

**ETHOZ Automotive Solutions Ltd**  
**30 Bukit Batok Crescent**  
**658075**

**Claim Reference: SDK1818X**

**Assessment number: SHAH0021**

**Version: 1810**

**Date calculated: 02/28/2019 03:04 PM**

**Full Report**

**Registration: SLJ6337U**

**Printed: 28/02/2019 3:05 PM**

---

**Summary Information**

**Claim**

Location:	Singapore (SG)	Work Provider:	AXA Insurance Pte Ltd
Printed by:	Ethoz Bukit Batok 01	Currency:	SGD
Claim Reference:	SDK1818X	Date of Incident:	2019-02-18
Estimated Repair Time:	5	Hire Car Start:	
Actual Repair Days:		Hire Car End:	

---

**Vehicle Details**

**Vehicle**

Manufacturer:	NISSAN
Model:	NOTE (E12E)
Sub Model:	BASE MODEL
Model Sheet Number:	71 6N 01
Registration:	SLJ6337U
VIN number:	JN1TBAE12Z0982730
Odometer:	

**Model Specs**

REAR PARKING SYSTEM

**ETHOZ Automotive Solutions Ltd**  
**30 Bukit Batok Crescent**  
**658075**

Claim Reference: SDK1818X  
Assessment number: SHAH0021  
Version: 1810  
Date calculated: 02/28/2019 03:04 PM

Full Report  
Registration: SLJ6337U  
Printed: 28/02/2019 3:05 PM

## Vehicle Condition

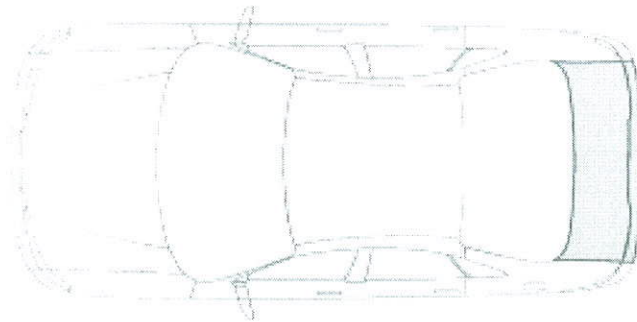
### Vehicle Status

Pre-Accident Damage:

Date of Inspection:

### Damage Areas

All ☐  
Underbody ☐



## Labour

Code	Description	Time Base 10 WU/h	Price = 45.00 SGD/h	
			WU	Price SGD
NO NUMBER	JOB ALLOWANCE		5.0	22.50
VB10A1)	R + R LEFT REAR SILL PANEL		1.0	4.50
VB10A1)	R + R RIGHT REAR SILL PANEL		1.0	4.50
5540A1	RENEW REAR END PANEL INCLUDES: REAR BUMPER, ABSORBER/BACKET AND REAR BUMPER SUPPORT, CARPET BOOT COMPART, BOTH TAILLAMPS AND ALL TAILGATE TRIMS AND SEALS REMOVE AND REFIT		35.0	157.50
5010A1	RENEW REAR BUMPER (REMOVED)		1.0	4.50
NO NUMBER	R + R REAR PARKING AID SENSOR/S		2.0	9.00
NO NUMBER	ADD/WORK FOR PARKING AID SENSOR DRILLING		2.0	9.00
6898A1	R + R L/BOOT COVER		1.0	4.50
6899A1	R + R R/BOOT COVER		1.0	4.50
UT28A1	R + R NISSAN EMBLEM		2.0	9.00
4430A1)	R + R LEFT REAR SEAT REST		1.0	4.50

**ETHOZ Automotive Solutions Ltd**  
**30 Bukit Batok Crescent**  
**658075**

Claim Reference: SDK1818X  
 Assessment number: SHAH0021  
 Version: 1810  
 Date calculated: 02/28/2019 03:04 PM

