(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/INC2200774/Ug43

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBH 8497G

at Workshop m/s Ethoz

of

Insured: SKD3995H

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: $50k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 3 days Res.: **Yes** or **No**

Lum Sum: 1.3/ % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: Person Contacted: C 9436 Vehicle: **IN / OUT**

LTA $19063

Veh No: GBH 8497G Yr Regn: 10/10/18

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or (M)

Make: Nissan NV200 c.c 1461

Colour White/Orange A/C: **Insured / Std / NI / NA**

Sp.Reading 106494 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: VSKYBAM20Z0173217

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:

R: 175/70R14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Comforser

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	19/07/22	D.O.I.	15/08/22

Survey held at

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

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

Date / Time	Action / Instruction
	Dep $500 body have wrap sticker no second hand parts only tailgate and sticker
22/8/22	P/P $1098.48 inform Jonathan (Ref $685,38/-) (No Lump Sum)

Date/Time, File **Pass** to?

1) 25/8 tmpsm

Date/Time, File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 1098.48)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL

ETHOZ

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

Jonathan Lim
CLAIM DEPARTMENT
DID : 66547606
FAX : 66547540

Date : 11/08/2022

To : **NTUC INCOME INSURANCE CO-OPERATIVE LTD**

ESTIMATION

Attn : Motor Claim Department **FAX :**

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

Certificate No : 1 Accident Date : 19/07/2022

Vehicle No : GBH-8497-G Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION		REPAIRER AMT ($)	SURVEYOR APP.
Nett Item				
1	RH TAILLAMP		S&R 287.20	✓
1	REAR BUMPER	RESTORE	R X	
1	RH REAR FENDER	RESTORE	R X	
	Sub Total		**287.20**	
	Discount 10% On Parts		**(28.72)**	
Special Nett Item				
1	STICKER WRAPPING Rear Fender RH		NEL 500.00	320

ETHOZ

Date : 11/08/2022

To : **NTUC INCOME INSURANCE CO-OPERATIVE LTD**

ESTIMATION

Attn : Motor Claim Department **FAX :**

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 19/07/2022

Vehicle No : GBH-8497-G Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 6

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT ($)	SURVEYOR APP.
	Sub Total	**500.00**	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	500.00	300
	TO SPRAY PAINT ON AFFECTED PORTIONS	500.00	200
	TO CHECK AND RECONNECT NECESSARY WIRING	25.00	20
	Sub Total	**1025.00**	

LKK Auto Consultants hereby 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:

Remarks:

wtcc

		1,783.48
SUB TOTAL		
GST 7.0 %	124.84	
TOTAL	1,908.32	

P- 280.20
102
288.48
320
520
1098.48

Surveyor's name: Marcus Lim Tel: 90096608

Principal's name: ETHOZ Group Ltd

Survey Date & Time: 21/ # 1098.48
3 days.
15/8/22

ETHOZ GROUP LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com
Company Registration No. 198104531H

SE0M227K0001 / ETHOZ PROTECT PTE. LTD. [658075]
ENTRY DATE & TIME: 20/07/2022 10:54 (SGT)
SUBMITTED BY: Selamatshahh Zainal
VERSION: 1 (20/07/2022 10:54 (SGT))

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 witholding 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	20/07/2022 10:54 (SGT)
Reported by	Driver
Date of Accident	19/07/2022 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8497G

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1497

INSURANCE COMPANY

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

DRIVER

Name of Driver	WONG KOK SENG
NRIC No	SXXXX780C
Date Of Birth	05/08/1965
Occupation	Outdoor

Date Of Driving Pass	22/11/1996
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98244195
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	660 CHOA CHU KANG CRESCENT #15-85
Address complement	-
Postcode	680660
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)	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

REFER TO ATATCHED 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	SKD3995H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

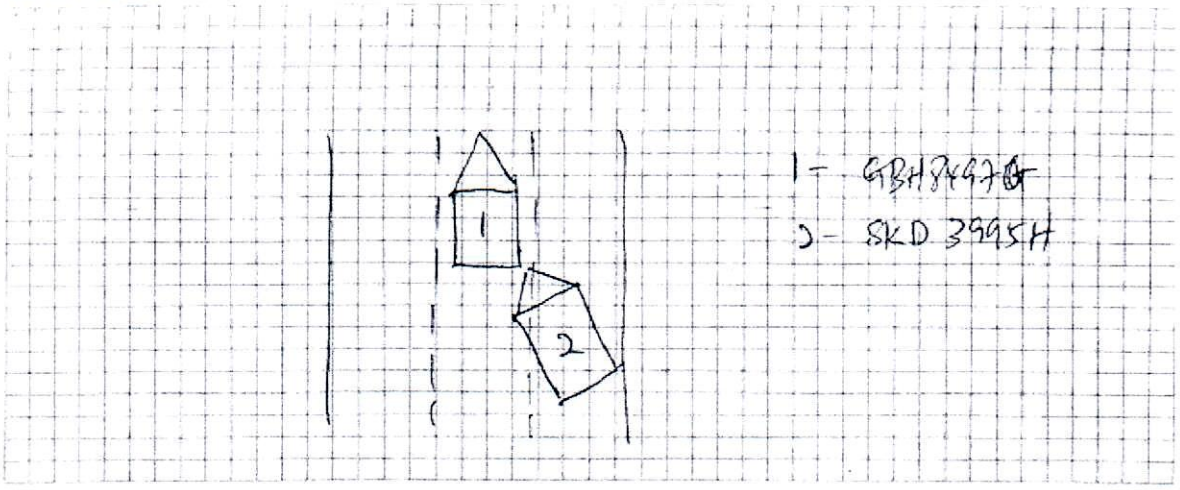
   (ii) for complying with requirements under any regulations, laws or court orders.

ETHOZ AUTO LEASING LTD

Policyholder's Signature Date & Time:	20/07/22 Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIAPMC SketchPlanForm V4

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle stop while waiting at the traffic light. When suddenly I heard an impact on my rear right side. I came down and saw veh. SKD 3995H had came into contact with my vehicle GBH8497G right side. No one was injured.

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 occurance.

	Reporting Only
	Claim OD
✓	Claim TP
	Claim OD / TP at other workshop

DECLARATION

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

ETHOZ AUTO LEASING LTD

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 20/07/22	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: