  
Est. Repairs: 2 days Res.: Yes or No  
Lum Sum: 1.31 % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS LIA 49486  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
Vehicle: IN / OUT

Veh No: SLG 4246C Yr Regn: 9 16  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or CA /  
Make: mercedes 2 c.c. 1496  
Colour: Grey A/C: Insured / Std / NI / NA  
Sp. Reading: 64190 T/Radio: Insured / Std / NI / NA  
Eng/No: 64190  
C/No: MM6DL2S AAGW191465  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Modi: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 195/55 R16  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or FALKEN  
Front: 6 Rear: 6  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. 17/1/19 D.O.I. 28/1/19  
Survey held at \_\_\_\_\_  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
O/S R12  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
28/1/19 confirmed f.v. / by 400 with AH Kai (Red 4930, 70%)  
" already other repair etc.

RECEIVED 21 FEB 2019

Date/Time, File Pass to? ☐ : Prel. Report

1) 21/2 typist ☐ : Final Report

Date/Time, File Return to?

2)

Report Format : MER-TP  
Lump Sum / I.B.I. (\$) 400

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ ) \$ + RS \$

☐ : Interview (\$ ) Photos

☐ : Tech. Invs (\$ ) Others

☐ : Weekend (\$ )

Survey Fee:

Transportation:

TOTAL

110

### ...CLAIM SUBFOLDER...(New Assignment)

#### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Jan 2019		28 Jan 2019 11:20 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All
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#### CLAIM SUBFOLDER DETAILS

Insured:	[Created by insurer]		
Main Claimant:	ETHOZ GROUP LTD		
Vehicle Reg. No.:	SLG4246C	Date of Loss:	17/01/2019 10:00 - :59
Claim Type:	TP / SNM19D200454C02	Policy/Cover Note No.:	DMB1SN30639518000
Vehicle Reg. No. (Insured):	PC5106R	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Ethoz Group Ltd - Tampines (HQ) 22 TAMPINES STREET 92, 528876 Tampines - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 08/02/2019]		
Adj Asg. Remarks:	PLEASE SURVEY AND REVERT		

#### ASSOCIATED MAIL RECEIVED

[View All](#) [Compose Case Mail](#)

There are no mail for this case.

#### ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	<a href="#">View All</a>	<a href="#">Search Tasks</a>	<a href="#">Create New Task</a>	<a href="#">Complete</a>
No results.						Assigned By	Completed On	Created On	Done?

## 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 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 Report	17/01/2019 11:45
Date Of Accident	17/01/2019 10:35
Exact Location Of Accident	MAC PHERSON ROAD INFRONT OF UOB BANK
Country/State Of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4246C
<b>Insured/Policyholder</b>	
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	2-1.5 STANDARD (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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	NG WAI MENG
Passport No/FIN	G2484127N
Date Of Birth	20/08/1985
Occupation	INDOOR
Date Of Driving Pass	26/09/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97364088
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 659 JALAN TENAGA #14-140
Postcode	410659
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 - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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 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	PC5106R
Vehicle Make/Model/Colour	MERCEDES BENZ (B)
Details Of Properties	
Vehicle Category	BUS
Name of Driver	AUDRE
NRIC/Passport Number	
Contact Number	93872659
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.
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.

