

(08/11/13) wef
ASS. REC. BY: P. Am

REF:

CC4/11121003884/R1pa3

C
531H

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: GBO 59792
at Workshop m/s: ETH02
of 30, BUILT BY THE CRESCENT
Insured: 111
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

Bal. or Market Value: 42k
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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBO 59792 Yr Regn: 2015 / Jan
Type: M.Car / M.Cycle / Bus / ☒ Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA HIACE VAN TURBO SDRM.c.c 2982
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 150357 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTFHT02P500151167
Gen. Cond: Good / ☒ Fair / Poor / Burnt
Steering: ☒ In order / Jammed / Leaked / Burnt or
Brake: ☒ In order / Jammed / Leaked / Burnt or
Modi: ☒ M/P / S/Rim / STD A/Rim or
Tyre Size: F: 195R15
R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / ☒ OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front		Rear	
R/Bal. <u>6</u>	mm	R/Bal. <u>6</u>	mm
L/Bal. <u>6</u>	mm	L/Bal. <u>6</u>	mm
D.O.A. <u>01/03/21</u>		D.O.I. <u>25/03/21</u>	

Survey held at ETH02
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

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

Date / Time Action / Instruction

Repair limit - 19k

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 25/03/2021

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**
ESTIMATION

Attn : **Motor Claim Department** FAX :

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

Certificate No : D20MTHCVE000212 Accident Date : 01/03/2021

Vehicle No : GBD-5979-Z Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	TAILLAMP RH <i>cm</i>	270.00	
1	TAILLAMP LOWER PANEL RH	RESTORE	
1	REAR FENDER RH	RESTORE	
Sub Total		270.00	
Discount 25% On Parts		(67.50)	
Special Nett Item			
1	ADVERTISEMENT STICKER PANEL <i>na</i>	250.00	

Date : 25/03/2021

To : INDIA INTERNATIONAL INSURANCE PTE LTD
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTHCVE000212

Accident Date : 01/03/2021

Vehicle No : GBD-5979-Z

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	250.00	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	300.00	200
	TO RESPRAY AFFECTED AREAS	400.00	300
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	Sub Total	730.00	

1,182.50

Remarks:

3 days - Lumpsum / Res after repair

SUB TOTAL

GST 7.0 % 82.78

TOTAL 1,265.28

Surveyor's name:

Rasul - Hp 9001566

Principal's name:

ETHOZ Group Ltd

Survey Date & Time:

25/03/21 @ 1700

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:

Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com

Company Registration No. 19810431H

ETHOZ GROUP LTD 30 Bukit Batok Crescent, Singapore 658075

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	01/03/2021 20:17 (SGT)
Date of Accident	01/03/2021 08:45 (SGT)
Exact Location of Accident	15 Science Centre Rd, Singapore 609081
Additional Location Information	SCIENCE CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5979Z
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	D20MTHCVE000212
Cover Note Number	-

DRIVER

Name of Driver	RAMLAN BIN HASSAN
NRIC No	SXXXX219A
Date Of Birth	03/06/1961
Occupation	Outdoor

Valid Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

20/03/2000
21 YEARS
Male
(Phone) +65-94520449
-
noemail@com.sg
BLK 155 JALAN TECK WHYE #12-71
-
S(680155)
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collided into Parked Vehicle
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
1
No
-
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode

GH1118M
Nissan
Nv200
-
-
Commercial vehicle
HO CHYE MING
SXXXX727C
(Phone) +65-97304351
-
-
-

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.**
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.



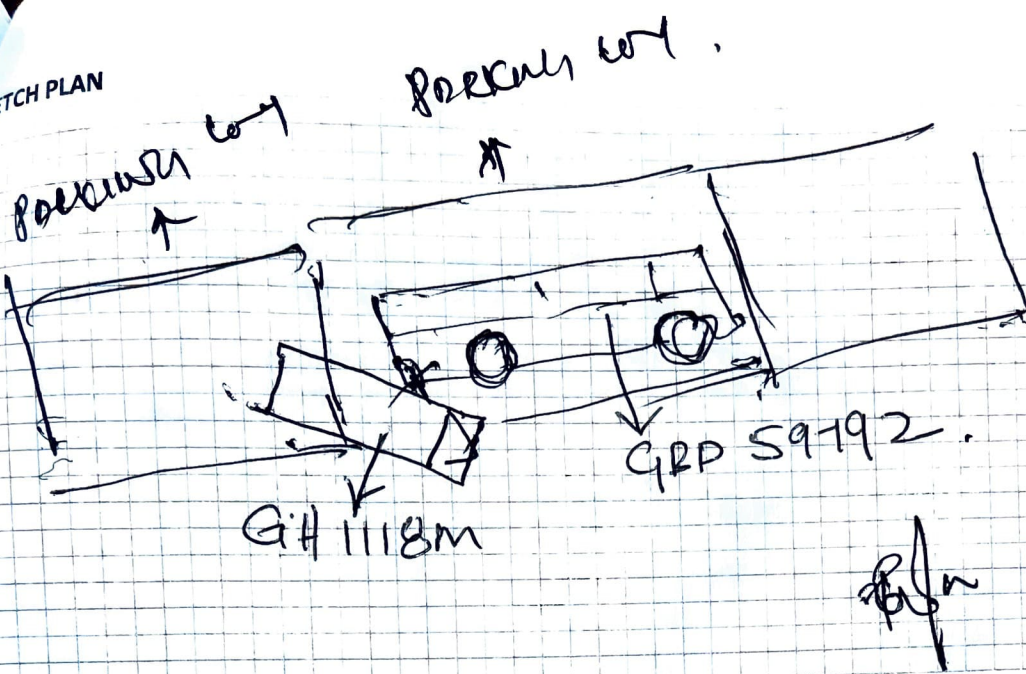
01.03.21

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE NO G/H 1118 M MADE FORWARD PARKING
AND HIT MY VEHICLE GRD 59792 AT ~~FRONT~~ REAR
BACK SIDE, ON RIGHT SIDE.

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.

<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:

[Signature]

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

01.03.21.

[Signature]

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

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	531H
Vehicle No.:	GBD5979Z
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	1KD2449719
Chassis No.:	JTFHT02P500151167
Maximum Power Output:	-
Open Market Value:	\$27,502.00
Original Registration Date:	02 Jan 2015
First Registration Date:	02 Jan 2015
Transfer Count:	0
Actual ARF Paid:	\$1,376.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	01 Jan 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$61,000.00
COE Rebate Amount:	\$22,973.00
Total Rebate Amount:	\$22,973.00

The information contained herein is correct as at 26 Mar 2021

OK

Toyota Hiace 3.0M

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

EZY-1 PTE LTD

NEW & USED COMMERCIAL | PRIVATE VEHICLES

Price	\$44,800	Lifespan	13-Apr-2035
Depreciation ?	\$11,060 /yr View models with similar depre	Reg Date	14-Apr-2015 (4yrs 18days COE left)
Mileage	N.A.	Manufactured ?	2014
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$22,142 as of today (change)	OMV ?	\$27,502
COE ?	\$54,644	ARF ?	\$1,376
Engine Cap	2,982 cc	No. of Owners ?	1
Curb Weight ?	1,740 kg		
Type of Vehicle	Van		

Features

View specs of the Toyota Hiace

Description

Extremely Well Maintained. Owner Ownself Drive. Comes With Rear Aircon, 1 Owner Only! New Paintwork Done! Servicing And Wear & Tear All Done Up! Drive Away With A Piece Of Mind. We Offer Flexible Loan Plans. 100% Loan Available Too! Wait No Further, Call Us Now To Find Out More!

Category

Premium Ad Car

Status

Available for sale. Shortlist this car to get alerted whenever the price or availability changes.

Resources



Car Valuation - Free

Find out the market value of your existing car for free. Get started



Vehicle Evaluation