Claim Reference:

Full Report Registration: GBD5528S

Assessment number: BK00010 Version: 1810

Printed: 04/03/2019 11:17 AM

Date calculated: 03/04/2019 11:17 AM

Summary Information

Claim

Location:

Singapore (SG) Ethoz Tampines 02 Work Provider:

AXA Insurance Pte Ltd

Printed by:

Claim Reference:

Currency: Date of Incident: SGD 2019-01-25

Estimated Repair Time: Actual Repair Days:

Hire Car Start:

Hire Car End:

Vehicle Details

Vehicle

Manufacturer: Model:

NISSAN NV350 (E26)

Sub Model: Model Sheet Number:

URVAN 71 8N 03 GBD5528S

VAN

Registration: VIN number:

JN1MC2E26Z0003097

Odometer: **Model Specs**

FROM 01.2018

TWO COAT METALLIC

PREPARE OFF VEHICLE

Claim Reference:

Assessment number: BK00010

Version: 1810

Date calculated: 03/04/2019 11:17 AM

Full Report Registration: GBD5528S Printed: 04/03/2019 11:17 AM

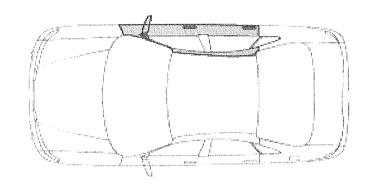
Vehicle Condition

Vehicle Status

Pre-Accident Damage: Date of Inspection:

Damage Areas

All	
Underbody	



La	bo	u	ľ
----	----	---	---

	T	ime Base 10 WU/h	Pric	e = 45.	00 SGD/h
Code	Description	-		WU	Price SGD
NO NUMBER UH10A2)	R + R RIGHT FRONT WING RENEW R/F DOOR (REQUIRED ATTACHED PAR' INCLUDES: R + R RIGHT FR	•		3.0 15.0	13.50 67.50
	Labour Cost Panel / Mechanical Labou	ır	Hrs 1.80	WU 18.0	81.00
	Total of Labour				81.00

Paint

Paint Work	SYSTEM AZT Tin	ie Basi	s 10WU/h
Code	Description - TWO COAT METALLIC	WU	Price SGD
	RIGHT FRONT DOOR NEW PART PAINTING	17.0	

Claim Reference:

Full Report Registration: GBD5528S

Assessment number: BK00010 Version: 1810

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Date calculated: 03/04/2019 11:17 AM

New Part Painting

Total

Material-constant Metal Preparation

Paint Work	SYSTEM AZT		Time Ba	asis 10WU/h
Code	Description - TWO COAT METALLIC		W	U Price SGD
Paint Material	Per Part			
Code	Description RIGHT FRONT DOOR NEW PART PAINTING			Price SGD 50.57
	Labour Cost - Paint Factor	ł 45.00 SGD/h	ırs W	U Price SGD
	Time Paint Preparation Main Work Metal	2.	.50 25	.0 112.50
	Total	10 WU/h 4.	.20 42	.0 189.00
	Material Cost - Paint			Price SGD

Spare Parts

Spare Farts				prises as at 2015 06 01/01
Code	Description	Part Number	Supplier	prices as at 2015-06-01/01 Price SGD
1482 ************************************	RIGHT FRONT DOOR	H010M 3XAMB		20.00 mg/4mg/4mg/mg/750.00
f: OEM Parts n: Non-OEM Parts	Savings Subtotal			0.00 750.00
u: Used parts	Total			750.00

Extras

Code	Description	Price SGD
1000	ADVERTISMENT STICKER FRONT DOOR RH Total Extras	120.00* 120.00

50.57

28.60

79.17

Claim Reference:

Full Report

Assessment number: BK00010

Registration: GBD5528S Printed: 04/03/2019 11:17 AM

Version: 1810

Date calculated: 03/04/2019 11:17 AM

Final Calculation

	SGD	SGD
Parts Total Parts	750.00	750.00
Labour Time Base 10 WU/h		
Total 18.0 WU X 45.00 SGD/h Total of Labour	81.00	81.00
Total Of Extras		120.00
Paint Work Time Base 10 WU/h Labour Cost 42.0 WU X 45.00 SGD/h Material Cost	189.00 79.17	
Total Paint Including Material		268.17
Repair Cost Excludes GST		1,219.17
GST (+7.0%)		85.34
Repair Cost Included GST		1,304.51

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 witholding 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

By the lodgement of this report to the insurers, y aforesaid.	ou nereby consent to the archiving of this report at the control and to depice of the	
	ACCIDENT STATEMENT	
Date Of Report	25/01/2019 16:04	
Date Of Accident	25/01/2019 11:40	
Exact Location Of Accident	TELOK PAKU ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD5528S	ing in the second responsible to the state of the second responsible for the second responsible for the second
Insured/Policyholder		
Name Of Registered Owner	ETHOZ GROUP LTD	
Co Reg No	198104531H	
Email Address	NOEMAIL	

Email Address

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

Cover Note Number

Driver

Name of Driver LEE HOCK GUAN

NRIC No S1255041C

Date Of Birth 18/07/1955

Occupation OUTDOOR

Date Of Driving Pass 15/10/1975

Driving Experience 43 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96497519

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 208 JUROMG EAST STREET 21 Address

#02-169

600208 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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

YES Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MR JIN LEI

: MALE GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TAMPINES N.P.C Police Station Name

ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE Police Station Address

TEL NO: - FAX NO: Police Station Contact

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? YES NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBM319P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

GBD2294K

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBM319P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

NRIC/FIN No .:

SKETCH PLAN	nanganan anganan anga manganan agun an ng 1 kinagan an ngan na ngantangan di dibiga	nandara andaran daran adamanda andaran adam andara adam andara	
			(A) - GBD 5528S
			(B) - GBD 5528S - (B) - FBM 319P (C) -GBD 2294K
			- B- FBM 319P
	- Klull		(C) -GBD 2294K
	Na -		
	ALL		
		<u> </u>	
	/DG9		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	and a financial designation in the second service of the second service of the second	
DESCRIBE CIRCUIVISTANCES	OF THE ACCIDENT		
- DE.	ED To Palica	85007 -	
XY	T120198125	KUWA I	
,	7/20/98/25	/30(2	
	· · · · · · · · · · · · · · · · · · ·		
Way had been adviced by us	orkshop that in the event th	at you wish to claim	Reporting Only
	OD claim), there is a <u>Fourt</u>		Claim OD
	be made within the stipula		Claim TP
7	the day of occurance.		Claim OD / TP at other workshop
DECLARATION			
I/We declare the foregoing parti	iculars are true in every respect		Med -
$\begin{pmatrix} \begin{pmatrix} \begin{pmatrix} \begin{pmatrix} \lambda \end{pmatrix} \end{pmatrix} \end{pmatrix} \end{pmatrix}$	\ \	/	XVV
* 012			- W-
Policyholder's Signature	Driver's Signature		porting Centre Personnel's Signature
Date & Time:	(If driver is not the polic Date & Time:	•	me: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\





1 of 3

Report No. T/20190125/2052

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT	DEI	оAPT	OF A	A TR	ΔFFIC	ACC	IDENT
------------------------------	-----	------	------	------	-------	-----	-------

Date/Time Report Made: 25/01/2019 13:22			Vide Report No.: G/20190125/0071		Station Diary No.: 44
Informant's	s Particul	ars			
Name of In LEE HOCK			SINGAPORE 60020	ONG EAST STREET 2 08	1 #02-169
ID Type / ID No.: NRIC NO / S1255041C			Contact No.: Home/Office: Mobile: 96497519		
Nationality: SINGAPOR		N	Email:		
Sex: Male	Age: 63	Date of Birth: 18/07/1955	Type of Informant: Driver	:	
Race: Chinese	<u> </u>	J	Language:	Institution	/ School Name:
Occupation Van driver	1:		Driving Licence Info Class:	ormation: Date of E	xpiry:

General Informati	on of the Accident					T= 61 (:	
Type of Accident:	Injury Conveyed By Ambulance		Orink Orive: No	Date/Time of Accident: 25/01/2019 11:4	D	Type of Location: Straight Road	
Location: Along Road 1 TELOK PAKU RO						·	
and Changi Village road Weather:		Road Surface:			Roa	Road Speed Limit:	
Clear		Dry				T	
Hallic How.		Traffic Control: Traffic Light - Working			1	Traffic Volume: Moderate	
Type of Collision: Van and van and				`		one conveyed by oulance:	

	ehicle Involved	Control of the Contro	Medel	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	CUIUI		_
FBM319P	Motorcycle				Slightly	0
					Damaged	
GBD2294K	Van				Slightly	1
					Damaged	
GBD5528S	Van				Slightly	1
					Damaged	





2 of 3

Report No. T/20190125/2052

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No		Use of Peo	lestrian	Cross	ing: NA
No. of Pedestrian	s injured. NIL		030 011 00			
Name	LEE HOCK GUAN			ID No.		S1255041C
Related Vehicle	GBD5528S (Van)	•		Conta	ct No.	96497519
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL · Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL		Degree of	injury	NIL	

Brief Details.

On the 25/01/2019, at about 11.40am, I was along Telok paku road on the 2nd lane of a two lane carriageway. Subsequently, there was a van (GBD2294K) beside me at the traffic junction. Suddenly, I heard something hitting onto the right side of the vehicle. A motorcycle (FBM319P) had fallen onto my van. Apparantly, the motorcycle was travelling between the two vans and the front passenger of the other van suddenly opened his door, causing the motorbike to jam brake and hit the left side of the other van before falling onto my van. The motorcycle rider was conveyed conscious to hospital. No other person was injured.



T/20190125/2052

3 of 3

Report No. T/20190125/2052

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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 /
Sgt 2 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Interpreter:
Not applicable

Date/Time:
25/01/2019 13:22

Classification Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp NP168

POLICE FORCE

SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars Company Owner ID Type: 4531H Owner ID: Vehicle Details GBD5528S Vehicle No.: Yes Vehicle to be Exported: 04 Mar 2019 Intended Deregistration Date: NISSAN Vehicle Make: NV350 PANEL VAN 2.5 5MT 5DR EURO V Vehicle Model: White Primary Colour: 2014 Manufacturing Year: YD25355456A Engine No.: JN1MC2E26Z0003097 Chassis No.: Maximum Power Output: \$23,914.00 Open Market Value: 13 Dec 2014 Original Registration Date: 13 Dec 2014 First Registration Date: Transfer Count: \$1,196.00 Actual ARF Paid: Intended PARF Rebate Details Νo PARF Eligibility: PARF Eligibility Expiry Date: \$0.00 PARF Rebate Amount: Intended COE Rebate Details 12 Dec 2024 COE Expiry Date: C - Goods Vehicle & Bus COE Category: 10 COE Period(Years): \$57,389.00 QP Paid: \$33,122.00 COE Rebate Amount:

The information contained herein is correct as at 04 Mar 2019

Total Rebate Amount:

ОК

\$33,122.00