(08/11/13) wef  ASS. REC. BY: Marcus  REF: C5/7	P 23003975/UWU3
ASSI	GNMENT
D. D	Veh No: 1/2763M Yr Regn: 23/105-/16
From: Date:  Estimated Cost:	Veh No: // S// Yr Regn: // Yr Regn: // Type: M.Car / M.Cycle / Bus / Van (Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No: $\frac{\sqrt{\rho}}{2763M}$	Make: ISUZU FRR90 c.c 5/93
at Workshop m/s School Carrent	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 2637 T/Radio: Insured / Std / NI / NA
Insured: J16844	Eng/No: 4HK1281996
Policy No.	C/No: JALFRR907E700044
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: leorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nii / S/Rim / STD A/Rim or
Yulio di Voli.	Tyre Size: F:
(Policy Condition)	R: Giti 9,5 R17.5
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6/6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 / mm L/Bal. 6 6 mm
Est. Repairs: \( \) days \( \) Res.: \( \) Yes or \( \) No	D.O.A. 2. 4/02/23
Lum Sum: 727 % 3 Val.: Yes or No	Survey held at
( 6711	Des. of Damages; Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	for pro-
Date: Person Contacted: JAACIYOK	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Dec 2-2/4	2900@3 days (Red \$1,420.60/33%)
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
05 05 2023 1) Typist : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	
	: Interview (\$) Photos
Report Format: TP	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$ L\S \\$2,900.00)	: Weekend (\$
	TOTAL



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

Selamatshahh

**CLAIM DEPARTMENT** 

DID: 66547519

FAX:

Date

15/04/2023

To

O

**ESTIMATION** 

Attn

**Motor Claim Department** 

FAX:

Owner

: ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE, LTD.

Certificate No

1

Accident Date

: 24/02/2023

Vehicle No

YP -2763-M

Make & Model

: ISUZU FRR90SUQA-C 5.2 NEES DIESEL Y EUR

ESTIMATED REPAIR COST DETAILS

Excess

: 4,000.00

Add Excess : 0.00

0.00

QTY DESCRIPTION	REPAIRER AMT (\$) SURVEYOR APP.
List Item	
1 FRONT BUMPER	1,800.00
1 FRONT BUMPER BRACKET RH $\sim$	340.00
1 HEADLAMP RH	630.00
1 HEADLAMP RH C 1 FRONT SIGNAL LAMP RH	290.00
1 FRONT CORNER FENDER RH CM	576.00
Sub Total	3636.00
Discount 15% On Parts	(545.40)
Labour & Misc	
LABOUR TO FACILITATE REPAIR	600.00 400
TO RESPRAY AFFECTED AREAS	600.00 400

Not Authorist
her morens
18/4/23
1/5=2900
The photo After 1070in
3days

engine no...

PAGE:

# ETHÔŽ

Date

15/04/2023

To

**ESTIMATION** 

Attn

**Motor Claim Department** 

FAX:

Owner

ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No

Accident Date

: 24/02/2023

Vehicle No

YP -2763-M

Make & Model

ISUZU FRR90SUQA-C 5.2 NEES DIESEL Y EUR

ESTIMATED REPAIR COST DETAILS

Excess

4,000.00

Add Excess : 0.00

QTY DESCRIPTION REPAIRER AMT (\$)

SURVEYOR APP.

TO CHECK AND RECONNECT ALL NECCESSARY WIRINGS

30.00 1230.00

X m

Sub Total

4,320.60

Remarks:

SUB TOTAL

GST 8.0 %

345.65

TOTAL

4,666.25

Surveyor's name:

marcus LUM HP 90096608

Principal's name:

ETHOZ Group Ltd

Survey Date & Time: 18/4/23 @ 11.30 m

PAGE:

2

SP19232S0001 / PUAN CHEW MOTOR WORK PTE LTD ENTRY DATE & TIME: 01/03/2023 09:54 (SGT) SUBMITTED BY: WONG CHOY LAN VERSION: 1 (01/03/2023 09:54 (SGT))



### SINGAPORE ACCIDENT STATEMENT

- Please report correctly the details of the accident to speed up the claims process.
   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 01/03/2023 09:54 (SGT)

Both Policyholder and Actual Driver Reported by

Date of Accident 24/02/2023 16:00 (SGT)

Exact Location of Accident Singapore

Additional Location Information 20 GUL WAY LEVEL 5 LOADING BAY

Singapore Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP2763M

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 suzu FRR90 Model

Variant

Exact purpose for which vehicle was being used at time of Private hire

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Manual Transmission

5193 CC

INSURANCE COMPANY

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

DRIVER

Name of Driver NADESEN A/L SURIA KUMAR Passport No/FIN GXXXX150M Date Of Birth 01/05/1991 Occupation Outdoor

