

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CTI 21002991/4vd3

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.

Bal. or Market Value:

IDAC Accident Rpt:

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

Date / Time

Action / Instruction

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

2) 15/3/21-Typist

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : Merimen

Lump Sum / L.B. (\$ 2950

15/3/21 4/5 42950 confirmed with Jimmy (Red 5426.47,64%)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	531H
Vehicle Details	
Vehicle No.:	GBJ6889L
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Mar 2021
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 5DR 2.5 5AT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	YD25052676B
Chassis No.:	JN1MC2E26Z0031310
Maximum Power Output:	-
Open Market Value:	\$26,544.00
Original Registration Date:	23 Jul 2019
First Registration Date:	23 Jul 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:	22 Jul 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$25,502.00
COE Rebate Amount:	\$21,347.00
Total Rebate Amount:	\$21,347.00

The information contained herein is correct as at 08 Mar 2021

OK

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Direct Owner StarAd


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2 vehicles

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh T
Search Selection	nv350		Any	Any	2019	Any	Any	A
	Nissan NV350 2.5M		\$67,800	\$8,240 /yr	31-May-2019	2,488 cc	77,347 km	V
	Fuel Type: Diesel Monthly Only \$693, Low Mileage, 1 Owner Only, No Repair Required, Fast Handover, High Trade In For Your Current Vehicle, Bank Loan And Inhouse Loan Available 100% With High Approval Rates, Call Now For Viewing And Test Drive.							
	ABS Bus Pte Ltd Posted: 05-Mar-2021 Tags: 2019 Nissan NV350, Nissan NV350, Nissan, NV350							
	Nissan NV350 2.5M		\$65,800	\$7,990 /yr	31-May-2019	2,488 cc	66,000 km	V
	Fuel Type: Diesel Well Maintained, 1 Owner Vehicle, Genuine Low Mileage. Bank/In-house Loan Available. Trade-In Welcome! Contact Our Sales Personnel Directly Now For Viewing.							
	Posted: 05-Mar-2021 Tags: 2019 Nissan NV350, Nissan NV350, Nissan, NV350							

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh T

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https://www.sgcarmart.com/used_cars/listing.php?RGD=2019&MOD=nv350&RPG=20&VEH=0&AVL=2

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	22/02/2021 18:37 (SGT)
Date of Accident	19/02/2021 13:38 (SGT)
Exact Location of Accident	2 Hillview Rd, Singapore 669317
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6889L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ GROUP LTD
Company Reg No	1XXXXX531H
Email Address	rakes.anand@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	No
Policy Number	D20MTHCVE000213
Cover Note Number	23/07/2020-22/07/2021

DRIVER

Name of Driver	Mohammed Khairul Bin Rashid
NRIC No	SXXXX750B
Date Of Birth	20/07/1987
Occupation	Outdoor

Date Of Driving Pass	23/03/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87796694
Alt. Phone Number	-
Email Address	fydo87@hotmail.com
Address	Blk 538 Choa Chu Kang St 51 #02-138
Address complement	-
Postcode	680536
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Khairur Rizal
Gender	Male

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 the 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	YP9791K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Sheikh Samon
Passport No/FIN	GXXX061X

Contact Number	(Phone) +65-91430242
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:

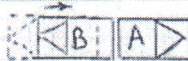
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A - 685 6884L.

B - YP9791K.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19th Feb 2021, time 1:38pm as I was at 2 Hillnew Rd (Zhengda Construction) my vehicle was at stationary position waiting to go off. Where out of sudden a 14ft lorry hit my rear light and dented some of the back areas. I've taken the lorry driver's particulars and took photos of the damages.

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

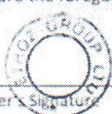
Claim OD

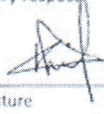
Claim TP


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: Polasekum Arund
 NRIC/FIN No.:

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

Jimmy Goh K1
CLAIM DEPARTMENT
DID : 66547618
FAX :

Date : 04/03/2021

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

Attn : **Motor Claim Department**

FAX :

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

Certificate No : D20MTHCVE000213

Accident Date : 19/02/2021

Vehicle No : GBJ-6889-L

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
Nett Item			
1	TAILGATE <i>DD</i>	<i>1816.70 N</i> 2,213.70	<i>✓</i>
1	TAILGATE WEATHERSTRIPE <i>17</i>	149.40	<i>X</i>
1	TAILGATE OUTER CHROME MOULDING <i>S.R</i>	<i>535.70 N</i> 629.50	<i>✓</i>
1	TAILGATE LOCK <i>17</i>	310.60	<i>X</i>
1	TAIL LAMP ASSY (LH) <i>CM</i>	<i>224.80 N</i> 262.50	<i>✓</i>
1	TAIL LAMP ASSY (RH) <i>17</i>	262.50	<i>X</i>
1	REAR BUMPER <i>DD/n/c</i>	745.90	<i>X</i>
1	REAR BUMPER SIDE RETAINER (LH) <i>17</i>	27.20	<i>X</i>
1	REAR BUMPER SIDE RETAINER (RH) <i>17</i>	27.20	<i>X</i>

Date : 04/03/2021

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTHCVE000213

Accident Date : 19/02/2021

Vehicle No : GBJ-6889-L

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR BUMPER REINFORCEMENT <i>nn</i>	194.80	<i>X</i>
10	REAR BUMPER CLIPS <i>nn</i>	45.00	<i>X</i>
1	REAR END PANEL <i>n</i>	RESTORE	<i>X</i>
Sub Total		4868.30	
Discount 10% On Parts		(486.83)	
<u>Special Nett Item</u>			
1	LTA STICKER (70 KM/H) <i>nn</i>	25.00	<i>10</i>
1	LTA STICKER 8 PAX <i>nn</i>	25.00	<i>10</i>
1	REAR NUMBER PLATE <i>nn</i>	35.00	<i>X</i>
1	REAR WINDSCREEN SEALANT <i>nel</i>	60.00	<i>40</i>

Date : 04/03/2021

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTHCVE000213

Accident Date : 19/02/2021

Vehicle No : GBJ-6889-L

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REVERSE SENSOR 17	220.00	
1	REAR WINDSCREEN GLASS ADVERTISEMENT car n/c	550.00	X
1	TAILGATE ADVERTISEMENT STICKER new	550.00	X
1	REAR BUMPER ADVERTISEMENT STICKER car n/c	580.00	X
	Sub Total	2045.00	
Labour & Misc			
	LABOUR TO FACILITATE REPAIR 300	800.00	
	TO REMOVE & INSTALL REAR WINDSCREEN GLASS 100	140.00	
	TO REMOVE & INSTALL ALL TAILGATE FITTING 60	80.00	

Date : 04/03/2021

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTHCVE000213

Accident Date : 19/02/2021

Vehicle No : GBJ-6889-L

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO DETACH & RENEW REVERSE SENSOR 11	40.00	X
	TO APPLY ANTI RUST COATING ON AFFECTED AREAS 30	60.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS 20	30.00	
	TO SPRAY PAINT ON AFFECTED AREAS 250	800.00	
	Sub Total	1950.00	

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 survey from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SUB TOTAL

GST 7.0 % 586.35

TOTAL 8,962.82

Remarks:

not attached

Surveyor's name:

Merens LKH

Principal's name: ETHOZ Group Ltd

Survey Date & Time:

8/3/21

h/s \$ 2950
4 days

2-2577-20
102
2-2319.48
S.N-610
2-760
3685.48
2951