

DATE: 12/12/22

ASS. REC. BY: [Signature]

REF:

9436

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMF 37437

at Workshop m/s ETHO2

of 30, BUKIT BAKAR CRESCENT

Insured: AIS

Policy No. _____

Claims No. _____

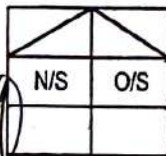
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 131K

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: SMF 37437 Yr Regn: 2018 / MSV

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

Truck / Trailer or

Make: Honda CRV 1.5 Turbo CVT c.c. 1498

Colour: BLACK A/C: Insured / Std / NI / NA

Sp. Reading: 039376 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR4RW1860JP000083

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NII / S/Rim / STD A/Rim or

Tyre Size: F: 235/65R17

R: n

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 07/12/22 D.O.I. 13/01/23

Survey held at ETHO2

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

N/S REAR

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

Date / Time Action / Instruction

REPAIR LUMP - 89K

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Workshop (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format :

Lump Sum / I.B.I: (\$

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

Jackson Teo
CLAIM DEPARTMENT
DID : 66547515
FAX : 66547540

Date : 12/01/2023

To : ALLIANZ INSURANCE SINGAPORE PTE. LTD.

ESTIMATION

Attn : Motor Claim Department

FAX :

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

Certificate No : 1

Accident Date : 07/12/2022

Vehicle No : SMF-3743-J

Make & Model : HONDA CR-V 1.5 TURBO LX 5 SEATER

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR DOOR LH	RESTORE	
1	REAR DOOR LOWER GARNISH LH <i>scr</i>	}	288.00
1	REAR DOOR LOWER GARNISH CHROME MOULDING LH		
1	REAR DOOR ARC GARNISH LH <i>scr</i>		200.00
Sub Total			488.00
Discount 20% On Parts			(137.60)
Labour & Misc			
	LABOUR TO FACILITATE REPAIR	<i>250</i>	300.00
	TO RESPRAY AFFECTED AREAS	<i>200</i>	300.00

Date : 12/01/2023

To : ALLIANZ INSURANCE SINGAPORE PTE. LTD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 07/12/2022

Vehicle No : SMF-3743-J

Make & Model : HONDA CR-V 1.5 TURBO LX 5 SEATER

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

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

600.00

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:

Remarks:

950.40

Resy after repair / 2 days
new item

SUB TOTAL

GST 7.0 %

66.53

TOTAL

1,016.93

Surveyor's name:

Ram - Hp 9004068

Principal's name:

ETHOZ Group Ltd

Survey Date & Time:

13/01/23 @ 1210

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 Actual 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	14/12/2022 11:06 (SGT)
Reported by	Both
Date of Accident	07/12/2022 07:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ULU PANDAN ROAD TO CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3743J
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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	Honda
Model	Cr-v
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

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

DRIVER

Name of Driver	STEVEN USO GAGNUSS
NRIC No	SXXXXX824G
Date Of Birth	15/02/1964
Occupation	Indoor

Date Of Driving Pass	11/08/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96450168
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	8 RIDGEWOOD CLOSE #10-09
Address complement	-
Postcode	276698
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	Side Swipe
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

PLEASE 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	SMD4315R
Vehicle Manufacturer	Kia
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

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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]

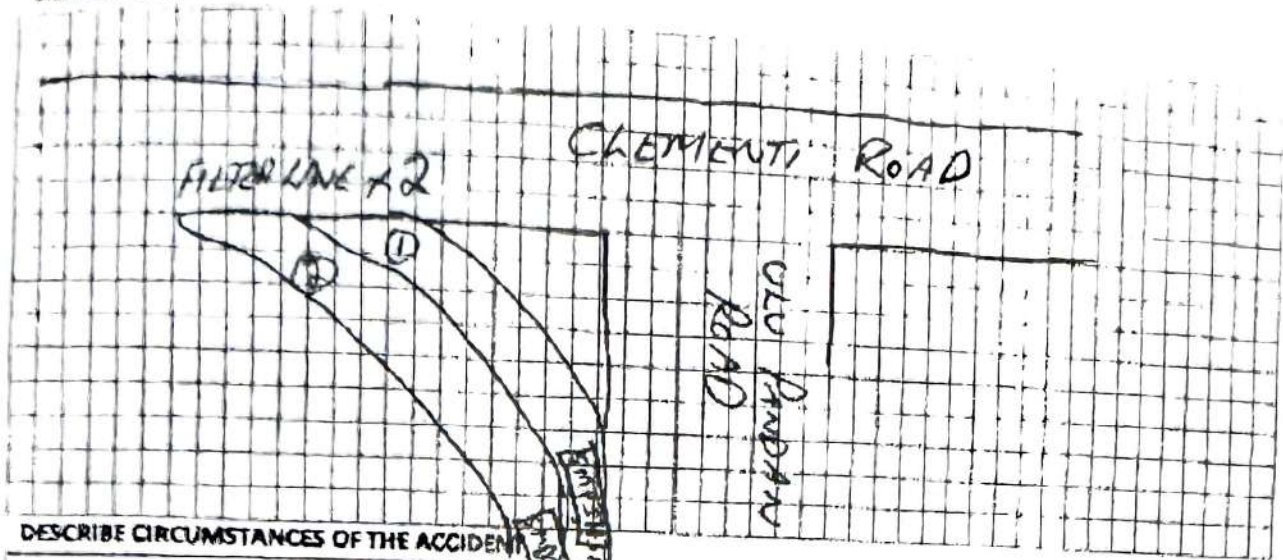
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14.10.2022

9.05 am



Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No: *[Signature]*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR SMF3743J WAS IN ① FILTER LANE TURNING LEFT ONTO CLEMENTI ROAD. OTHER CAR WAS IN ② FILTER LANE TURNING LEFT ONTO CLEMENTI. MY CAR WAS PAST THE OTHER CAR IN ITS OWN LANE, THE OTHER CAR MADE A SUDDEN & LATE LANE CHANGE FROM ② FILTER LANE TO ① FILTER LANE. MY CAR WAS IN ITS OWN LANE ① FILTER LANE, THE OTHER CAR HIT MY CAR JUST IN FRONT OF THE LEFT HAND SIDE REAR WHEEL, WHICH CLEARLY INDICATES I WAS IN FRONT OF THE OTHER CAR. I PULLED UP & PARKED ON THE LEFT HAND SIDE OF CLEMENTI RD. WHEN THE OTHER DRIVER PULLED UP I POLITELY ASKED HIM "DID YOU SEE ME" HE REPLIED "I SEEN YOU & I HONKED" I EXPLAINED I WAS IN MY OWN LANE, IN FRONT OF YOU, YOU HAVE HIT ME FROM BEHIND. HE WOULD NOT LISTEN & WAS PUSHING THE POINT THAT HE WAS NOT IN THE CUPONK "HE HIT ME FROM BEHIND" (I HAVE PICTURES)

IMPORTANT:


You have been advised by the workshop that in the event that you wish to claim against your own policy (OO CLAIM), there is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the 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 not the policyholder)
Date & Time

14.12.2022
9.28am


Reporting Centre Personnel's Signature
Name: Wang Chao Lin
NIC/FIN No: 910000000000000000

[➤ Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	943G

Vehicle No:	SMF3743J
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jan 2023
Vehicle Make:	HONDA
Vehicle Model:	CRV 1.5 TURBO CVT 5SEATER
Primary Colour:	Black
Manufacturing Year:	2018
Engine No:	L15BG1124382
Chassis No:	MRHRW1860JP000083
Maximum Power Output:	142.0 kW (190 bhp)
Open Market Value:	\$28,152.00
Original Registration Date:	07 Nov 2018
First Registration Date:	07 Nov 2018
Transfer Count:	1
Actual ARF Paid:	\$31,413.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Nov 2028
PARF Rebate Amount:	\$23,559.00

COE Expiry Date:	06 Nov 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$32,552.00
COE Rebate Amount:	\$18,176.00
Total Rebate Amount:	\$41,735.00

The information contained herein is correct as at 16 Jan 2023

OK

Honda CR-V 1.5A Turbo 7-Seater

[Overview](#)

[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)



Our Accreditation:



Price **\$123,800**

Depreciation ⓘ **\$19,380 /yr**
View models with similar depre

Reg Date **19-Jun-2018**
(5yrs 5mths 2days COE left)

Mileage **79,000 km (17.2k /yr)**

Manufactured ⓘ **2018**

Road Tax ⓘ **\$684 /yr**

Transmission **Auto**

Dereg Value ⓘ **\$48,272 as of today (change)**

OMV ⓘ **\$32,401**

COE ⓘ **\$37,330**

ARF ⓘ **\$37,362**

Engine Cap **1,498 cc**

Power **142.0 kW (190 bhp)**

Curb Weight ⓘ **1,640 kg**

No. of Owners ⓘ **1**