

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

Jimmy Goh KI
CLAIM DEPARTMENT
DID : 66547618
FAX :

Date : 09/10/2019
To : LONPAC INSURANCE BHD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D17MTHCVE000063 Accident Date : 09/09/2019
Vehicle No : GBH-9248-C Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	BONNET	983.40	
1	BONNET LOGO	102.50	
1	CORNEL PANEL LH	291.20	
1	FRONT HEADLAMP LH	843.40	
1	FRONT DOOR LH	1,925.60	
1	FRONT DOOR HINGE LH(UPPER)	121.20	
1	FRONT DOOR HINGE LH(LOWER)	121.20	
1	FRONT DOOR CHECKER LH	190.60	
1	SIDE MIRROR LH	1,253.40	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	SIDE MIRROR GLASS LH	214.20	
	Sub Total	6046.70	
	Discount 25% On Parts	(1511.67)	
	<u>Special Nett Item</u>		
1	BONNET ADVERTISMENT STICKER	320.00	
1	FRONT DOOR LH ADVERTISMENT STICKER	20.00	
	Sub Total	340.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILIATE REPAIR	550.00	
	LABOUR TO SPRAY PAINT AFFECTED AREAS	750.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	TO REMOVE & REFIT FRONT DOOR COMPONENT	80.00	
	Sub Total	1410.00	

6,285.02

Remarks:

SUB TOTAL

GST 7.0 % 439.95

TOTAL 6,724.98

Surveyor's name: _____

Principal's name: ETHOZ Group Ltd

Survey Date & Time: _____

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	09/09/2019 14:35
Date Of Accident	09/09/2019 10:20
Exact Location Of Accident	MARINA BAY SANDS MICE OFFICE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9248C
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	HIACE VAN TURBO 5DR MT
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	ABDUL AZIZ BIN ANSARI
NRIC No	S9640344E
Date Of Birth	31/10/1996
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98635736
Fax Number	
Contact Number	

Address	334 UBI AVE 1 05-1111
Postcode	400344
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	3
Passenger 1	NAME: : IHSAN GENDER: : MALE
Passenger 2	NAME: : KEVIN GENDER: : MALE

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	YN1426D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIAW CHIN CHAI
NRIC/Passport Number	S8525153H
Contact Number	81126468

SKETCH PLAN

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2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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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:

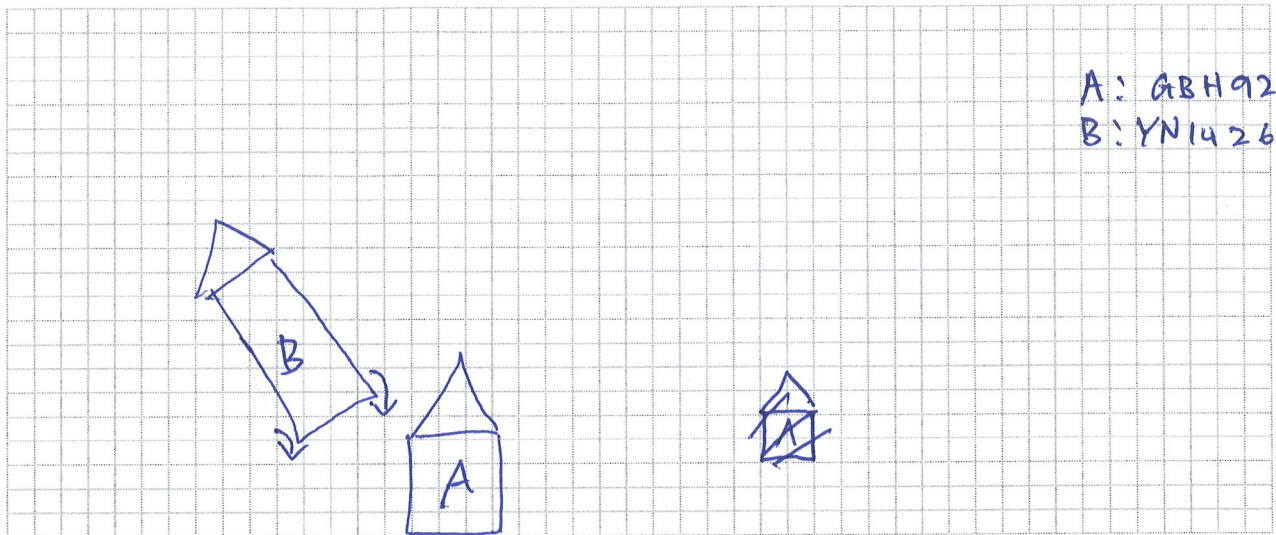
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 :
 - (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

My vehicle was parked in the Loading bay of MBS MICE office. Me and my passengers were already in the van getting ready to moved off while waiting for vehicle YN1426D reversing trying to parked beside my ~~pa~~ Stationery vehicle. However vehicle YN1426D was too closed to the left side of my van and it hit ~~at~~ the side mirror and the part above the headlight of my van.


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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **S9640344E**
Name: **ABDUL AZIZ BIN ANSARI**

Birth Date: **31 Oct 1996**
Issue Date: **30 Jun 2017**

Barcode: 002699218D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9640344E**

Portrait of a man

Name: **ABDUL AZIZ BIN ANSARI**
عبدالعزيز بن الأنصاري

Race: **INDIAN**

Date of birth: **31-10-1996** Sex: **M**

Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 CC
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

EFFECTIVE DATE: 31 Jan 2018 / 30 Jun 2017

HP: 98635736

S / No.9000305172

S9640344E

NP 428A

Licence No: S9640344E

4710711

Barcode

Portrait of a man

NRIC No. **S9640344E**

Date of issue: **18-04-2011**

Address: **APT BLK 344 UBI AVENUE 1
#05-1111
SINGAPORE 400344**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 531H

Vehicle Details

Vehicle No.: GBH9248C
Vehicle to be Exported: Yes
Intended Deregistration Date: 19 Sep 2019
Vehicle Make: TOYOTA
Vehicle Model: HIACE VAN TURBO 5DR MT
Primary Colour: White
Manufacturing Year: 2018
Engine No.: 1KD2831546
Chassis No.: JTFHT02P500246330
Maximum Power Output: -
Open Market Value: \$28,136.00
Original Registration Date: 05 Nov 2018
First Registration Date: 05 Nov 2018
Transfer Count: 0
Actual ARF Paid: \$1,407.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 04 Nov 2028
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$27,341.00
COE Rebate Amount: \$21,872.00
Total Rebate Amount: \$21,872.00

The information contained herein is correct as at 09 Sep 2019

OK