

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

Bal. or Market Value: _____
 :DAC 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: SKX 8256 V Yr Regn: 29/12/15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Nissan Sylphy c.c. 1598
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 90557 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MINTBBAB1720095454
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/60R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 25/10/22 D.O.I. 6/5/22
 Survey held at Etho 2
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear LH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NIR-468</u>
15/06/22 @ 5.52pm	revised to Irene Tay by email.

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.F. (\$) _____

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 04/05/2022

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 25/04/2022

Vehicle No : SKX-8256-U

Make & Model : NISSAN SYLPHY 1.6 L PREMIUM (A)

Excess : 2,000.00 Add Excess : 0.00

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>Nett Item</u>		701.80	
1	REAR BUMPER / RR	97.00	
1	REAR BUMPER RETAINER / RR	50.00	
10	REAR BUMPER CLIPS / RR	40.00	
1	REAR BUMPER SIDE DUST COVER LH / RR	434.50	
1	TAILLAMP LH - RR	1,583.50	
1	REAR FENDER LH - RR	569.50	
1	REAR QUARTER GLASS LH X	880.00	
1	REAR SPORTS RIM LH / MT		
1	REAR DOOR LH X R		
	RESTORE		

RESTORE

Stew (LKK)

6/5/22, 11.30

ML PL

L/S

My AL y

6 L/S

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:

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Date : 04/05/2022

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FAX :

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No :

1

Accident Date : 25/04/2022

Vehicle No :

SKX-8256-U

Make & Model :

NISSAN SYLPHY 1.6 L PREMIUM (A)

ESTIMATED REPAIR COST DETAILS

Excess

: 2,000.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	4356.30	
	Discount 10% On Parts	(435.63)	
	<u>Special Nett Item</u>		
1	REVERSE SENSOR X	220.00	
1	REAR WINDSCREEN SEALANT / MC	40 50.00	
1	REAR QUARTER GLASS SEALANT / MC	20 50.00	
	Sub Total	320.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	900 1,200.00	
	TO RESPRAY AFFECTED AREAS	600 1,000.00	

Date : 04/05/2022

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ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 25/04/2022

Vehicle No : SKX-8256-U

Make & Model : NISSAN SYLPHY 1.6 L PREMIUM (A)

ESTIMATED REPAIR COST DETAILS

Excess : 2,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	120.00	/
	TO REMOVE AND REFIT REAR QUARTER GLASS LH	120.00	80
	TO REPLACE AND BALANCE REAR RIM	80.00	/
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	30
	RUST PROOFING	50.00	30
	Sub Total	2620.00	

6,860.67

Remarks:

SUB TOTAL

GST 7.0 % 480.25

TOTAL 7,340.92

Surveyor's name: _____

Principal's name: ETHOZ Group Ltd

Survey Date & Time: _____

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Notification Letter

Date : 04/05/2022

To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**
3 ANSON ROAD
#16-00, SPRINGLEAF TOWER
079909

Dear Sir / Madam,

We are instructed by **ETHOZ PROTECT PTE LTD** to notify you of a road traffic accident on **25/04/2022** at about **12:00** at **501 JURONG WEST CAR PARK** involving our client's/ customer vehicle registration number **SKX-8256-U** and vehicle registration number **YQ2522L** driven by you at the material time. A copy of Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/ customer's vehicle has been damaged. Before our we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

Cc (other insurance companies for chain collision accident)

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 26/04/2022 12:11 (SGT)
Date of Accident 25/04/2022 12:45 (SGT)
Exact Location of Accident 501 Jurong West Street 52, Singapore
Additional Location Information 501 JURONG WEST CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX8256U
INSURED/POLICYHOLDER
Is company? Yes
Name of Registered Owner ETHOZ AUTO LEASING LTD
Company Reg No 2XXXXX943G
Email Address jackson.teo@ethozprotect.com
Mobile Phone No (Phone) +65-66547777
Alternative Phone No (Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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 -
Cover Note Number -

DRIVER

Name of Driver KOH GEK EE
NRIC No SXXXX431D

Date Of Birth	09/10/1966
Occupation	Outdoor
Date Of Driving Pass	13/11/1989
Driving experience	32 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96926995
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	2 BOON LAY DRIVE #07-07
Address complement	-
Postcode	S(649925)
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)	1
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	YQ2522L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DHARMALINGAM A/L NARAYANASAMY
Passport No/FIN	FXXXXX716P
Contact Number	(Phone) +65-93686135
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

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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.

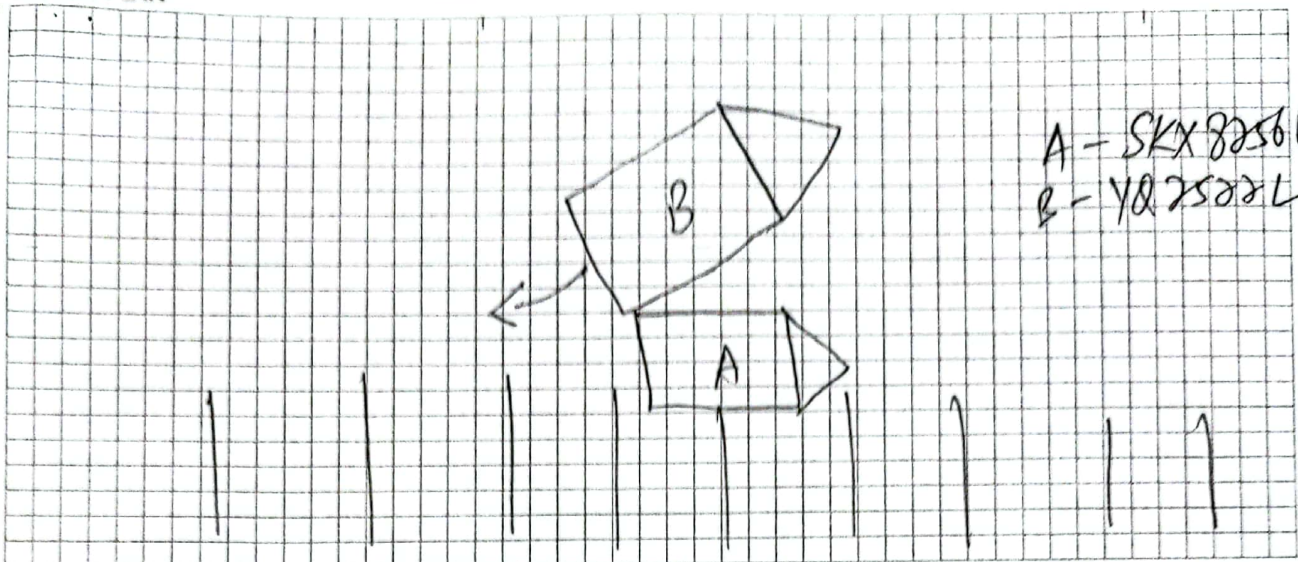


Policyholder's Signature
Date & Time:

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

Was waiting at carpark for a free slot.
Food truck driver reverse without looking and hit
left rear side of my vehicle.
Driver admit to the fault and said to call his office.

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:

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

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