

(08/11/13) wef

ASS. REC. BY: Paul

REF:

CS/CT/21003223/R19d3

S314

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLP 4507Cat Workshop m/s ETH02of 30, BUKIT BATOK CRESCENTInsured: CTI

Policy No. _____

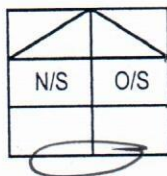
Claims No. SNM 210201284/CO2

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: 69K

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 14 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLP 4507C Yr Regn: 2017 / JunType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA COROLLA ALTIS 1.6 C.C. 1598Colour: GREEN A/C: Insured / Std / NI / NASp. Reading: 44157 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3REH104562-384Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/45R17

R: _____

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

TOYO / YOKO or PALKEN

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 06/03/21D.O.I. 11/03/21Survey held at ETH02Des. 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 Action / Instruction

Repair limit - 21K15/3/21 @ 11:35AM Revised email to Pauline.06/4/21 @ 10:12am Pauline finalised with Shah 14 days, 14 days.
(Paid \$4677.50, 75%)

Date/Time, File Pass to?

11/04/21☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

MER-TPLump Sum / I.B.I. (\$) 8650Days Of Repair: 14Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + 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	08/03/2021 13:33 (SGT)
Date of Accident	06/03/2021 08:17 (SGT)
Exact Location of Accident	Near Yishun Ave 1, Singapore
Additional Location Information	ALONG YISHUN AVE 1 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4507C
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	+65-66547777

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	D20MTRENT000086
Cover Note Number	-

DRIVER

Name of Driver	TEO SOON ANN, DANIEL
NRIC No	SXXXX803E
Date Of Birth	28/06/1978
Occupation	Indoor

Date Of Driving Pass	23/03/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-98575416
Alt. Phone Number	-
Email Address	danielteosa@gmail.com
Address	BLK 426D YISHUN AVE 11 #13-90
Address complement	-
Postcode	S(764426)
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	DANI KRISTYAWATI
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
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME1674T
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHENG NEE KOK (CHEN YIGUO)
NRIC No	SXXXX092Z

Contact Number	-
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:

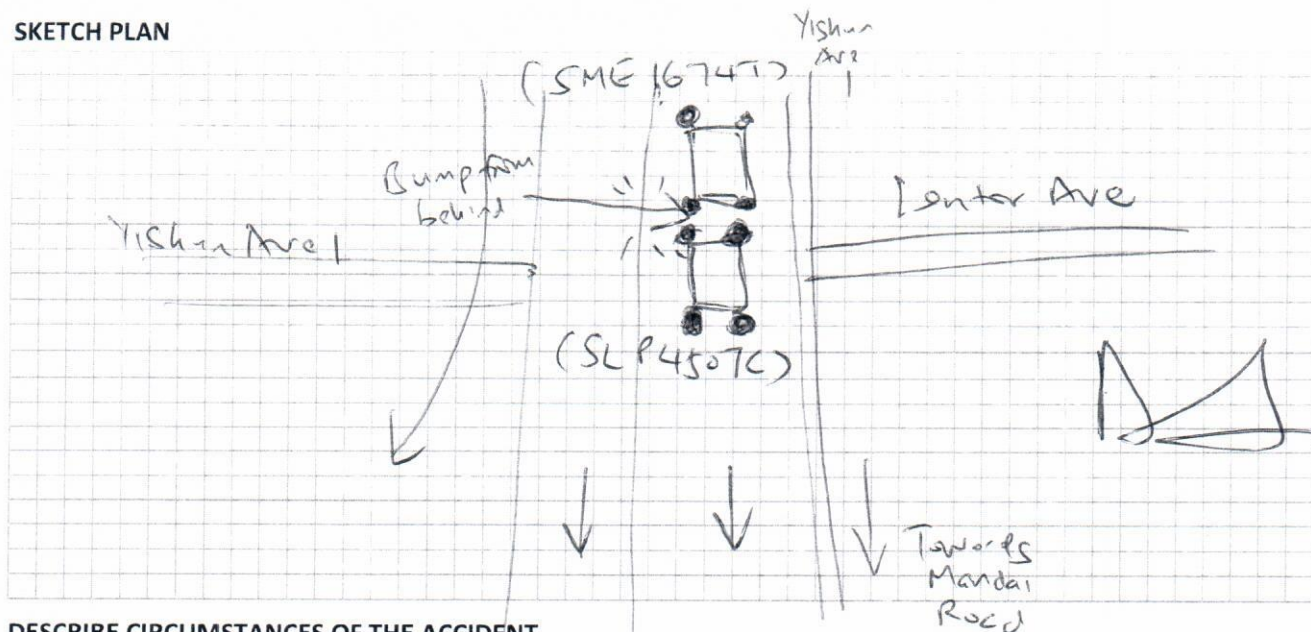
Driver's Signature
(If driver is not the policyholder)

Date & Time: 06/03/2021

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic Light is 'Green', car proceeded.

