

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 29/12/2021

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D21MTRENT000633

Accident Date : 23/12/2021

Vehicle No : SLN-7023-Y

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 DOOR RH <i>repair</i>	1,069.00	
1	REAR DOOR OUTER HANDLE RH <i>repair</i>	95.00	
1	REAR DOOR STICKER SET RH <i>X</i>	75.00	
1	REAR FENDER RH <i>bt -</i>	970.00	
1	REAR BUMPER <i>sc</i>	482.00	
10	REAR BUMPER CLIPS <i>m -</i>	50.00	
1	REAR BUMPER RETAINER RH <i>?</i>	85.00	
1	REAR SPORTS RIM RH <i>sc</i>	2,190.00	<i>prle</i>

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	5016.00	
	Discount 25% On Parts	(1254.00)	
	Special Nett Item		
1	REAR WINDSCREEN SEALANT <i>✓</i>	50.00	
	Sub Total	50.00	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	1,000.00	700
	TO RESPRAY AFFECTED AREAS	1,000.00	600
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	150.00	120
	TO REMOVE AND REFIT REAR SEATS AND FITTINGS TO	200.00	80

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QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

ASSIST REPAIR

TO CHECK AND RECONNECT ALL NECESSARY WIRINGS

Sub Total

~~50.00~~ 30
2400.00

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:

6,212.00

Remarks:

5 days / Lumpsum

SUB TOTAL

GST 7.0 % 434.84

TOTAL 6,646.84

Surveyor's name:

Rasul - Hp 90010068

Principal's name:

ETHOZ Group Ltd

Survey Date & Time:

31/12/21 @ 1115

PAGE : 3

ETHOZ Auto Leasing Ltd.

30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com
Company Registration No.201613943G

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	24/12/2021 14:17 (SGT)
Date of Accident	23/12/2021 19:05 (SGT)
Exact Location of Accident	Near 328 Clementi Rd, Singapore
Additional Location Information	CLEMENTI ROAD > JALAN ANAK BUKIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7023Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D21MTRENT000633
Cover Note Number	-

DRIVER

Name of Driver	TAKEHARA YASUYUKI
Passport No/FIN	GXXXX263W

Date of Birth
Occupation
Date 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

19/01/1987
Indoor
07/04/2020
1 YEAR AND 8 MONTHS
Male
(Phone) +65-88788905
-
noemail@com.sg
BLK 16 STIRLING ROAD #12-20 QUEENS
-
S(148957)
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Chain Collision
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 vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
4
No
-
Yes
5
No

PASSENGER 1

Name
Gender

TAKEHARA AI
Female

PASSENGER 2

Name
Gender

TAKEHARA AOSHI
Male

PASSENGER 3

Name
Gender

TAKEHARA MOMONO
Female

PASSENGER 4

Name
Gender

TAKEHARA HARUKI
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Queenstown Neighbourhood Police Centre
(Phone) +65-18004719999
(Fax) +65-64715299
No. 3 Queensway #01-03 Singapore 149073
No
-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO ATTACH POLICE REPORT & SKETCH PLAN.

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	XD2480D
Vehicle Manufacturer	Scania
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	YAN ZHONGYI
Passport No/FIN	GXXXX975T
Contact Number	(Phone) +65-96673089
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XD1972H
Vehicle Manufacturer	UDTrucks
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
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.

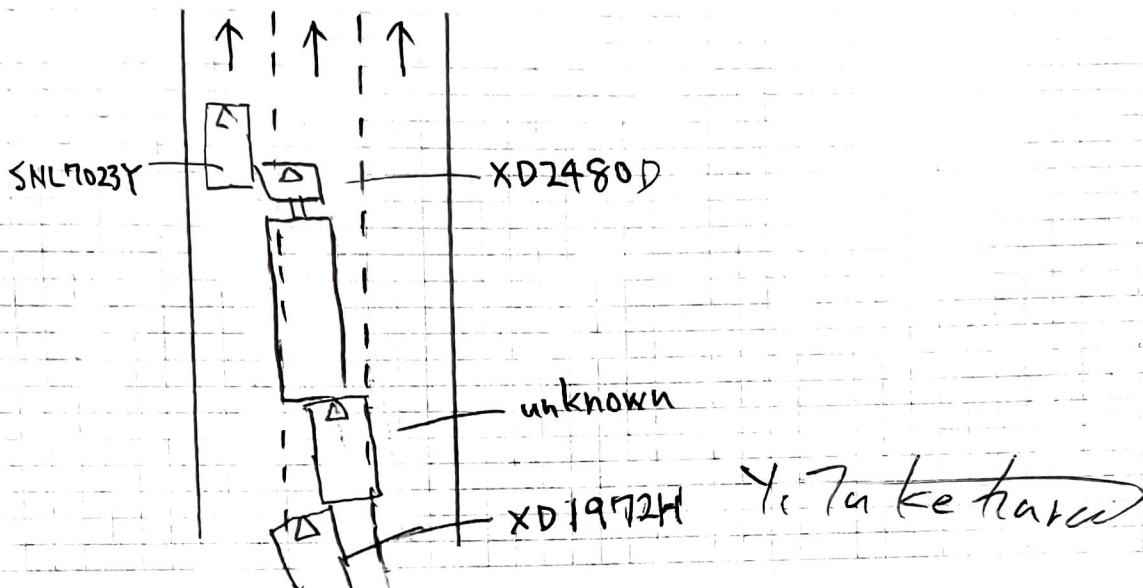


Policyholder's Signature
Date & Time:

Y. J. Ketter 24/12/2021
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

Refer to police report.

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:

Yi Tan Ke Kataru 24/12/2021
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SINGAPORE POLICE FORCE



T/20211223/2120

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20211223/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2021 22:01		Vide Report No.: D/20211223/0084		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: TAKEHARA YASUYUKI			Address: APT BLK 16 STIRLING ROAD #12-20 QUEENS SINGAPORE 148957		
ID Type / ID No.: FIN NO / G3910263W			Contact No.: Home/Office: Mobile: 88788905		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 34	Date of Birth: 19/01/1987	Type of Informant: Driver		
Race: Japanese			Language:		Institution / School Name:
Occupation: Marketing and sales representative (technical)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/12/2021 19:05	Type of Location: Straight Road
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN7023Y	Car	TOYOTA		Grey	Slightly Damaged	4
XD2480D	Lorry	SCANIA		White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20211223/2120

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20211223/2120

CONTINUATION OF REPORT

Driver			
Name	TAKEHARA YASUYUKI	ID No.	G3910263W
Related Vehicle	SLN7023Y (Car)	Contact No.	88788905
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Yan Zhongyi	ID No.	G8286975T
Related Vehicle	XD2480D (Lorry)	Contact No.	96673089
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/12/2021 at about 1905hrs, I was traveling along Clementi Road towards Jalan Anak Bukit together with my family. It was a 3 lane road and I was driving on the outmost left lane. Suddenly I felt an impact on my right side and noticed lorry XD2480D gazed onto my right rear passenger door. I then stopped my vehicle by the side of the road and took some pictures of the incident. I do not know what happen to the lorry driver and did not make a check on him.

I would like to state that my passengers and I did not sustain any injury. Due to the incident, there were a lot of deep scratch marks on the right side near to the rear right tyre. Traffic police arrived at scene and provided me with a case card. I handed over my dash camera Micro SD card to the traffic police officer namely SSS Nurzid upon his request. He then issued me with a copy of NP323. IO Incharge for my case is Syariffudin.



**SINGAPORE
POLICE FORCE**



T/20211223/2120

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20211223/2120

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
D /
Sgt 3 SURAIYAH PARVEEN
BINTE HABIB MUHAMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Other MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

SIGNATURE

Signature Of Informant:

Date/Time:
23/12/2021 22:01

Classification Of Case:

SN 43

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	943G
Vehicle No.:	SLN7023Y
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 CVT
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	1ZRY341099
Chassis No.:	MR053REH104560655
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,990.00
Original Registration Date:	15 May 2017
First Registration Date:	15 May 2017
Transfer Count:	1
Actual ARF Paid:	\$19,990.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 May 2027
PARF Rebate Amount:	\$14,992.00
COE Expiry Date:	14 May 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years):	10
QP Paid:	\$51,765.00
COE Rebate Amount:	\$27,774.00
Total Rebate Amount:	\$42,766.00

The information contained herein is correct as at 02 Jan 2022

OK

Toyota Corolla Altis 1.6A

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

Certified
Pre-☒Owned

The ☒☒☒☒ BEST for you

Price	\$68,800		
Depreciation ⓘ	\$11,040 /yr View models with similar depre	Reg Date	02-May-2017 (5yrs 3mths 29days COE left)
Mileage	79,680 km (17k /yr)	Manufactured ⓘ	2016
Road Tax ⓘ	\$742 /yr	Transmission	Auto
Dereg Value ⓘ	\$42,577 as of today (change)	OMV ⓘ	\$19,990
COE ⓘ	\$51,765	ARF ⓘ	\$19,990
Engine Cap	1,598 cc	Power	90.0 kW (120 bhp)
Curb Weight ⓘ	1,215 kg	No. of Owners	1