ASS. REC. BY: Taufik REF: CS/CT120006424/Tly f3.

ASSIGNMENT

From ________ Date: ________

Estimated Cost: ________

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ________

at Workshop m/s ________

of ________

Insured: ________

Policy No: ________

Claims No: ________

Sum Insured: ________ Excess: ________

(Client's Record)

Make of Veh: ________

(Policy Condition)

N/S	O/S
	X

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: ~~[illegible]~~ $80K

IDAC Accident Rport: ________ Consistent? : Yes or No

G.A / PR Seen: ________ Consistent? : Yes or No

Est. Repairs: ________ days Res.: Yes or No

Lum Sum: ________ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date ________ Person Contacted: Lee.

Veh No: SKU244Y Yr Regn: 2015, June.

Type: M.(Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ________

Make: Kia Sorento 24 c.c 2359

Colour: Silver. A/C: Insured / Std / NI / NA

Sp.Reading: 40767 T/Radio: Insured / Std / NI / NA

Eng/No: ________

C/No: KNAPH813MF5083634

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or ________

Brake: (Inorder) / Jammed / Leaked / Burnt or ________

Modi: Nil / (S.Rim) / STD A/Rim or ________

Tyre Size: F: 235/60R18

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Fallen.

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. ________ D.O.I. 3/7/20 @ 12pm

Survey held at Eng BLt BK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

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

1) ________ ☐ : Final Report

Date/Time, File Return to?

2) ________

Days Of Repair: ________

Resurvey No. of Trip: ________

Survey Fee: ________

Transportation: ________

___S + RS.___SI

Photos ________

Others ________

Add Fee: ☐ : Site Insp ($ ________)

☐ : Interview ($ ________)

☐ : Tech. Invs ($ ________)

☐ : Weekend ($ ________)

Re[redacted]Format : ________

Lump Sum / I.B.I. (% ________)

ETHOZ

PLEASE ARRANGE TO SURVEY VEHICLE AT 30 BUKIT BATOK CRESCENT (S 658075)

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 02/07/2020

To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000085 Accident Date : 26/06/2020

Vehicle No : SKU- 244-Y Make & Model : KIA SORENTO EX 2.4 (A) GDI

Excess : 0.00 Add Excess : 0.00

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION		REPAIRER AMT ($)	SURVEYOR APP.
	List Item			
1	REAR BUMPER		696.00	✓
10	REAR BUMPER CLIP		49.00	✓
1	REAR BUMPER SIDE RETAINER RH		29.10	✓
1	TAIL LAMP LAMP RH (OUTER)		687.00	✓ polish
3	TAIL LAMP CLIP		16.80	✓
1	REAR FENDER RH	RESTORE		
	Sub Total		**1477.90**	
	Discount 10% On Parts		**(147.79)**	
	Labour & Misc			
	LABOUR TO CARRY OUT REAR REPAIR		600.00	400

Date : 02/07/2020

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000085 Accident Date : 26/06/2020

Vehicle No : SKU- 244-Y Make & Model : KIA SORENTO EX 2.4 (A) GDI

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT ($)	SURVEYOR APP.
	TO CHECK AND RECONNECT ALL NECCESSARY WIRINGS	35.00	✓
	TO SPRAY PAINTING ON REAR AFFECTED AREA	600.00	400
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	30
	TO REMOVE & REINSTALL REVERSE SENSOR	60.00	30
	Sub Total	**1335.00**	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Remarks:

SUB TOTAL	2,665.11
GST 7.0 %	186.56
TOTAL	2,851.67

Surveyor's name: Taufik Kh 97495749

Principal's name: ETHOZ Group Ltd

Survey Date & Time: 3/7/20 @ 12pm

Resurvey before paint
4 days 4 days
taufikm @ lkkauto.com.

ETHOZ GROUP LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com
Company Registration No. 198104531H

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	531H

Vehicle Details

Vehicle No.:	SKU244Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	01 Jul 2020
Vehicle Make:	KIA
Vehicle Model:	SORENTO 2.4(A) GDI
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	G4KJFA647128
Chassis No.:	KNAPH813MF5083634
Maximum Power Output:	138.0 kW (185 bhp)
Open Market Value:	$27,938.00
Original Registration Date:	29 Jun 2015
First Registration Date:	29 Jun 2015
Transfer Count:	0
Actual ARF Paid:	$31,114.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2025
PARF Rebate Amount:	$21,779.00

Intended COE Rebate Details

COE Expiry Date:	28 Jun 2025
COE Category:	E - Open Category
COE Period (Years):	10
OP Paid:	$75,801.00
COE Rebate Amount:	$37,437.00
Total Rebate Amount:	**$59,216.00**

The information contained herein is correct as at 30 Jun 2020

OK

MDR120055460 / ETHOZ Protect Pte Ltd - Bukit Batok
ENTRY DATE & TIME: 29/06/2020 17:13
SUBMITTED BY: JACKSON TEO Ban Chye

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.

