

AS: REC BY: Toughlin

REF:

CS/CT120006424/Tlyf3

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)

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

N/S	O/S
	X

Bal. or Market Value: \$80K

DAC Accident Report: _____ Consistent? : Yes or No

G/A / PR Seen: _____ Consistent? : Yes or No

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lee Vehicle: IN / OUT

Veh No: SKU244Y Yr Regn: 2015, June

Type: ☒ 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: KNAPHX13MF5083634

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 6 Rear 6

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 3/7/2012 Rpr

Survey held at EPH3 BHT BHK

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

U/S Rear

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

Date/Time Action / Instruction

P/P \$1591.69 REPAIR 4 DAYS (RED: \$1073.42, 40%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 17/08/20 TYPIST

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format:

Lump Sum / 10% P/P \$1591.69

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

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

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

RESTORE

Date : 02/07/2020

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

Attn : Motor Claim Department

FAX :

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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 NECESSARY 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	
Remarks: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>		2,665.11	
		SUB TOTAL	
		GST 7.0 %	186.56
		TOTAL	2,851.67

Surveyor's name:

Taufik 97475741

Principal's name: ETHOZ Group Ltd

Survey Date & Time:

3/7/20 @ 12pm

Resurvey before paint
2 days 4 days
taufik @ 12pm on.

PAGE : 2

[> 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

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	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

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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.
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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.

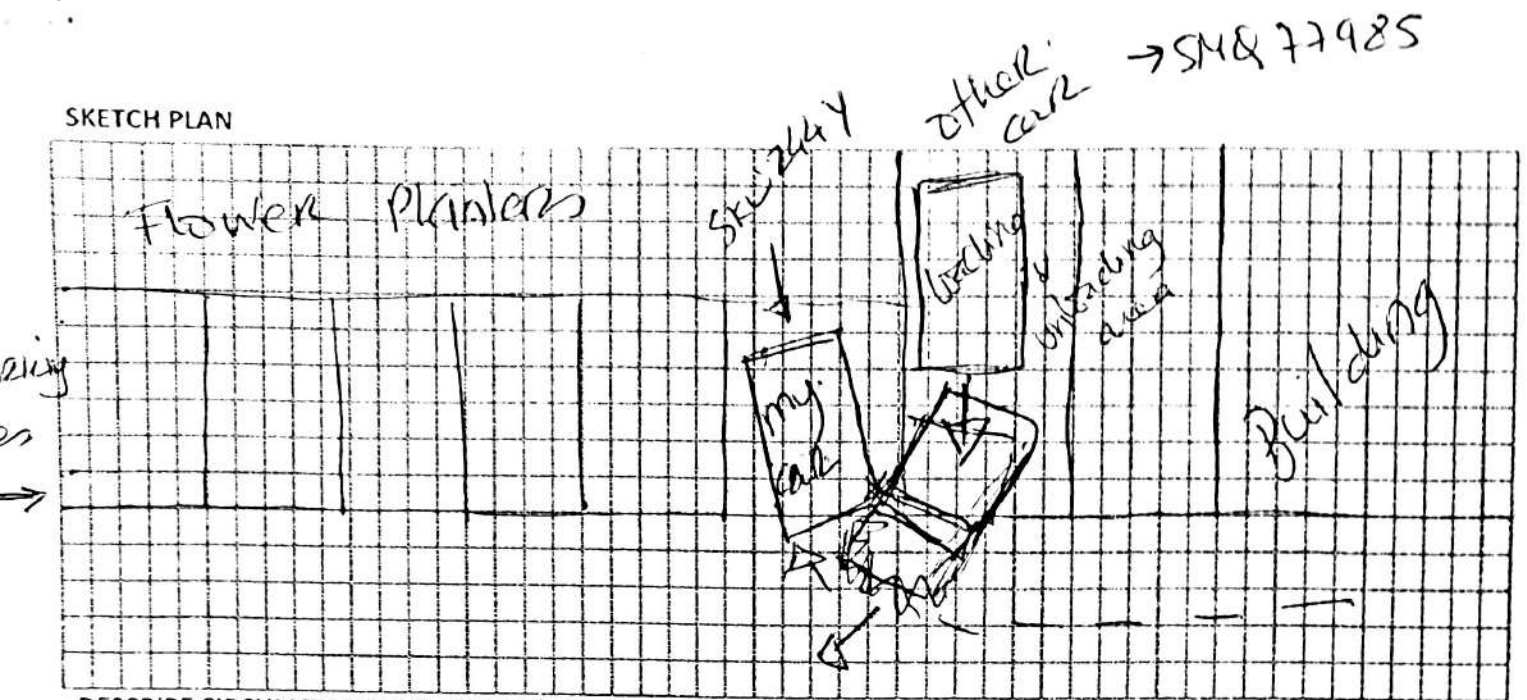


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/8/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WENT TO PICK UP A KIDS FRIEND AT around 8pm. When approaching Block 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.



Policyholder's signature
Date & Time

Ifacta Calcedy.
Driver's Signature
(if driver not the policyholder)
Date & Time 29/6/2020
1.th

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