

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

Ng Boon Kai  
CLAIM DEPARTMENT  
DID : 6654\_7617  
FAX :

Date : 28/07/2020  
To : LONPAC INSURANCE BHD.

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd  
: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : D19MTHCVE000171 Accident Date : 26/06/2020  
Vehicle No : GBJ-8012-L Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A) 1

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>Nett Item</b>			
1	REAR FENDER RH	2,006.90	
1	REAR FENDER INNER RH	1,256.20	
1	TAIL LAMP PANEL RH	268.20	
1	TAIL LAMP RH	334.80	
1	END PANEL TOP GARNISH	212.50	
1	REAR BUMPER	767.80	
10	REAR BUMPER CLIPS	55.00	
1	REAR BUMPER SIDE RETAINER RH	48.10	
1	REAR BUMPER SIDE RETAINER LH	48.10	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR END PANEL	384.30	
1	REAR MUD FLAP (R/H)	198.80	
	<b>Sub Total</b>	<b>5580.70</b>	
	<b>Discount 10% On Parts</b>	<b>(558.07)</b>	
	<b><u>Special Nett Item</u></b>		
1	REAR FENDER ADVERTISMENT STCIKER RH	450.00	
1	REAR BUMPER ADVERTSIMENT STICKER	800.00	
1	REAR WHEEL CAP RH	83.90	

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### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	<b>Sub Total</b>	<b>1333.90</b>	
	<b><u>Labour &amp; Misc</u></b>		
	LABOUR TO FACILIATE REPAIR	1,000.00	
	LABOUR TO SPRAY PAINT AFFECTED AREAS	800.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	40.00	
	TO CONDUCT ALL WHEEL COMPUTERISED WHEEL ALIGNMENT	80.00	
	<b>Sub Total</b>	<b>1920.00</b>	

8,276.53

Remarks:

### SUB TOTAL

GST 7.0 % 579.36

**TOTAL** 8,855.89

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	26/06/2020 18:50
Date Of Accident	26/06/2020 15:00
Exact Location Of Accident	ALONG WINDSOR PARK HILL (OPPOSITE HOUSE NO 4)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8012L
<b>Insured/Policyholder</b>	
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	NISSAN
Model	NV350 PANEL VAN 5DR 2.5 5AT
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	D19MTHCVE000171
Cover Note Number	28/08/2019-27/08/2020

### Driver

Name of Driver	MUHAMMAD ISMADI BIN ISMAIL
NRIC No	SXXXX048J
Date Of Birth	08/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/12/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96616442
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 185B WOODLANDS ST 13 #04-675
Postcode	732185
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 - MAJOR/MINOR RD
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

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS2351G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHARON
NRIC/Passport Number	SXXXX457H
Contact Number	98455577
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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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.

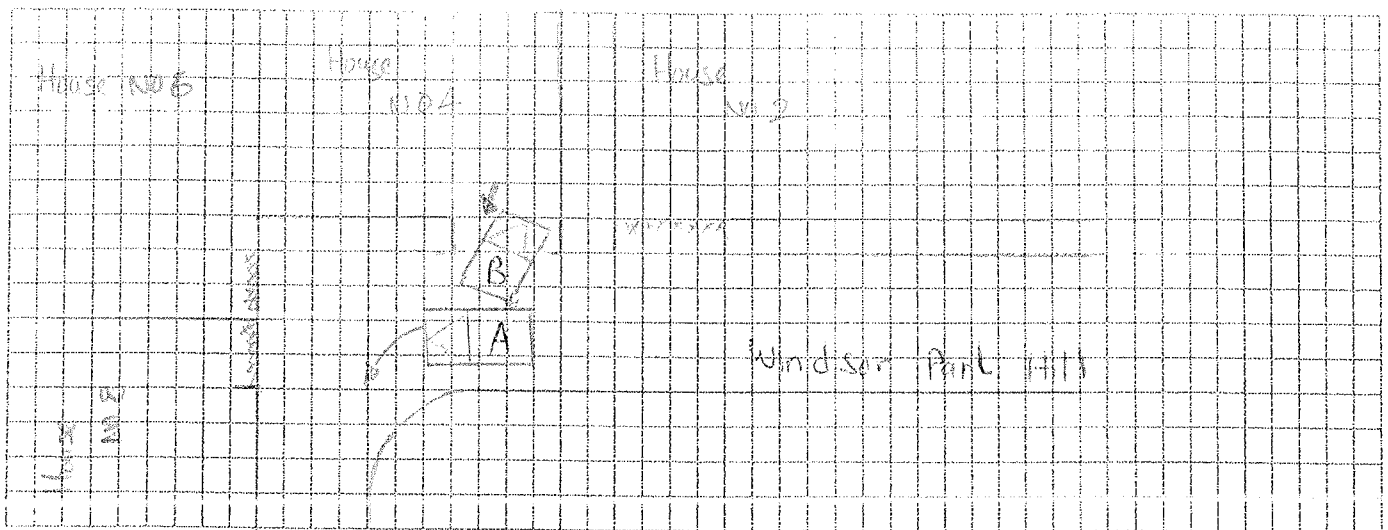


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Windsor Park Hill, near to House No 4  
 There was vehicle B suddenly <sup>make</sup> reverse out from the house without chkd the road.  
 At that moment.  
 Vehicle B hit my rear right fender. I also try to avoid the contact with the  
 vehicle B but that vehicle make a fast reverse out from the house.

### 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

*M*

Driver's Signature

(if driver not the policyholder)

Date & Time

*[Signature]*

Reporting Centre Personnel's Signature

Name: *Rakeshwaran Arund*

Nric/Fin No.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	531H

### Vehicle Details

Vehicle No.:	GBJ8012L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Jul 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 5DR 2.5 5AT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	YD25056633B
Chassis No.:	JN1MC2E26Z0031527
Maximum Power Output:	-
Open Market Value:	\$26,544.00
Original Registration Date:	28 Aug 2019
First Registration Date:	28 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$1,328.00

### Intended PARF Rebate Details

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

### Intended COE Rebate Details

COE Expiry Date:	27 Aug 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$27,800.00
COE Rebate Amount:	\$22,240.00
<b>Total Rebate Amount:</b>	<b>\$22,240.00</b>

The information contained herein is correct as at 30 Jun 2020

OK