

ASS. REC. BY: T. J. J. J.REF: CS/TP23003993/Tg/43Independent Survey

## 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: \$55K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Shah Vehicle: IN / OUTVeh No: G6J4585B Yr Regn: 2017, Apr. 1

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

Truck / Trailer or

Make: Nissan NV200 c.c. 1461Colour: Red A/C: Insured / Std / NI / NASp. Reading: 122442 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: USKYBAM2020177507

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 orTyre Size: F: 175/70R14R: 7.1

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

TOYO / YOKO or GitiFront: 6 mm Rear: 6 mmR/Bal. 6 mm L/Bal. 6 mmL/Bal. 6 mm D.O.A. 19/4/23D.O.A. 19/4/23Survey held at Etloz Bnt Str.

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

Rear o/s

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

Date / Time Action / Instruction

COR p/p \$622.30 , 2 days. (Red \$200, 24%)

Date/Time, File Pass to?

☐ : Preli. Report1) 02/05 Typist☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: TPLump Sum / L.B.H. (\$ 622.30)

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

Selamatshahh  
CLAIM DEPARTMENT  
DID : 66547519  
FAX :

Date : 18/04/2023

To :

Attn : Motor Claim Department

## ESTIMATION

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 29/12/2022

Vehicle No : GBJ-4585-B

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.
<b>Nett Item</b>			
1	TAILLAMP RH	247.00	CMA
1	REAR FENDER RH		
	RESTORE		
	<b>Sub Total</b>	<b>247.00</b>	
	<b>Discount 10% On Parts</b>	<b>(24.70)</b>	
<b>Labour &amp; Misc</b>			
	LABOUR TO FACILITATE REPAIR	300.00	200
	TO RESPRAY AFFECTED AREAS	300.00	200

Date : 18/04/2023

To :

## ESTIMATION

Attn : Motor Claim Department

FAX :

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

Certificate No : 1 Accident Date : 29/12/2022

Vehicle No : GBJ-4585-B 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	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:

822.30

Remarks:

SUB TOTAL

GST 7.0 % 57.56

TOTAL 879.86

Surveyor's name:

*Taufik* 97445784

Principal's name: ETHOZ Group Ltd

*Taufik e/khanto-wan.*

Survey Date & Time:

*19/4/23 e 12pm*  
*11/p Resurvey after repair*

PAGE : 2

## 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	31/12/2022 09:11 (SGT)
Reported by	Both
Date of Accident	29/12/2022 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 183 CAR PARK TOA PAYOH CENTRAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4585B
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	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	1461

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	KOH KIM HUAT
NRIC No	SXXXX644A
Date Of Birth	15/02/1967
Occupation	Outdoor



Date Of Driving Pass	30/12/1986
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-98331208
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 508 WEST COAST DRIVE #12-249
Address complement	-
Postcode	120508
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	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number	WSC8017
Vehicle Category	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO POLICE REPORT

#### 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	WSC8017
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEONG CHUN KIT
Passport No/FIN	GXXXX933L
Contact Number	(Phone) +65-93588725
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

- 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)

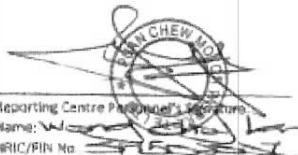
I understand, acknowledge, agree and consent that:

- (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: \_\_\_\_\_

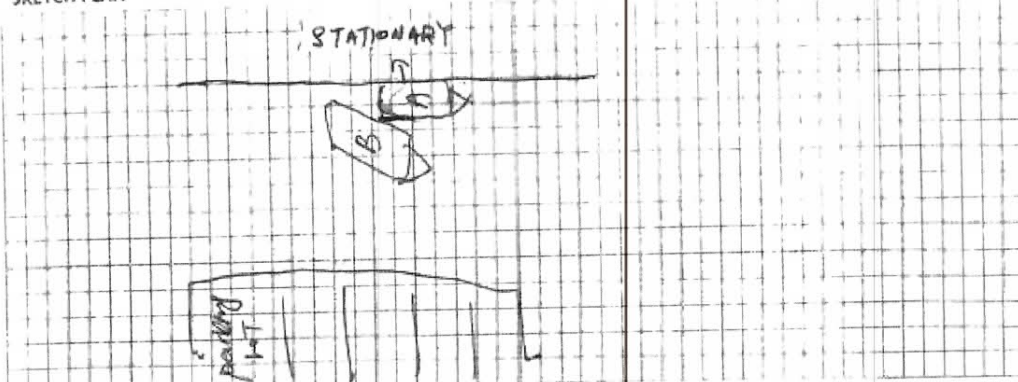
Driver's Signature  
(If driver is not the policyholder)  
Date & Time



SKETCH PLAN #2

A - GBS 4585 B  
B - WSC 801A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27/07/2022 at about 14:50 hrs.

As Police Report.

**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.



Policyholder's signature  
Date & Time

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



Reporting Centre Personnel's Signature  
Name: Wang Chai Lin  
Nric/Fin No: 5150001





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999



T/20221229/2078

1 of 3

Report No. T/20221229/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/12/2022 19:38		Vide Report No.:		Station Diary No.: 89	
<b>Informant's Particulars</b>					
Name of Informant: KOH KIM HUAT		Address: APT BLK 508 WEST COAST DRIVE #12-249 SINGAPORE 120508			
ID Type / ID No.: NRIC NO / S1830644A		Contact No.: Home/Office:		Mobile: 98331208	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 55	Date of Birth: 15/02/1967	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: ASSISTANT MANAGER		Driving Licence Information: Class: 3,4		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 29/12/2022 17:45	Type of Location: Car Park
Location: TOA PAYOH CENTRAL				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4585B	Van	NISSAN	NV200	Red	Slightly Damaged	0
WSC8017	Van	NISSAN		White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999



T/20221229/2078

2 of 3

Report No. T/20221229/2078

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KOH KIM HUAT		ID No. S1830644A
Related Vehicle	GBJ4585B (Van)		Contact No. 98331208
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LEONG CHUN KIT		ID No. G4145933L
Related Vehicle	NIL		Contact No. 93588725
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 29 Dec 2022 at about 1745 hrs, I was at the open carpark of Blk 183 Toa Payoh Central. I was just waiting for my wife for a short while hence I just parked my company's van registration number GBJ4585B at the side of the parking lot. While my van was still stationary, a foreign van came from behind suddenly hit my rear right side of my van. I went out to have a look and noticed that there are some damages on my rear right taillight ( broken ) and rear right side of the body slightly dented and scratched. Nobody was injured. Both of us drivers exchanged particulars and I told him that I am going to lodge a police report.