

Steve

CS/00177004705/L943

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. L11D61912202

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 |
| <u>X</u> | <u>X</u> |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: GBF 5097H Yr Regn: 28/11/16

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

Truck / Trailer or

Make: Nissan NV350 c.c. 2488Colour White A/C: Insured / Std / Nil / NASp. Reading 159600 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JNIMC76762007312

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: 195R15C

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mm R/Bal. 0 mmL/Bal. 4 mm L/Bal. 0 mmD.O.A. 17/1/77 D.O.I. 19/5/72Survey held at Et her 2

Des. 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

Steve finalised LS \$2800, 3 days. (Red \$3123.90, 53%)

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 3

1) 28/06 Typist

☐ : Final ReportResurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Repair Format: TPLump Sum / ~~LS~~ : 2800

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 19/05/2022

To : UNITED OVERSEAS INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 17/01/2022

Vehicle No : GBF-5097-H

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

| QTY | DESCRIPTION | REPAIRER AMT (\$) | SURVEYOR APP. |
|------------------|---|-------------------|---------------|
| <u>Nett Item</u> | | | |
| 1 | REAR BUMPER X R | 667.20 | |
| 10 | REAR BUMPER CLIPS X | 50.00 | |
| (2 | TAILLAMP RH/LH - cut | 494.60 | |
| 1 | TAILGATE - 09 | 1,986.70 | |
| 1 | TAILGATE REAR VIEW MIRROR / BR (replaced already) | 220.50 | |
| 1 | TAILGATE LOCK X | 297.50 | |
| 1 | TAILGATE WEATHERSTRIPE X | 154.50 | |
| 1 | END PANEL X | RESTORE | |

Date : 19/05/2022

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FAX :

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Certificate No : 1

Accident Date : 17/01/2022

Vehicle No : GBF-5097-H

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

| QTY | DESCRIPTION | REPAIRER AMT (\$) | SURVEYOR APP. |
|-----|--|-------------------|---------------|
| | Sub Total | 3871.00 | |
| | Discount 10% On Parts | (387.10) | |
| | <u>Special Nett Item</u> | | |
| 1 | REVERSE SENSOR X | 220.00 | |
| 1 | WINDSCREEN SEALANT / nk | 40 50.00 | |
| 1 | 70KM/HR / nc | 10.00 | |
| 1 | 8 PAX STICKER / nc | 10.00 | |
| 1 | REAR ADVERTISEMENT STICKER / nc (bill) | ? 400.00 | |

Date : 19/05/2022

To : UNITED OVERSEAS INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

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Certificate No : 1

Accident Date : 17/01/2022

Vehicle No : GBF-5097-H

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

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

Sub Total 690.00

Labour & Misc

LABOUR TO FACILITATE REPAIR

300 800.00

TO RESPRAY AFFECTED AREAS

400 800.00

TO REMOVE AND REFIT REAR WINDSCREEN GLASS

120.00

TO CHECK AND RECONNECT ALL NECESSARY WIRINGS

30.00

Sub Total 1750.00

Stene (LKK)
19/5/22, 12.00h

m n

5,923.90

Remarks:

L/S
M AL y
3 45

SUB TOTAL

GST 7.0 % 414.67

TOTAL 6,338.57

Surveyor's name:

Principal's name: ETHOZ Group Ltd

Survey Date & Time:

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: _____

ETHOZ GROUP LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com

Company Registration No. 198104531H

PAGE : 3

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 | 18/01/2022 20:28 (SGT) |
| Date of Accident | 17/01/2022 10:45 (SGT) |
| Exact Location of Accident | 28 Joo Koon Cir, Singapore 629057 |
| Additional Location Information | 28 JOO KOON CIRCLE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBF5097H |
| 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 | (Office) +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 | Manual |
| 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 | UDIN BIN SAID |
| NRIC No | SXXXX857Z |

| | |
|--|------------------------------------|
| Date Of Birth | 22/08/1958 |
| Occupation | Outdoor |
| Date Of Driving Pass | 25/03/1989 |
| Driving experience | 32 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96490454 |
| Alt. Phone Number | - |
| Email Address | noemail@com.sg |
| Address | BLK 694D WOODLANDS DRIVE 62 #06-78 |
| Address complement | - |
| Postcode | S(734694) |
| 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 | - |
| Vehicle Manufacturer | FORKLIFT |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Mobile equipment |
| Name of Driver | - |
| Contact Number | (Phone) +65-68626300 |
| 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



1 - GBH5097H
2 - forklift

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle GBH5097H was parked at the loading bay at 38, Joo Koon Circle. When I came back to my vehicle, a forklift driver name [redacted] approached me and informed that he had bang against my vehicle rear with a forklift while loading. My vehicle sustain rear damages.

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:

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

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