Car in front slowed down, the brake was activated.

The vehicle behind (SME 1674T) bump / hit into the rear of my vehicle.

[Signature]

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
<input checked="" type="checkbox"/> 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:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/03/2021

[Signature]
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 : 10/03/2021

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

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000086

Accident Date : 06/03/2021

Vehicle No : SLP-4507-C

Make & Model : TOYOTA COROLLA ALTIS 1.6 ELEGANCE (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
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List Item

1	REAR BUMPER <i>de</i>	482.00	✓
2	REAR BUMPER REFLECTOR <i>? xsl</i>	164.00	
2	REAR BUMPER RETAINER <i>re</i>	238.00	✓
2	REAR BUMPER BRACKET <i>bt</i>	110.00	✓
1	REAR BUMPER REINFORCEMENT <i>bt</i>	380.00	✓
2	REAR IMPACT DAMPER <i>? xsl</i>	150.00	
10	REAR BUMPER CLIPS <i>re</i>	50.00	✓
1	END PANEL <i>bt</i>	581.00	✓
1	END PANEL TOP GARNISH <i>de</i>	230.00	✓

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	SPARE TYRE PANEL <i>bm</i> ✓	750.00 ✓	
1	SPARE TYRE BOARD <i>x svt</i>	270.00	
1	SPARE TYRE LOCK NUT <i>x svt</i>	45.00	
1	BOOT LID <i>bt</i> ✓	650.00 ✓	
2	BOOT LID HINGE <i>? x svt</i>	170.00	
1	BOOT LID LOGO <i>re</i> ✓	52.00 ✓	
1	EMBLEM - COROLLA <i>re</i> ✓	54.00 ✓	
1	EMBLEM - ALTIS <i>re</i> ✓	54.00 ✓	
1	BOOT LID LOCK <i>bt</i> ✓	380.00 ✓	
1	BOOT LID WEATHERSTRIP <i>re</i> ✓	180.00 ✓	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
2	BOOT LID LAMP <i>cm</i> ✓	772.00 ✓	
2	TAILLAMP <i>cm</i> ✓	772.00 ✓	
2	TAILLAMP PANEL <i>bt</i> ✓	206.00 ✓	
1	REAR FENDER RH <i>buc</i> ✓	1,050.00 ✓	
1	REAR FENDER LH <i>buc</i> ✓	1,050.00 ✓	
2	REAR FENDER INNER TRIM RH/LH <i>2 LH-X/RH-de</i> ✓	1,004.00	502
2	REAR FENDER AIRVENT <i>? xsr</i>	260.00	
1	REAR EXHAUST SILENCER <i>? bt</i> ✓	630.00 ✓	
2	REAR EXHAUST MOUNTING RUBBER <i>? xsr</i>	76.00	
1	REAR DOOR RH <i>repair</i>	RESTORE	

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Accident Date : 06/03/2021

Vehicle No : SLP-4507-C

Make & Model : TOYOTA COROLLA ALTIS 1.6 ELEGANCE (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR DOOR LH <i>repair xsvc</i>	RESTORE	
1	REAR CHASSIS PANEL RH/LH <i>xsvc</i>	RESTORE	
1	ROOF SIDE PANEL RH/LH <i>xsvc</i>	RESTORE	
Sub Total		10810.00	
Discount 25% On Parts		(2702.50)	
Special Nett Item			
1	REAR NUMBER PLATE <i>bt</i>	35.00	✓
1	REVERSE SENSOR <i>rw</i>	220.00	✓
1	WINDSCREEN SEALANT <i>rw</i>	50.00	✓
1	END PANEL SEALANT <i>rw</i>	50.00	✓

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Make & Model : TOYOTA COROLLA ALTIS 1.6 ELEGANCE (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	355.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,980.00	1400 ✓
	TO RESPRAY AFFECTED AREAS	1,980.00	1600 ✓
	TO PULL AND REALIGN REAR CHASSIS PANEL	400.00	300 ✓
	TO REMOVE AND TRANSFER BOOT LID COMPONENTS	150.00	80 ✓
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	150.00	120 ✓
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	30 ✓
	RUST PROOFING	100.00	50 ✓

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	4810.00	

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:

13,272.50

Remarks:

14 days - Lfs - Resurvey after repair

SUB TOTAL

GST 7.0 % 929.08

TOTAL 14,201.58

Surveyor's name:

Rasmi - 4p 90010068

Principal's name: ETHOZ Group Ltd

Survey Date & Time:

11/03/21 @ 1545