Full Report  
 Registration: SLJ6337U  
 Printed: 28/02/2019 3:05 PM

Code	Description	WU	Price SGD
4430A1)	R + R RIGHT REAR SEAT REST	1.0	4.50
2931	BOOTLID/TAILGATE REPAIR	10.0*	45.00
<b>Labour Cost</b>		<b>Hrs</b>	<b>WU</b>
<b>Panel / Mechanical Labour</b>		6.30	63.0
<b>Total of Labour</b>			283.50

**Paint**

Paint Work		SYSTEM AZT		Time Basis 10WU/h	
Code	Description	WU	Price SGD		
	REAR PANEL NEW PART PAINTING	20.0			
	REAR BUMPER COVER NEW PART PAINT K1R	10.0			
	BOOTLID/TAILGATE REPAIR PAINTING <50%	15.0			

**Paint Material Per Part**

Code	Description	Price SGD
2711	REAR PANEL NEW PART PAINTING	21.41
2581	REAR BUMPER COVER NEW PART PAINT K1R	39.44
2931	BOOTLID/TAILGATE REPAIR PAINTING <50%	21.25

<b>Labour Cost - Paint</b>		Hrs	WU	Price SGD
Factor		45.00 SGD/h		
Time Paint			45.0	
Preparation Main Work Metal		1.70	17.0	76.50
Preparation Comp. Work Plastic		0.30	3.0	13.50
<b>Total</b>		10 WU/h	6.50	65.0

<b>Material Cost - Paint</b>		Price SGD
New Part Painting		21.41
New Part Painting - Plastic K1R		39.44
Repair Painting		21.25
Material-constant Metal		18.10
Material-constant Plastic		9.00
<b>Total</b>		109.20

**Spare Parts**

**ETHOZ Automotive Solutions Ltd**  
**30 Bukit Batok Crescent**  
**658075**

Claim Reference: SDK1818X  
 Assessment number: SHAH0021  
 Version: 1810

Date calculated: 02/28/2019 03:04 PM

Full Report  
 Registration: SLJ6337U  
 Printed: 28/02/2019 3:05 PM

Code	Description	Part Number	Supplier	prices as at 2015-06-01/01	
					Price SGD
2581	REAR BUMPER COVER	85022 3VU0H			210.00
2625	REAR BUMPER DAMPER	85090 3VU0A			90.00
2627	L/R INN BUMPER BRKT	85210 3VV0A			40.00
2628	R/R INN BUMPER BRKT	85210 3VV0A			40.00
2629	L/R OUT BUMPER BRKT	85221 3VU0A			26.00
2630	R/R OUT BUMPER BRKT	85220 3VU0A			26.00
2650	RR BUMPER CLAMP KIT	KE980 3V600			15.00
2711	REAR PANEL	G9100 3VVMMA			280.00
3015	REAR MANUFACT BADGE	90890 3VA0A			36.00
3016	VERSION BADGE	90892 BH00A			57.00
3017	BADGE MODEL	90892 3VA0A			48.00
f: OEM Parts					
n: Non-OEM Parts					
u: Used parts					
<b>Savings</b>					0.00
<b>Subtotal</b>					868.00
<b>Addition(+15.00%)</b>					130.20
<b>Total</b>					998.20

**Extras**

Code	Description	Price SGD
1000	REVERSE SENSOR 01	220.00*
<b>Total Extras</b>		220.00



**ETHOZ Automotive Solutions Ltd**  
**30 Bukit Batok Crescent**  
**658075**

Claim Reference: SDK1818X  
Assessment number: SHAH0021  
Version: 1810  
Date calculated: 02/28/2019 03:04 PM

