(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/ SMR 23002778/4943

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBJ 6937G

at Workshop m/s Ethoz Tampines

of

Insured: SHB 203B

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
	0

Bal. or Market Value: $62k.

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

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

Est. Repairs: 4 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS C943G

Vehicle: **IN / OUT**

Date: Person Contacted: LTA $161.85

Veh No: GBJ 6937G Yr Regn: 27/07/19

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

Make: Nissan NV350 c.c 2488

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

Sp.Reading 138827 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JN1MC2E26Z0031302

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 R15

R:

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

	Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 05/03/23 D.O.I. 17/3/23

Survey held at

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

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

Date / Time	Action / Instruction
17/3/23	Dep $10k. L/S $3250 : informed Raamkumar (Red $2628.07, 45%)

Date/Time, File Pass to? ☐ **: Preli. Report**

1) 17/3 Tripitsa ☐ **: Final Report**

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I: ($ 3250 **)**

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
__S + RS, __SI	
Photos	
Others	
TOTAL	

ETHOZ

PLEASE ARRANGE TO SURVEY
VEHICLE TAMPINES STREET 92 22
SINGAPORE 528876

Raamkumar Km
CLAIM DEPARTMENT
DID : 66547607
FAX : 66547540

Date : 16/03/2023

To : **MS FIRST CAPITAL INSURANCE LIMITED**

ESTIMATION

Attn : Motor Claim Department

FAX :

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

Certificate No : 1 Accident Date : 05/03/2023

Vehicle No : GBJ-6937-G Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION		REPAIRER AMT ($)	SURVEYOR APP.
Nett Item				
1	REAR BUMPER	Re	720.60 793.80	✓
1	REAR BUMPER REINFORCEMENT	NS	206.40	X
2	REAR BUMPER BRACKET	RR	57.20	X
10	REAR BUMPER CLIPS	Rel	30.00 50.00	✓
1	REAR BUMPER STEP GARNISH	NS	120.00	X
1	TAILGATE	RR/Self	215.7.10 2,339.90	✓
1	TAILGATE LOCK	SU	337.50	X
1	TAILGATE WEATHERSTRIPE	SU	137.50	X

ETHOZ

Date : 16/03/2023

To : **MS FIRST CAPITAL INSURANCE LIMITED**

ESTIMATION

Attn : Motor Claim Department **FAX :**

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 05/03/2023

Vehicle No : GBJ-6937-G Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT ($)	SURVEYOR APP.
	Sub Total	**4042.30**	
	Discount 10% On Parts	**(404.23)**	
	Special Nett Item		
1	REAR WINDSCREEN SEALANT nett	50.00	40
1	70KM/H STICKER nett	10.00	✓
1	8 PAX STICKER nett	10.00	✓
1	REVERSE SENSOR & wash	220.00	200
	Sub Total	**290.00**	
	Labour & Misc		
	LABOUR TO FACILIATE REPAIR	800.00	400

ETHOZ PROTECT PTE LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6319 8080 | www.ethozgroup.com

ETHOZ

Date : 16/03/2023

To : **MS FIRST CAPITAL INSURANCE LIMITED**

ESTIMATION

Attn : Motor Claim Department **FAX :**

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 05/03/2023

Vehicle No : GBJ-6937-G Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT ($)	SURVEYOR APP.
	TO RESPRAY AFFECTED AREAS	800.00	600
	TO REMOVE AND TRANSFER TAILGATE	100.00	60
	TO REMOVE AND REFIX REAR WINDSCREEN	150.00	120
	TO CHECK AND RECONNECT ALL NECCESSARY WIRINGS	50.00	20
	RUST PROOFING	50.00	30
	Sub Total	**1950.00**	

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:

	5,878.07
SUB TOTAL	
GST 8.0 %	470.25
TOTAL	6,348.32

P - 2907.7
(2)
P - 2616.93
S-W-260
L - 1230
4106.93
2%
3288

Remarks:

not Authorised

Surveyor's name: Marcus Lim

Principal's name: ETHOZ Group Ltd

Survey Date & Time: 17/3/23 @ 12pm

L/S $3250
Estimate Adequate
4 days.

