

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

Bal. or Market Value: _____

IDAC Accident Report _____ 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: GBD 5775X Yr Regn: 24/11/14

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

Truck / Trailer or

Make: Tajeta H1ace c.c. 2982Colour: Blue A/C: Insured / Std / Nil / NASp. Reading 235209 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTEH102P400151/30

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 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 R/Bal. 4 mmL/Bal. 4 mmD.O.A. 26/7/22 D.O.I. 12/8/22Survey held at Ethor

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front LH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MP-3K

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format:

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$ _____

Phone

Others

TOTAL

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 11/08/2022

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 26/07/2022

Vehicle No : GBD-5275-X

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>List Item</u>			
1	FRONT BUMPER / CRU	420.00	
1	FRONT BUMPER REINFORCEMENT ?	252.00	
1	FRONT BUMPER BEAM ?	270.00	
1	FRONT BUMPER RETAINER / BR	108.00	
10	FRONT BUMPER CLIPS - nk	30.00	
1	FRONT GRILLE / CVT	432.00	
1	HEADLAMP LH / BR	530.00	
1	HEADLAMP BRACKET LH ?	30.00	
1	A PILLAR LH X 11		
	RESTORE		

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT DOOR LH <i>✓ R</i>	RESTORE	
	Sub Total	2072.00	
	Discount 25% On Parts	(518.00)	
	<u>Special Nett Item</u>		
1	ADVERTISEMENT STICKER <i>✓ n/a (Bill)</i>	400.00	
	Sub Total	400.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	600.00	<i>250</i>
	TO RESPRAY AFFECTED AREAS	600.00	<i>400</i>
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	<i>✓</i>

Steve (LKK)
12/8/22, 11.30 AM

m PL
LIS
by ALG
J Lys

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
- Supplier of parts must be resurveyed and is subject to final approval by 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. 108104531H

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Attn : Motor Claim Department

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Certificate No : 1 Accident Date : 26/07/2022

Vehicle No : GBD-5275-X Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1230.00	

3,184.00

Remarks:

SUB TOTAL

GST 7.0 % 222.88

TOTAL 3,406.88

Surveyor's name: _____

Principal's name: ETHOZ Group Ltd

Survey Date & Time: _____

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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	26/07/2022 17:03 (SGT)
Reported by	Driver
Date of Accident	26/07/2022 12:57 (SGT)
Exact Location of Accident	32 Lincoln Rd, Singapore 308362
Additional Location Information	LINCOLN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5275X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	accientreport@ethozprotect.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	3000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ROZAINI BIN KUSAINI
NRIC No	SXXXX011Z
Date Of Birth	06/03/1996
Occupation	Outdoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

22/09/2015

6 YEARS AND 10 MONTHS

Male

(Phone) +65-87935306

-

noemail@com.sg

BLK 319 BUKIT BATOK ST 33 #05-36

-

S(650319)

No

Hirer

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Major/Minor Rd

Clear

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

Translator's name

-

Translator's ID

-

Translator's phone number

-

Translator's email

-

Original language used in the statement

-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMZ7910L

Vehicle Manufacturer

Toyota

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Private car

Name of Driver

KWAN YIP SENG, JARY

NRIC No

SXXXX335I



Accident report SE0M227Q0001

Page 2 of 24

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

-
-
-
-
-
-
-

IMPORTANT NOTICE

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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.
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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.



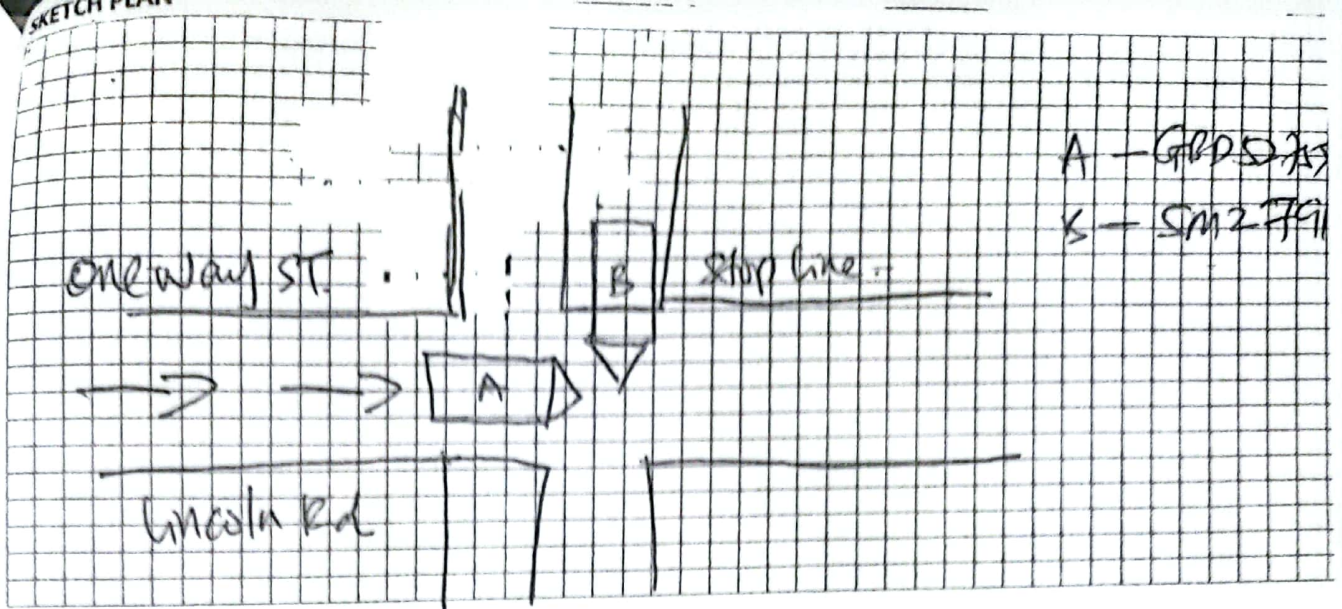
Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on a one way Street at Lincoln rd. while approaching a junction there is a vehicle B SM2791OL which did not stop and slowly inch out into my path. I Jam my brake and my vehicle hit against the front right portion of vehicle B.

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:

GIARMC SketchPlanForm_V3

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

Reporting Centre Personnel's Signature
Name: 10/10/2020
NRIC/FIN No.: