

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

Jimmy Goh Kl

CLAIM DEPARTMENT

DID: 66547618

Date

26/03/2019

FAX:

To

LONPAC INSURANCE BHD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No

D18MTHCVE000153

Accident Date

13/03/2019

Vehicle No

GBH-4233-C

Make & Model

TOYOTA DYNA 150 (EURO 6) 3.0 DIESEL G (M

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY	DESCRIPTION				REPAIRER AMT (\$)	SURVEYOR APP.
<u>List I</u>	<u>tem</u>			JAAA 130 JA 100		
1	FRONT BUMPER				852.90	
1	FRONT BUMPER BRACKET (RH)				193.80	
1	FRONT BUMPER BRACKET LH			193.80		
1	FRONT BUMPER REINFORCEMENT				237.50	
1	FOG LAMP COVER RH			141.50		
1	HEADLAMP (RH)				1,147.10	
1	HEADLAMP (LH)				1,147.10	
1	FRONT GRILLE				676.50	
10	FRONT GRILLE CLIPS				45.00	

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00.00

Add Excess : 0.00

					·····································	
QTY	DESCRIPTION				REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT GRILLE LOGO				107.20	
1	FRONT PANEL			RESTORE		
1	FRONT PANEL EMBLE	M "DYNA"			92.90	
1	FRONT CORNER PANE	L (RH)			356.30	
1	FRONT DOOR PILLAR ((R/H)		RESTORE		
1	FRONT DOOR (RH)				1,894.20	
1	FRONT DOOR UPPER H	INGE RH			135.80	
1	FRONT DOOR LOWER I	HINGE RH			135.80	
1	FRONT DOOR WEATHE	ER STRIP R/H	H		243.80	
1	STEP GARNISH R/H				361.30	

PAGE:

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ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

Add Excess : 0.00

QTY	DESCRIPTION				REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total				7962.50	
	Discount 25% On Pa	rts			(1990.63)	
Speci	al Nett Item					
1	LTA DOOR STICKER				20.00	
1	FRONT NUMBER PLATI	Ξ			30.00	
1	TOWING FEE				50.00	
	Sub Total				100.00	
<u>Labo</u>	ur & Misc					
	LABOUR TO FACILITAT	TE REPAIR			1,050.00	
	TO REMOVE & INSTALL	L RHF DOO	OR COMPO	ONENTS	100.00	

PAGE:



LONPAC INSURANCE BHD. To **ESTIMATION** FAX: **Motor Claim Department** Attn Owner ETHOZ Group Ltd SOMPO INSURANCE SINGAPORE PTE. LTD. Certificate No Accident Date : 13/03/2019 D18MTHCVE000153 Vehicle No Make & Model GBH-4233-C : TOYOTA DYNA 150 (EURO 6) 3.0 DIESEL G (M ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00 SURVEYOR APP. REPAIRER AMT (\$) QTY DESCRIPTION 80.00 TO RUST PROOF AFFECTED AREA 50.00 TO CHECK AND RECONNECT ALL NECCESSARY WIRINGS 1,250.00 TO SPRAY PAINT ON AFFECTED AREAS **Sub Total** 2530.00 8,601.88 Remarks: **SUB TOTAL GST 7.0 %** 602.13 9,204.01 TOTAL Surveyor's name: Principal's name: ETHOZ Group Ltd Survey Date & Time: PAGE:

Date

26/03/2019

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/03/2019 09:04

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 aforesaid.

Date Of Report

23/03/2019 13:59

Date Of Accident

13/03/2019 08:15

Exact Location Of Accident

HARRISON ROAD T-JUNCTION

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH4233C

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

TOYOTA

Model

TOYOTA DYNA 150 (EURO 6) 3.0 DIESEL G (M)

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

YES

Policy Number

D18MTHCVE000153

Cover Note Number

Driver

Name of Driver

MUHAMMAD THAQIB AJWAD BIN MOHAMED ALI

NRIC No

S9509875D

Date Of Birth

21/03/1995

Occupation

OUTDOOR

Date Of Driving Pass

21/01/2016

Driving Experience

3 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-87538422

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

30 BUKIT BATOK CRESENT SINGAPORE 658075

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

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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

. . .

NO

Was any body injured in the Accident?
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)

4

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)

ont?

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE9888X

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SUNDARAM KAMAL

NRIC/Passport Number

G8354833P

Contact Number

94288779

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 3

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.
- 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.
- 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 aforesald.
- 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:

Oriver's Signature (if driver is not the policyholder)

Date & Time:

epontal district Personnel's Signature

	•			
SKETCH PLAN		a)Q2	HUNDEN	
		B)GR	4423BCI	
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT			
	errision Fund on a function of the a right turn). The ly a vehicle which is a the lipped my front burny portion. In the and exchange both drivers.			Signaling Making that me overtook travelling valy to the
Important: You have been advised by the workshop t claim against your own policy (OD CLAIM) DAYS CLAUSE WHEREBY MUST BE MADE from the day of the occurrence.), There is a FOURTEEN (14)		- Reporting - Claim OD - Claim TP - Claim OD/	Only TP at other workshop
DECLARATION I/WE declare the foregoing particulars Output Policyholder's signature	oriver's Signature		Reduction Factor D	preonnal's Signature
Date & Time	(if driver not the policyholder		Reporting Centre Pe Name:	ersonnel's Signature

Date & Time

Nric/Fin No.

Sketch Plan Pg. 1



> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	CD14000C
Vehicle No.:	GBH4233C
Vehicle Type :	A50 - Goods (Closed) Van/Van Panel (Delivery)
Vehicle Attachment 1:	No Attachment ·
Vehicle Scheme:	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	DYNA 150 5MT
Chassis No. :	JTFAT35Y70K210361
Propellant:	Diesel
Engine No. :	1KD2797556
Engine Capacity :	2982 cc
Maximum Power Output:	-
Maximum Laden Weight:	3500 kg
Unladen Weight:	1760 kg
Year Of Manufacture:	2018
Original Registration Date :	31 May 2018
Lifespan Expiry Date :	30 May 2038
COE Category :	C - Goods Vehicle & Bus
PQP Paid:	\$29,919.00
COE Expiry Date :	30 May 2028
Road Tax Expiry Date :	31 May 2019
Inspection Due Date :	31 May 2019
Intended Transfer Date:	26 Mar 2019
CO2 Emission :	255.00 (g/km)
CEV/VES Rebate Utilised	entra en esta com a la compansa de como a com a com a desta en entra entra entra entra esta esta en esta en est E
Amount:	
CO Emission :	0.088000 (g/km)
HC Emission:	0.003469 (g/km)
NOx Emission :	0.106000 (g/km)
PM Emission:	1.800000 (mg/km)

after 31 May 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 01 Jun 2019 to 30 Nov 2019)

	Amount Before GST	GST Amount	Amount After GST
	(S\$)	(S\$)	(S\$)
Transfer Fee :	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After	125.00	-	125.00
Offsetting Over Payment):			
Total Amount Payable :			150.00
Amount Payable (From 01 Jun 20	19 to 31 May 2020)		
and the second s	Amount Before GST	GST Amount	Amount After GST
	, undant before est	GS17 (mount	Amount Arter 651
	(S\$)	(S\$)	(S\$)
Transfer Fee :			
Transfer Fee : Sub Total :	(S\$)		(S\$)
and the second s	(S\$)		(\$\$) 25.00
Sub Total:	(S\$) 25.00		(S\$) 25.00 25.00
Sub Total : Nett Road Tax Amount (After	(S\$) 25.00		(S\$) 25.00 25.00

ОК

Print



CASH/ W.O. No. 99718

TOW JOB WORKS ORDER

M Ethor		Svc Date _	26/3/19
Car Make/Model		Vehicle No	GBH 4233
M`ship/NRIC No./Card No			•
Fime – Rec'd Arr	rived 945	Completed	1030
Amount Charge S\$ <u>50</u> <u> </u>		Tow Truck	No Y4f148
Destination (from) 5 Burn Rd	(to)_	Tam	Elhor
Remark (if any) <u>(199717</u> 2	2)		
Tow Driver`s Signature	$\mathcal{M}_{\mathcal{I}}$	Member's	ETHOZ GROUP UTD 30, BUKIT BATOK GROUP UTD Signature GAMBER (CAR) TEL: 6319 8000 FAX: (2319 8060)
Change Tyres & Towing Basement / Multi Carpark Causeway / 2nd Link	Using King Dolley Low Spolier / Low Of Accident / Over-turn	l Sump	Use Car Carrier Azi: Release Brake / Shaft Loaded

Note: The owner or his representative is required to follow along to the towing destination, failing which the tow operator shall not be liable for any alieged damages to the car nor missing items from the same. Vehicle is towed at owner's risk. The tow operator accepts no responsibility for any damages to the owner's vehicle whilst being towed.