SP1923370001 / PUAN CHEW MOTOR WORK PTE LTD
ENTRY DATE & TIME: 07/03/2023 16:20 (SGT)
SUBMITTED BY: WONG CHOY LAN
VERSION: 1 (07/03/2023 16:20 (SGT))

Your NCD will be affected due to late reporting

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 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	07/03/2023 16:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/03/2023 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG COMMONWEALTH AVE (BESIDE BLK 327 CLEMENTI AVE 5)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6937G

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	Nv350
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	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

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

DRIVER

Name of Driver	MUHAMMAD HUSSEIN BIN MAHMOOD
NRIC No	SXXXX995G
Date Of Birth	28/07/1992

Occupation	Outdoor
Date Of Driving Pass	13/04/2015
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88635659
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 50 HAVELOCK ROAD #08-767
Address complement	-
Postcode	160050
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	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	NINA ELEANA BINTE MD SHARIF
Gender	Female

PASSENGER 2

Name	MOHAMMAD DAIYAN HARIS BIN ABDULLAH
Gender	Male

PASSENGER 3

Name	RAISSA ELLEANA BINTE MUHAMMAD HUSSEIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230307/7002

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	SHB203B
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ONG YECK KEONG
NRIC No	SXXXX512F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD HUSSEIN BIN MAHMOOD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBJ6937G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NINA ELEANA BINTE MD SHARIF
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBJ6937G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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:

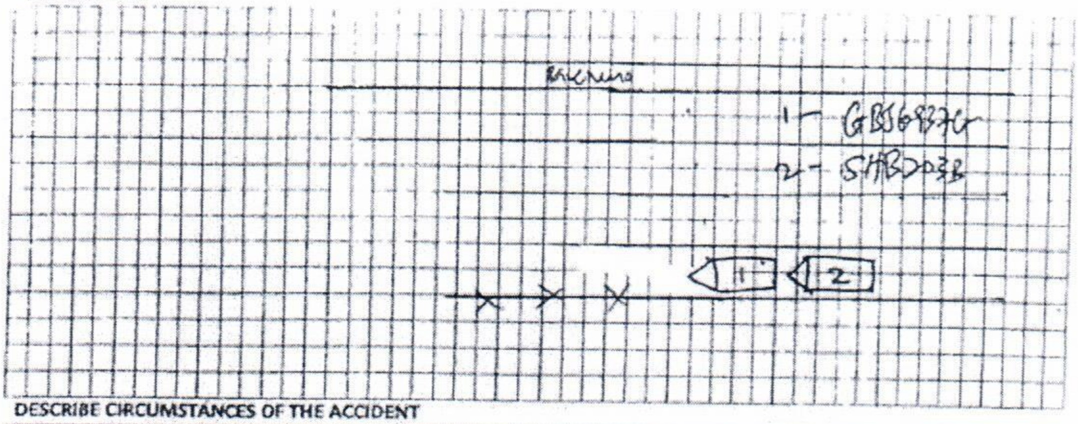
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 6/3/23	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving along Boon Lay Way from the [illegible] Clementi, in lane 2, suddenly the aforementioned taxi driver drove dangerously [illegible] cutting into my lane nearly causing a collision. Not once but twice. As I stopped at the lane 3 beside the taxi which was in the [illegible] second lane beside me at the traffic light at Blk 205 Clementi, I wound down and asked him why was he cutting me without signalling. He [illegible] did not respond. I wound up the window and he went to the left side of the taxi, he wound down and scolded me. I scolded him back and he was unhappy. He came out of his taxi and approached my driver's side. He then spit at me and went back into the taxi. I wanted to go to the other driver's side to ask him why he spit at me but there were vehicles honking at me as I was trying to ask him. I moved off to my driver's seat to move off. He then chased me and tailgated me until the along Commonwealth Ave, after Clementi MRT towards Buona Vista. Due to high traffic, I entered lane from lane 3 to lane 4 and there was a vehicle in front of me and I stopped to stop. Suddenly, the taxi that tailgated me failed to brake in time and crashed into my car which caused a few dents and scratches to the back of the car.

Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD 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.

[Stamp: ETHOZ AUTO LEASING PTE LTD] — 6/3/23 — [Stamp: CHEW MOTOR]

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.