

A.S.S. REC. BY:

Steve

REF:

CC4/LPC22001521/ga3

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.

N/S	O/S
	X

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

Veh No: GBJ 34184 Yr Regn: 28/3/19

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

Truck / Trailer or

Make: Nissan NV350 c.c. 2488Colour: Orange A/C: Insured / Std / NI / NA

Sp. Reading _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNIMC2E2620030991

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195R15CR: 195R15C

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

TOYO / YOKO or .

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 18/12/21Survey held at EthorDes. 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

MK-58K

Date/Time, File Pass to?

☐

: Prelt. Report

☐

: Final Report

Date/Time, File Return to?

2) _____

Rep. Format: _____

Lump Sum / L&L: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

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

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 17/03/2022
To : LONPAC INSURANCE BHD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D21MTHCVE001595 Accident Date : 18/12/2021
Vehicle No : GBJ-3418-H 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 / 00	1,998.30	
1	TAILGATE WINDSCREEN SEAL / n/c	141.20	
1	TAILGATE LOCK X	262.30	
1	TAILGATE RUBBER X	173.20	
1	TAIL LAMP RH X	311.50	
1	REAR BUMPER X	632.70	
10	REAR BUMPER CLIPS X	50.00	
1	REAR BUMPER SIDE BRACKET RH X	17.50	
1	REAR BUMPER STOPPER RH X	35.40	

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Certificate No : D21MTHCVE001595

Accident Date : 18/12/2021

Vehicle No : GBJ-3418-H

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 X	244.30	
1	REAR END PANEL (OUTER) X	247.10	
1	REAR END PANEL (INNER) X		
	Sub Total	4113.50	
	Discount 10% On Parts	(411.35)	
	<u>Special Nett Item</u>		
1	WINDSCREEN SEALANT / MC	40.00	
1	REVERSE SENSOR X	200.00	
1	END PANEL SEALANT X	40.00	
1	LTA STICKER (70 KM/H) / MC	10.00	

RESTORE

Date : 17/03/2022
To : LONPAC INSURANCE BHD.

ESTIMATION

Attn : Motor Claim Department

FAX :

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

Certificate No : D21MTHCVE001595

Accident Date : 18/12/2021

Vehicle No : GBJ-3418-H

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	LTA STICKER 8 PAX / <i>NE</i>	10.00	
	Sub Total	300.00	
Labour & Misc			
	LABOUR TO CARRY OUT REAR REPAIR	800.00	<i>290</i>
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	<i>✓</i>
	TO SPRAY PAINTING ON REAR AFFECTED AREA	700.00	<i>200</i>
	SPRAY RUST PROOF ON AFFECTED AREA	50.00	<i>30</i>
	TO REMOVE & INSTALL ALL TAILGATE FITTING	100.00	<i>50</i>
	TO REMOVE & INSTALL REAR TAILGATE GLASS	150.00	<i>120</i>

Steve CLKK)
18/3/22, 1.00pm

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L/S
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Date : 17/03/2022
To : LONPAC INSURANCE BHD.

ESTIMATION

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO DETACH & RENEW REVERSE SENSOR	60.00	X
	Sub Total	1895.00	

Remarks:

5,897.15

SUB TOTAL
GST 7.0 % 412.80
TOTAL 6,309.95

Surveyor's name: _____

Principal's name: ETHOZ Group Ltd

Survey Date & Time: _____

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	20/12/2021 18:26 (SGT)
Date of Accident	18/12/2021 09:00 (SGT)
Exact Location of Accident	5 Maxwell Rd, Singapore 069110
* Additional Location Information	OPEN CAR PARK BEHIND MND BUILDING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ3418H

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	Nissan
Model	Nv350
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	2500

INSURANCE COMPANY

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

DRIVER

Name of Driver	MAZLAN BIN SAAT
NRIC No	SXXXX648A

Date Of Birth	15/12/1967
Occupation	Outdoor
Date Of Driving Pass	14/02/2013
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86482137
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 114 HO CHING ROAD #07-62
Address complement	-
Postcode	S(610114)
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	Collided into Parked Vehicle
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	YN8626Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAYMOND HO NGIP FOO
NRIC No	SXXXX059B
Contact Number	(Phone) +65-86873939
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.

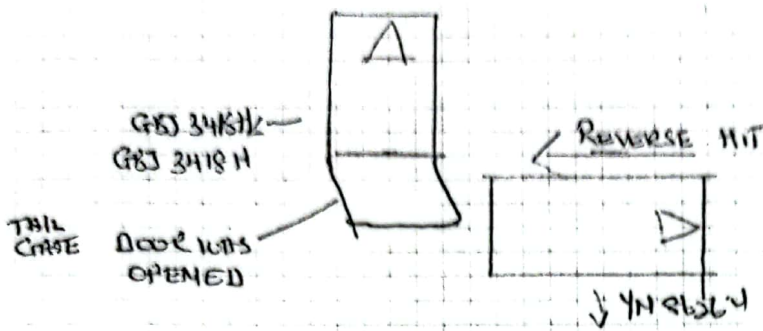


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18th DEC 2021 AT 0900HRS, MY VAN STATION PARKING AT THE OPEN CAR PARK BEHIND MND BUILDING. I OPEN THE REAR DOOR TO COLLECT THINGS AND WHILE PROCEEDING TO THE SIDE DOOR SUDDENLY I HEARD SOUND AND SAW THE SHD YMS664 HIT MY REAR OPEN DOOR.

[Signature]
20th DEC 2021

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] 20th DEC 2021
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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