

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: _____

Veh No: SLN 4238P Yr Regn: 2/5/17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota ARIS c.c. 1598
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading 62173 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR 053 REH 104560302
 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: 185/60R15
 R: ?

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	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

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / 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. 11/4/22 E. Theoz D.O.I. 11/8/22
 Survey held at _____
 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
	<u>MR-70X</u>

Order/Time, File Pass to? : Prel. Report
 : Final Report
 Date/Time, File Return to?
 1) _____
 2) _____
 Report Format: _____
 Lump Sum / I.B.f. (\$) _____

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 22 TAMPINES ST 92 (S
528876)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 05/08/2022

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 : 01/04/2022

Vehicle No : SLN-4238-P

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.
List Item			
1	REAR BUMPER / <i>DD</i>	482.00	
10	REAR BUMPER CLIPS / <i>MC</i>	<i>30</i> 50.00	
1	BOOT LID CHROME MOULDING <i>x</i>	380.00	
1	END PANEL <i>x</i>	RESTORE	
Sub Total		912.00	
Discount 25% On Parts		(228.00)	
Special Nett Item			
1	REVERSE SENSOR / <i>Shhd</i>	<i>270</i> 220.00	

*Steve (LKK)
11/8/22, 3.00pm*

*W M
L/S
by AK My
3 L/S*

Date : 05/08/2022
 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 : 01/04/2022
 Vehicle No : SLN-4238-P 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.
	Sub Total	220.00	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	500.00	200
	TO RESPRAY AFFECTED AREAS	500.00	200
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	Sub Total	1030.00	

Remarks:

1,934.00

SUB TOTAL
GST 7.0 % 135.38
TOTAL 2,069.38

LKK Auto Consultants hence notify the Repairer of the following:

Surveyor's name: ETHOZ Group Ltd

Principal's name: ETHOZ Group Ltd

Survey Date & Time: _____

Acknowledged by Repairer
 Signature: _____
 Date: _____

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	01/04/2022 17:07 (SGT).
Date of Accident	01/04/2022 07:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGON NORTH AVE 1 EXIT TO ANG MO KIO AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4238P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	jonathan.Lim@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	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

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	LOH MENG LIANG
NRIC No	SXXXX069G

Date Of Birth	26/11/1961
Occupation	Indoor
Date Of Driving Pass	14/07/1997
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96664876
Alt. Phone Number	-
Email Address	jonathan.Lim@ethozgroup.com
Address	BLK 148 SERANGON NORTH AVE 1 #03-441
Address complement	-
Postcode	550148
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOH KIENG WEE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Is notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACMENT

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	GBB6567H
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver
Work Permit No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

KALIYAPERUMALPRAKASH
0XXXX5359
(Phone) +65-84367660

-
-
-
-
-
-
-

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.

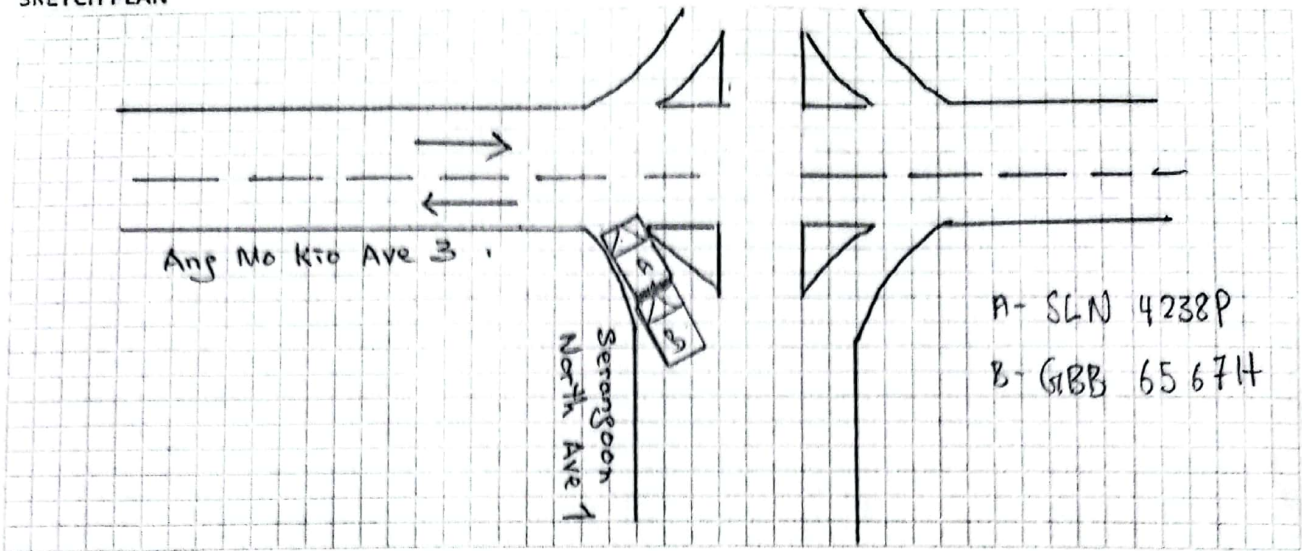


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1 April 2022
2:03pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st April '2022 morning at 7:55am, vehicle no. SLN4238P was ^{stopped} at the Exit of Serangoon North Ave 1 and waited to turn left to Ang Mo Kio Ave 3. Vehicle no. GBB 6567H hit the rear part of vehicle no. SLN4238P and caused the bumper dented with crack lines.

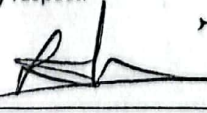
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
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: 1 April '2022


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