Accident report SP19232S0001

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

FOREIGN VEHICLE 1

Vehicle Registration Number

Vehicle Category

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No

Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230228/2052

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

16/10/2012

10 YEARS AND 4 MONTHS

(Phone) +65-96578867

noemail@com.sg

752 WOODLANDS CIRCLE #01-521

730752

No

Hirer

No

Hit and run / Vandalism / Damaged whilst parked

Dry

Yes

No

Yes

0

Commercial vehicle

Yes

Jurong Neighbourhood Police Post

(Phone) +65-18002659999

(Fax) +65-62664987

Blk 158 Yung Loh Road #01-58 Singapore 610158

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	JTG8944
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	w:
Vehicle Colour	*
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD KHUZAIRI BIN MOHD ZAIDI
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 sogressity the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Author(sed Driver)
- Information provided must be as trutiful and accurate as possible. Any wildul 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 fairs reporting may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurans of the GIA Records Management Centre astablished 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 aforeseld.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) Mly insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are parmitted to collect, use, dipcions and/or process my personal data/personal information satious 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 webliete(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) have ensured vehicles involved in this accident (all insurers) have ensured vehicles involved in this accident (all insurers) have ensured vehicles involved in this accident (all insurers) have ensured vehicles in veh
  - (ii) processing, handling end/or dealing with my dalms including the settlement of the claims and any necessary investigations relating to the claims;
  - [III] 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, statuments, invoices, reports or notices to me, which could avoice disclosure of certain personal data about me to bring shout 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 dalms (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the bisurers' 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 Risurers and/or GIA to their third party service providers or agents(including their lawyers/faw 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 dains history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information to 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 scated, or
  - (ii) for consplying with requirements under any regulations, laws or court orders.

Policyholdar's Signature Osta & Time

Oriver's Signature (if driver is not the policyholder)

Date & Finne

Reporting Centre Personnel's Services

Mame: NRIC/FIN No

Gulace and inflamming ()

						YP 2763 m
					12	JTG 8944
SCRIBE CIRCUI	MSTANCES	OF THE ACC				
Refor	to.	eHached	Police Report	7/20.	1301	8/8057
ave been advise	d by the wo	rkshop that in	the event that you wish to			Reporting Only
ave been advise against your ow CLAUSE WHERE	BY MUST B	3 C P D LOCAL Thomas	the event that you wish to a is a FOURTEEN (14) the stipulated time frame	V		Claim 00 Claim TP
MEGILENE ADM: CM.	BY MUST B	3 C P D LOCAL Thomas	the fire on the telephone and the sale	V		Claim 00

Oriver's Signature

Date & Time

(if driver not the policyholder)

Policyholder's signature

Date & Time

Reporting Centre Personnel's Signature

Name:

Nrlc/Fin No.



T/20230228/2052

Lat 4

Report No. T/20230228/2002

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No. 1800-2659999

### REPORT OF A TRAFFIC ACCIDENT

28/02/20	e Report M 23-12:47	lade:	Vide Report No.:	11
Informar	it's Partici	stars		910 A 201
Name of	Informant:		Address	
ID Type FIN NO	ID No. G6742150	M	Contact No.: Home/Office	Mobile: 96575567
National MALAYS			Email:	
Sex. Male	Age:	Date of Birth 01/05/1991	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupat			Driving Licence Information:	Date of Expiry:

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident 24/02/2023 16:00	Type of Location Loading Bay
Location.				
GUL WAY				
Weather:		Road Surface: Dry	F	toad Speed Limit:
Olmar		Lighter and the service of the service of the Common Street Common Stree		The state of the s
Clear Traffic Flow		Traffic Control: Not Controlled		raffic Volume:

THE RESERVE OF THE PARTY OF THE	ehicle Invol	Make	Model	Color	Condition	No of Passent
Vehi <b>de No.</b> JTG8944	Lorry				Slightly Damaged	0
YP2763M	Lorry	ISUZU	FRR90SUQ A-C	White	Charles Commission of Control of	0

Details of Person Involved	The second secon
- Landaud No	
No of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
No of Pedestrians injured tec	Use



2014

Report No. 1/2023/02/8/2052

Posce Station Of Origin Jurong NEP 158 Yumo Lon Road #01-58 SINGAPORE 610158

CONTINUATION OF REPORT

610 155 Tel No 1633-2659999

CONTRACTOR OF THE CONTRACTOR OF THE PROPERTY O	ted Medical Leave NIL		Injury NIL	
Hospital/Clinic	NIL I	Date Disch	Class of Driving Licence & Expiry Date	Class 28.3.4 Date of Expry. NIL
Related Vehicle	YP2763M (Lorry)		Contact No.	96575567
Vame	NADESEN A/L SURIA KUMAR		ID No.	G6742150M
DESERTE AND PROPERTY OF THE PR	ted Medical Leave NIL	Degree of	Injury   NIL	
Date Treatment	Charles and the control of the contr	NAME AND ADDRESS OF THE PARTY O	harge NIL	
новртяв/Світіс	NIL.		Class of Driving Licence & Expiry Date	Class NIL Date of Expry. NIL
Reaso Vehicle	JTG8944 (Lorry)		Contact No.	NL
Alternation (Control of the Control	Muhammad Khuzain Bin Mohd 2	Zaidi.	IO No.	A52395959

#### Brief Details.

On 24/02/2023 at around 1600hrs, I parked V1. YP2673M at level 5. #61-02 of 20 Gul Way loading bay take items from the warehouse. I am working for Avataar Logistics Pte Ltd. I went inside the warehouse once I parked V1 and everything was still intact. While at the warehouse. I sudderly heard a load sone coming from the loading bay hence I quickly made a check.

indiscovered V2. JTG8944 (left rear bumper) had knocked onto the front right side of V1. When V2. The knocked into V1 no one was inside V1. The driver if an incived his vehicle onto other lossing has subsequently came back. We exchanged particular with the driver, and I affirmed that he grade number I would like to state that I have in-car catter a in V1 however it was switched off as I accept vehicle. There is a camera in the loading bay and lacing V1.

Particulars of the other party are as tollown

Name: Muhammad Kruzain Bin Mond Zadi Company: Tiong Nam Logistics Solutions Science Passport no. A52395966 v2: JTG8944

009 0202/1997

Demages on V1 and V2 are as tollows.

t discusses reges based light of V1





Report No. T/20230228/2052

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999

CONTINUATION OF REPORT

3)Scratches on V2's left rear bumper



120230228/2052

tot4

Report No. T/20230228/2052

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

SGT 2 MUHAMMAD SHAHHIDAN AZIM BIN YACOB do

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 Signature Of Informant:

8

Date/Time: 28/02/2023 12:47

Classification Of Case:



Car (S) Pte Ltd

Posted: 10-Apr-2023



Isuzu FRR90

\$47,800

\$33,230 /yr

26-Sep-2014

Fuel Type: Diesel

Auto transmission, powerful engine for heavy workload. Flexible loan and high trade in available.

ABWIN (1994) Pte Ltd

Posted: 09-Apr-2023



### 4 Layer Nanot Coating D1 Spec BBK For Isuzu

The leading brake option D1 Spec RS series brake system Big 4 pot with 330/345mm slotted disc  $^{\circ}$  More info about this product



Isuzu FRR90 (COE till 09/2032)

\$106,800

\$11,320 /yr

24-Sep-2012

Fuel Type: Diesel

Excellent Condition Guaranteed No Repair Needed, Full Canopy And Checkered Plate. 100% Loan A

ABWIN (1994) Pte Ltd

Posted: 28-Mar-2023



Isuzu FRR90

\$46,800

\$20,710 /yr

23-Jul-2015

Fuel Type: Diesel

ISUZU FRR90 24ft 6Ton with box and power tailgate. Low usage, Well maintained, 100% in house

Cal...

Think One Automobile & Trading

Posted: 15-Mar-2023



Isuzu FRR90

\$128,500

\$17,610 /yr

05-Aug-2020

Fuel Type: Diesel

Condition as good as brand new. Price is negotiable.

Posted: 06-Mar-2023

Save this search criteria, to get email alerts whenever a match is found.

Make

Model

Prio

Depreciation

Reg Date

For old advertisements, view Expired ads

https://www.sgcarmart.com/used\_cars/listing.php?RGD=0&MOD=ISUZU FRR90&RPG=20&VEH=0... 19-Apr-23

## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	
Owner ID Type: Owner ID:	Company
Vehicle Details	531H
Vehicle No.:	YP2763M
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Apr 2023
Vehicle Make:	ISUZU
Vehicle Model:	FRR90SUQA-C
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	4HK1281996
Chassis No.:	JALFRR907E7000442
Maximum Power Output:	-
Open Market Value:	\$45,976.00
Original Registration Date:	23 May 2016
First Registration Date:	23 May 2016
Fransfer Count:	0
Actual ARF Paid:	\$2,299.00
ntended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
COE Expiry Date:	22 May 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$4,545.00
OE Rebate Amount:	\$1,405.00
otal Rebate Amount:	\$1,405.00

The information contained herein is correct as at 19 Apr 2023

ОК