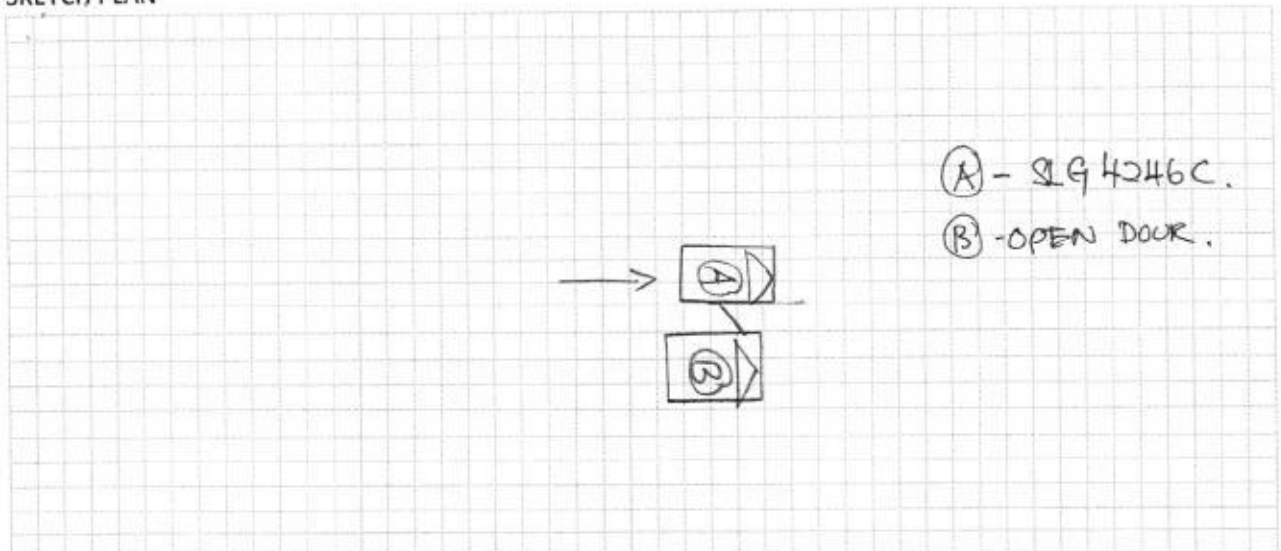


Policyholder's Signature  
Date & Time:

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


They open their car door and hit my car right side while I'm passing by.

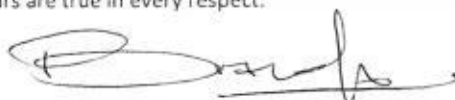
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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:

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

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



[➤ Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4531H
Vehicle Details	
Vehicle No.:	SLG4246C
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Jan 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA2 SEDAN 1.5L SP.6EAT (LED)
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	P520346581
Chassis No.:	MM6DL2SAAGW191465
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$18,333.00
Original Registration Date:	29 Sep 2016
First Registration Date:	29 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$13,333.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Sep 2026
PARF Rebate Amount:	\$9,999.00
Intended COE Rebate Details	
COE Expiry Date:	28 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,506.00
COE Rebate Amount:	\$39,487.00
<b>Total Rebate Amount:</b>	<b>\$49,486.00</b>

The information contained herein is correct as at 28 Jan 2019

OK





Date : 18/01/2019  
 To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
**ESTIMATION**  
 Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd  
 : SOMPO INSURANCE SINGAPORE PTE. LTD.  
 Certificate No : D17MTRENT000071 Accident Date : 17/01/2019  
 Vehicle No : SLG-4246-C Make & Model : MAZDA 2 1.5 (A) SEDAN DELUXE  
**ESTIMATED REPAIR COST DETAILS** Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1330.00	

Remarks:

<b>SUB TOTAL</b>	1,330.00
<b>GST 7.0 %</b>	93.10
<b>TOTAL</b>	1,423.10

Surveyor's name: \_\_\_\_\_

Principal's name: ETHOZ Group Ltd

Survey Date & Time: \_\_\_\_\_

## LKK Auto Consultants Pte Ltd (Co.Reg.No.199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CT119001772/UQD3N2

Date: 21/02/2019

## REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMB1SN30639518000	
Claimant Vehicle No :	SLG4246C	Insured Vehicle No :	PC5106R	
Date of Loss:	17/01/2019	Nature of Claim:	TP	Claim No: SNM19D200454C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SLG4246C	Engine No:	P520346581
Make & Model:	MAZDA 2, 1.5 STANDARD (A)	Chassis No:	MM6DL2SAAGW191465
Reg. Date:	29/09/2016 (Man. Year: 2016)	Odometer:	64190 km
Colour:	Grey		
Engine Capacity:	1496 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	195/55R16	Rear Tyre Size:	195/55R16
Front Left Side:	Falken 6 mm	Rear Left Side:	Falken 6 mm
Front Right Side:	Falken 6 mm	Rear Right Side:	Falken 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,330.00	400.00	930.00	69.92
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>1,330.00</b>	<b>400.00</b>	<b>930.00</b>	<b>69.92</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>93.10</b>	<b>28.00</b>	<b>65.10</b>	<b>69.92</b>
<b>Nett Amount (S\$)</b>	<b>1,423.10</b>	<b>428.00</b>	<b>995.10</b>	<b>69.92</b>

## INSPECTION

Date of Assignment:	28/01/2019	
Date Inspected:	28/01/2019	Inspected At: Ethoz Group Ltd - Tampines (HQ) 22 TAMPINES STREET 92 Singapore 528876
Estimated Period of Repair:	2.0 days	

Adjuster: MARCUS CHUA

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

## REPAIR DETAILS

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 21 Feb 2019)
<b>Parts:</b> 144	MAZDA 2 1.5 STANDARD (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SLG4246C)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR FENDER RH (NPA)	Repair	0.00 F	*- F
2	1		*REAR DOOR RH (NPA)	Not Necessary	0.00 F	*- F
<b>Total Parts (\$\$)</b>						<b>0.00</b>

F=Franchise part.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	LABOUR TO FACILITATE REPAIR	New	700.00	200.00
2	LABOUR TO SPRAY PAINT AFFECTED AREAS	New	600.00	200.00
3	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	New	30.00	0.00
Gross Labour Cost (\$\$)			1,330.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >