

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/C7122005863/U943

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: YQ 1947B
 at Workshop m/s Ethz Tempus
 of _____
 Insured: Y/M 7920J
 Policy No. _____
 Claims No. SNM 220 204 284 / C02
 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: \$ 78k.
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 1.3.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 943G
 Date: _____ Person Contacted: L7A818152
 Vehicle: IN / OUT

Veh No: YQ1947B Yr Regn: 17/02/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Car Sweeper
 Make: ISUZU NMR85 c.c. 2999
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 96992 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JAA NMR85HK 7102507
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/85-16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Citi
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 0/6 mm
 L/Bal. 0 mm L/Bal. 0/6 mm
 D.O.A. 14/06/22 D.O.I. 21/06/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>14/12/22</u>	<u>informed Jonathan P/P # 3280 (Red # 1050, 242)</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to? _____
 2) _____
 Days Of Repair: 4
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Report Format : MER-TP
 Lump Sum T.I.B.I.: (\$ 3280)
 Survey Fee: _____
 Transportation: _____
 TOTAL _____

PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Jonathan Lim
CLAIM DEPARTMENT
DID : 66547606
FAX : 66547540

Date : 20/06/2022

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

Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : 5 Accident Date : 14/06/2022
Vehicle No : YQ -1947-B Make & Model : ISUZU NMR85UH5A 3.0 Y (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>Special Nett Item</u>			
1	INSULATION PANEL <i>one</i>	900.00	<i>800</i> <i>s/n</i>
1	FIBER CORNER GUARD 14 FT RH <i>1/20</i>	300.00	<i>✓</i>
2	FIBER END CAP <i>3/20</i>	150.00	<i>✓</i>
1	FREEZER BOX BODY SEALANT <i>net</i>	180.00	<i>✓</i>
2	ADVERTISEMENT STICKER <i>net</i>	800.00	<i>450</i>
Sub Total		2330.00	
<u>Labour & Misc</u>			
	LABOUR TO FACILITATE FREEZER BOX REPAIR	1,400.00	<i>1100</i>
	TO SPRAY PAINT ON AFFECTED PORTIONS	600.00	<i>300.</i>

Date : 20/06/2022

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

Attn : Motor Claim Department FAX :

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

Certificate No : 5 Accident Date : 14/06/2022
Vehicle No : YQ -1947-B Make & Model : ISUZU NMR85UH5A 3.0 Y (M) EURO 6

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
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Sub Total

2000.00

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:

P# 1880
L - 1400

3280

Remarks: P/P # 3280 4,330.00

Not Authorized

SUB TOTAL
GST 7.0 % 303.10

TOTAL 4,633.10

Surveyor's name: WPS0096608 neraus 21/06/22

Principal's name: ETHOZ Group Ltd Telephone After repair

Survey Date & Time: _____ 4 days.



Date : 12/07/2022
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : 5 Accident Date : 14/06/2022
Vehicle No : YQ -1947-B Make & Model : ISUZU NMR85UH5A 3.0 Y (M) EURO 6

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
Special Nett Item			
1	INSULATION PANEL	900.00	800.00
1	FIBER CORNER GUARD 14 FT RH	300.00	300.00
2	FIBER END CAP	150.00	150.00
1	FREEZER BOX BODY SEALANT	180.00	180.00
2	ADVERTISEMENT STICKER	800.00	450.00
	Sub Total	2330.00	1880.00
Labour & Misc			
	LABOUR TO FACILITATE FREEZER BOX REPAIR	1400.00	1100.00
	TO SPRAY PAINT ON AFFECTED PORTIONS	600.00	300.00

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Date : 12/07/2022
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : 5 Accident Date : 14/06/2022
Vehicle No : YQ -1947-B Make & Model : ISUZU NMR85UH5A 3.0 Y (M) EURO 6

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	2000.00	1400.00
	Sub Total	4,330.00	3,280.00
	GST 7.0 %	303.10	229.60
	Total	4,633.10	3,509.60

Surveyor Name : MARCUS - LKK
Date & Time : 21/06/2022 9:55:00 am
Jonathan Lim
CLAIM DEPARTMENT
DID : 66547606
FAX : 66547540

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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 15/06/2022 09:43 (SGT)
 Date of Accident 14/06/2022 01:30 (SGT)
 Exact Location of Accident Singapore
 Additional Location Information HEARTLAND MALL
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ1947B

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner ETHOZ AUTO LEASING LTD
 Company Reg No 2XXXXX943G
 Email Address inthiran.guna@ethozgroup.com
 Mobile Phone No (Phone) +65-66547777
 Alternative Phone No +65-66547777

VEHICLE PARTICULARS

Manufacturer Isuzu
 Model NMR85UH5A 3.0 Y (M) EURO 6
 Variant -
 Exact purpose for which vehicle was being used at time of accident Employment
 Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
 Vehicle Category Commercial vehicle
 Transmission Manual
 CC 3000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
 Type of Coverage ThirdParty
 Fleet Policy No
 Policy Number -
 Cover Note Number -

DRIVER

Name of Driver BRABU A/L SIVAPALAN
 Passport No/FIN GXXXX194N

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 Authorized Driver.
- 3. Information provided must be truthful and accurate as possible. Any willful misstatements or withholding of material facts may allow the insurer to reputate policy liability.
- 4. The issue of the 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 lodging 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 elsewhere.

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 the [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/are 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: 14/6/22
5:49 PM

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

SKETCH PLAN



A) YQ 1947B

B) VM 7920J

R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I park my truck in loading bay one truck also come to park beside me suddenly hit my truck when he reverse. By my right side of truck

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.

Report #
Class #
Class ID
Class Code

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



R
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/6/22
5:49 PM

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