ACCIDENT STATEMENT:

Date Of Report	29/06/2020 17:13
Date Of Accident	26/06/2020 20:00
Exact Location Of Accident	DAWSON ROAD BLOCK 89 S(142089)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU244Y
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	1XXXXX531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777
Vehicle Particulars	
Manufacturer	KIA
Model	SORENTO EX 2.4 (A) GDI
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	D20MTRENT000085
Cover Note Number	
Driver	
Name of Driver	GOMES CALADO MARTA SILVANA
Passport No/FIN	GXXXX191X
Date Of Birth	21/09/1978
Occupation	INDOOR
Date Of Driving Pass	12/03/2019
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81805847
Fax Number	
Contact Number	
EMail Address	MARTASGCALADO@GMAIL.COM

Address	81 CARLISLE ROAD #08-04
Postcode	219647
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	SIDE SWIPE
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)	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

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 Witness 1

Name	JERICO QUEK
Phone Number	97486066
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ7798S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEE KAI SHENG, MELVYN,
NRIC/Passport Number	SXXXX169B
Contact Number	94356796
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

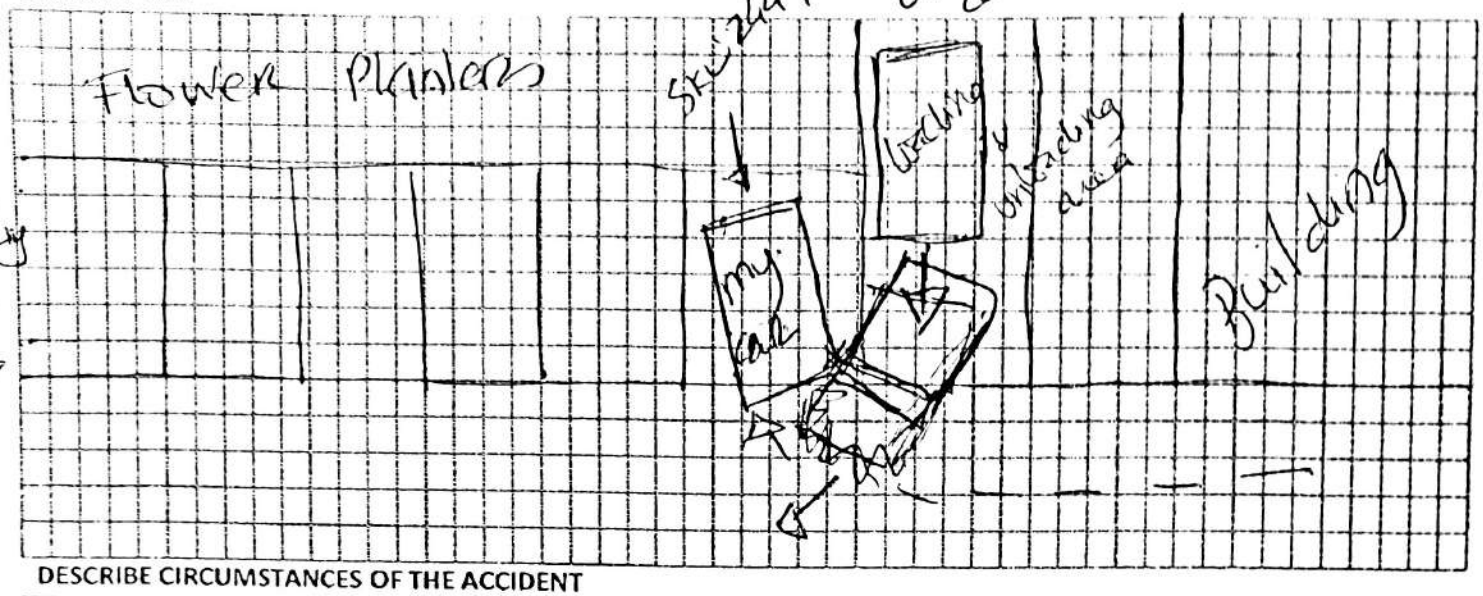
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/8/2020
17h

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WENT TO PICK UP A KIDS BICYCLE AT ABOUT 8PM.
When approaching Blk 89, there is a loading/unloading area in which a car was parked.
As there was no manoeuvre indication, I signaled to the right to park in the spot immediately next to the car parked.

When I am almost finishing my parking, the other car reversed and tried to speed a bit to avoid collision as I thought he was not seeing my car but could not help collision.

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.

ETHOZ GROUP LTD

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time 29/6/2020

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

1 of 1