Full Report  
Registration: SLJ6337U  
Printed: 28/02/2019 3:05 PM

**Final Calculation**

	SGD	SGD
<b>Parts</b>	868.00	
Addition(+15.00%)	130.20	
<b>Total Parts</b>		<b>998.20</b>
<b>Labour Time Base 10 WU/h</b>		
Total 63.0 WU X 45.00 SGD/h	283.50	
<b>Total of Labour</b>		<b>283.50</b>
<b>Total Of Extras</b>		<b>220.00</b>
<b>Paint Work Time Base 10 WU/h</b>		
Labour Cost 65.0 WU X 45.00 SGD/h	292.50	
Material Cost	109.20	
<b>Total Paint Including Material</b>		<b>401.70</b>
<b>Repair Cost Excludes GST</b>		<b>1,903.40</b>
GST (+7.00%)		<b>133.24</b>
<b>Repair Cost Included GST</b>		<b>2,036.64</b>

**Comments**

\* - USER SUPPLIED DATA  
NN - NO MANUFACTURERS CODE EXISTS  
) - WU PARTIAL INCL IN OTHER POSITIONS

## 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	19/02/2019 10:23
Date Of Accident	18/02/2019 17:45
Exact Location Of Accident	PIE LORNIE ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ6337U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KAH KENG
NRIC No	S7636419B
Email Address	LIMKAHKENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97942835
Alternative Phone No	OTHERS-97942835

### Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE 1.2 DIG-S CVT 2WD LED
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00014510
Cover Note Number	

### Driver

Name of Driver	GOH TENG YIN
NRIC No	S7733508J
Date Of Birth	22/11/1977
Occupation	INDOOR
Date Of Driving Pass	10/10/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81639099
Fax Number	
Contact Number	
Email Address	TENGYINGOH@GMAIL.COM

Address	71 JURONG EAST ST 13 #01-10
Postcode	609650
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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
Passenger 1	NAME: : LIM EN RUI
	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

KINDLY REFER TO SKETCH PLAN.

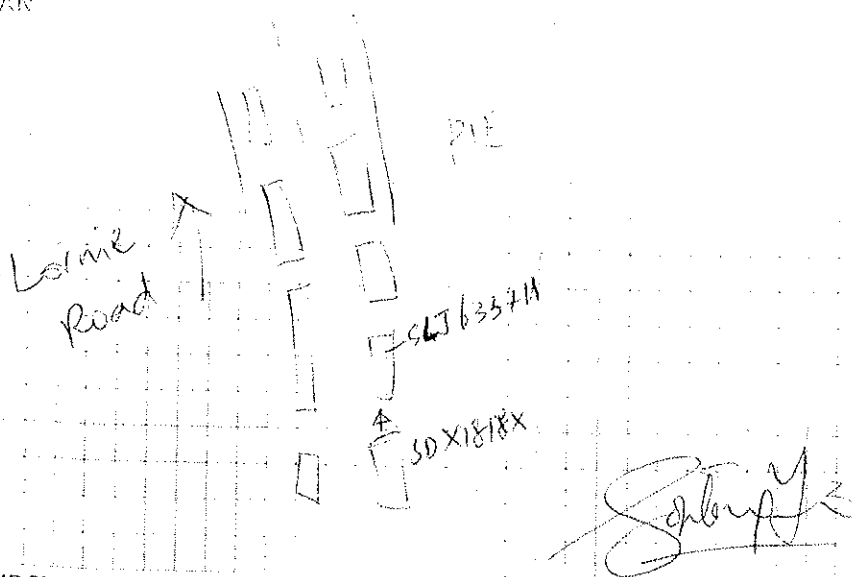
#### Attachment(s)

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	SDK1818X
Vehicle Make/Model/Colour	SAAB
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUN WENTIAN
NRIC/Passport Number	S7366309A
Contact Number	98715257
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped at the Lorne exit along PIE to join the queue of cars turning left. The traffic was slow moving. My car came to a stationary stop as the vehicle in front stopped. 5-10 seconds later, I heard a loud bang, my car didn't surge forward, I realized I was hit from behind by vehicle SDX1818X. He aligned his car and came forward to check my car body and apologized. My daughter was crying then because of the accident and he asked if she was okay too. We exchanged details and he asked me to go to claim his insurance.

### **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.

✓

- 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

19/2/19 9.55am

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



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.

**B. 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 Person's Signature  
Name:  
NRIC/FIN No.: