

ASS. REC. BY: Ramu

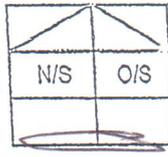
REF: CS/CTI21002703/Rtd3

5314

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / INV
 To Inspect Vehicle No: SMN 5503E
 at Workshop m/s ETHOZ
 of 30, Bukit Batok Crescent
 Insured: CTI
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMN 5503E Yr Regn: 2019, Anh
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA SIENNA ELEGANCE A. c.c 1496
 Colour: GRAY A/C: Insured / Std / NI / NA
 Sp. Reading: 1493 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MHE 228H38 0006462
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jaimed / Leaked / Burnt or _____
 Brake: Inorder / Jaimed / Leaked / Burnt or _____
 Modi: NII / SRim / STD AJRim or _____
 Tyre Size: F: 195/50R16
 R: n



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 87K
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BSY DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or . _____
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 07/02/21 D.O.I. 08/03/21
 Survey held at ETHOZ
 Des. of Damages: Frit Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	<u>Repair limit - 50K</u>
	<u>part by part \$2667.25!</u>
	<u>cred: 4600 : 63%</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: 2

1) 2313 Typist
 Date/Time, File Return to? _____
 2) _____
 Report Format: TP
 Lump Sum / I.C.F. (\$) 2667.25

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	

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 Submission	08/02/2021 21:04 (SGT)
Date of Accident	07/02/2021 11:55 (SGT)
Exact Location of Accident	Near 45 Jurong East Ave 1, Singapore 609779
Additional Location Information	TURNING FROM BOON LAY WAY TO JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5503E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ GROUP LTD
Company Reg No	1XXXXX531H
Email Address	jackson.teo@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTRENT000089
Cover Note Number	-

DRIVER

Name of Driver	PARIKKA JUSSI TAPANI
Passport No/FIN	GXXXX818P
Date Of Birth	14/02/1979

Occupation	Indoor
Date Of Driving Pass	01/01/2020
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90171759
Alt. Phone Number	-
Email Address	jussi.parikka@gmail.com
Address	6 JURONG LANE LINK
Address complement	-
Postcode	S(648158)
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SIRPA PARIKKA
Gender	Female

PASSENGER 2

Name	PIHLA PARIKKA
Gender	Female

PASSENGER 3

Name	ELLA PARIKKA
Gender	Female

PASSENGER 4

Name	ISLA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
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Was there any video captured by Car Camera?

No

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ9136B
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM YU XUAN
NRIC No	TXXXX820H
Contact Number	(Phone) +65-94528156
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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.

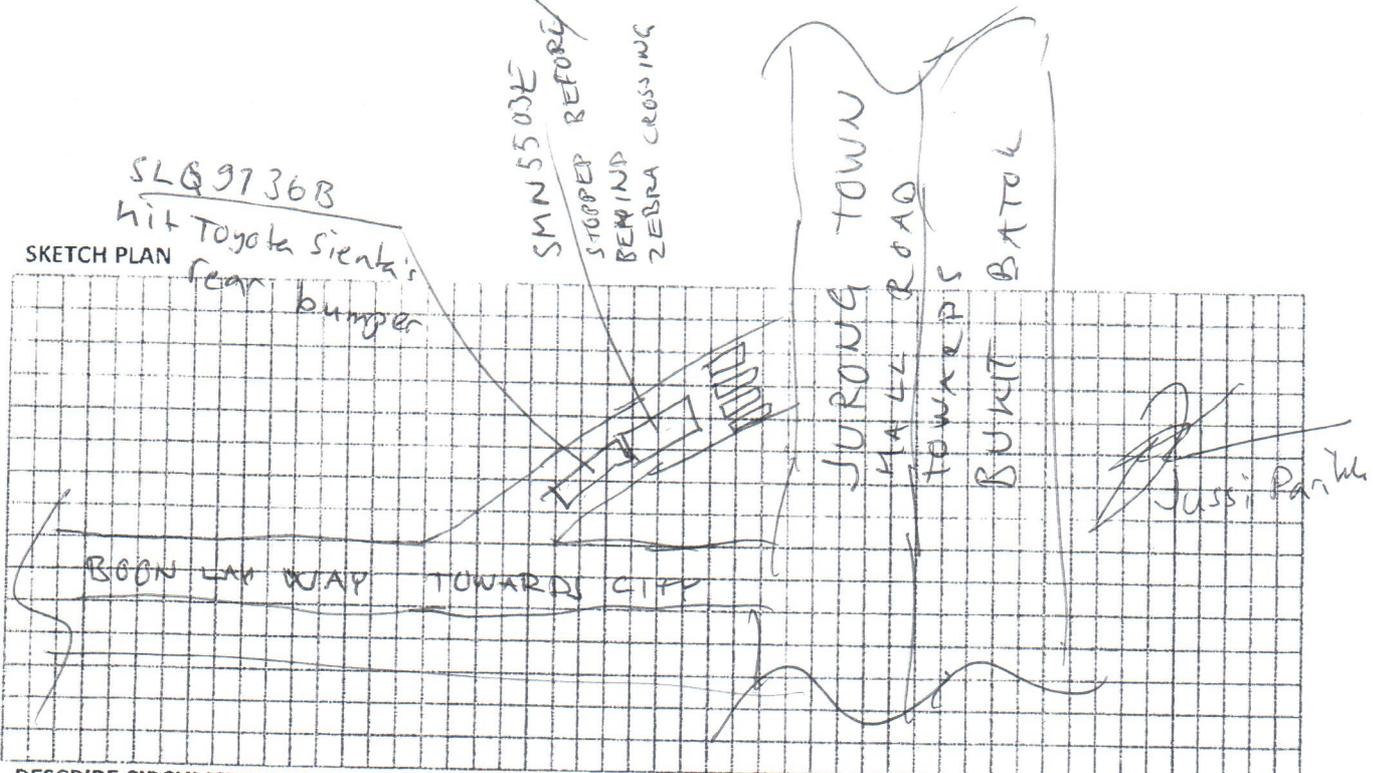


Policyholder's Signature
Date & Time:

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

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

8-2-2021



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Another vehicle (Toyota Wish) hit rear bumper of my Toyota Siata while I was stopped behind zebra crossing

Jussi Parilla

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.	<input type="checkbox"/>	- Reporting Only
	<input type="checkbox"/>	- Claim OD
	<input checked="" type="checkbox"/>	- Claim TP
	<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.



Policyholder's signature
Date & Time

Jussi Parilla
Driver's Signature
(if driver not the policyholder)
Date & Time

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

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 18/02/2021

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

Attn : **Motor Claim Department** FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D20MTRENT000089 Accident Date : 07/02/2021
Vehicle No : SMN-5503-E Make & Model : TOYOTA SIENTA 1.5 ELEGANCE (A)

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BUMPER <i>repair</i>	380.00	
2	REAR BUMPER RETAINER <i>x su</i>	162.00	
2	REAR BUMPER UPPER BRACKET <i>? x su</i>	162.00	
10	REAR BUMPER CLIPS <i>x su</i>	50.00	
2	REAR BUMPER SIDE MOULDING RH/LH <i>x su</i>	360.00	
1	REAR BUMPER CENTRE MOULDING <i>de</i>	195.00	✓
2	REAR BUMPER REFLECTOR <i>x su</i>	170.00	
1	REAR BUMPER CENTRE LAMP <i>x su</i>	240.00	
1	REAR END PANEL <i>? repair</i>	580.00	

Date : 18/02/2021

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

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000089

Accident Date : 07/02/2021

Vehicle No : SMN-5503-E

Make & Model : TOYOTA SIENNA 1.5 ELEGANCE (A)

ESTIMATED REPAIR COST DETAILS

Excess :

0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	END PANEL TOP GARNISH ? <i>xsu</i>	180.00	
1	TAILGATE <i>sf</i>	1,076.00	✓
1	TAILGATE LOCK <i>x su</i>	750.00	
1	TAILGATE CHROME MOULDING <i>x su</i>	350.00	
1	TAILGATE LOGO <i>per</i>	68.00	✓
1	EMBLEM - SIENNA <i>per</i>	45.00	✓
1	EMBLEM - G <i>* V per</i>	45.00	✓
1	TAILGATE WEATHERSTRIPE <i>x su</i>	280.00	
1	TAILGATE TRIMBOARD <i>x su</i>	380.00	
2	REAR WINDSCREEN SIDE MOULDING RH/LH <i>per</i>	194.00	✓

Date : 18/02/2021
 To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**
ESTIMATION
 Attn : **Motor Claim Department** FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : D20MTRENT000089 Accident Date : 07/02/2021
 Vehicle No : SMN-5503-E Make & Model : TOYOTA SIENNA 1.5 ELEGANCE (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	5667.00	
	Discount 25% On Parts	(1416.75)	
	Special Nett Item		
1	REAR NUMBER PLATE <i>X SVC</i>	35.00	
1	REVERSE SENSOR <i>? X SVC</i>	220.00	
1	REAR WINDSCREEN SEALANT <i>m</i>	50.00	✓
	Sub Total	305.00	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	1,200.00	<i>400 600</i>
	TO RESPRAY AFFECTED AREAS	1,200.00	<i>400 600</i>

Date : 18/02/2021
 To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 ESTIMATION**

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : D20MTRENT000089 Accident Date : 07/02/2021
 Vehicle No : SMN-5503-E Make & Model : TOYOTA SIENTA 1.5 ELEGANCE (A)
 Excess : 0.00 Add Excess : 0.00

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	120.00	/
	TO REMOVE AND TRANSFER TAILGATE COMPONENTS	150.00	80
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	X an
	Sub Total	2720.00	

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:

4 days - P/P / Resy before paint

SUB TOTAL 7,275.25
GST 7.0 % 509.27
TOTAL 7,784.52

Surveyor's name: Rasul - Hp 90010068

Principal's name: ETHOZ Group Ltd

Survey Date & Time: 08/03/21 @ 1545