

(08/11 /13) wef

ASS. REC. BY: /

Taufik

REF:

CS/FC/25006364/Tqys

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.

Bal. or Market Value:

237K.

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

G6F 87564 Yr Regn: 2017, Momb.

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

Truck / Trailer or

Make:

Nissan NV200

c.c

1461

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

123706

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

USKY B 4M 2017 0139554

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:

175/70R14

R:

21

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.

D.O.I.

28/6/23

Survey held at

Ethos Tampin

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

Frt N/S.

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

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



PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Raamkumar Km
CLAIM DEPARTMENT
DID : 66547607
FAX : 66547540

Date : 22/06/2023

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 : 13/06/2023

Vehicle No : GBF-8756-U

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 5

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
Nett Item			
1	FRONT BUMPER	448.00	fu
1	FRONT BUMPER RETAINER LH	40.00	aw
1	FRONT BUMPER REINFORCEMENT	532.00	?
1	FRONT BUMPER FOG LAMP LH	80.00	?
10	FRONT BUMPER CLIPS	50.00	na
1	FRONT HEADLAMP LH	322.00	cur
1	FRONT HEADLAMP LOWER GARNISH LH	224.00	de
1	FRONT HEADLAMP LOWER PANEL LH	84.00	Ry
1	FRONT FENDER LH	350.00	ht

Date : 22/06/2023

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 : 13/06/2023

Vehicle No : GBF-8756-U

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 5

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT FENDER SHEILD LH	137.20	fr ✓
8	FRONT FENDER SHEILD CLIPS	60.00	na ✓
1	FRONT WHEEL TYRE LH	91.00	purchased ✓
1	FRONT WHEEL RIM LH	260.00	bt ✓
1	FRONT WHEEL HUP CAP LH	154.00	mis ✓
1	FRONT SHOCK ABSORBER LH	308.00	✓
1	FRONT SHOCK ABSORBER TOP MOUNTING LH	84.00	✓
1	FRONT WHEEL LOWER ARM LH	182.00	?
1	FRONT WHEEL KNUCKLE ARM LH	553.00	?
1	FRONT WHEEL BEARING LH	310.00	?

Date : 22/06/2023

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 : 13/06/2023

Vehicle No : GBF-8756-U Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 5

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	CROSS MEMBER ASSY	400.00 ?	
1	STABILIZER LINK LH	40.50 ?	
1	STEERING RACK	2,240.00 X	
1	ROCKER PANEL LH	1,092.00 X	
1	FRONT BONNET	742.00 X	
1	FRONT BUMPER LOWER COVER	224.00 X	
1	FRONT SUPPORT PANEL LOWER	252.00 X	
1	WHEEL HOUSE LH	588.00 X	
1	FOG LAMP BRACKET LH	84.00 ?	

Date : 22/06/2023

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 : 13/06/2023

Vehicle No : GBF-8756-U Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 5

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	9931.70	
	Discount 10% On Parts	(993.17)	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,500.00	600
	TO RESPRAY AFFECTED AREAS	1,200.00	600
	TO REPAIR & REALIGN CHASSIS	500.00	X
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	150.00	30
	RUST PROOFING	150.00	30
	ALIGNMENT OF TYRE	50.00	30

Date : 22/06/2023

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 : 13/06/2023

Vehicle No : GBF-8756-U

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 5

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	3550.00	

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:

12488.53

Remarks:

SUB TOTAL

GST 8.0 %

999.08

TOTAL

13,487.61

Surveyor's name:

Tanpin 97495749/62563561

Principal's name: ETHOZ Group Ltd

Survey Date & Time:

23/6/23 2310pm

L/S Resurvey after repair
Tanpin C/khant.com
5 days

PAGE : 5

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 14/06/2023 16:26 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 13/06/2023 19:09 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN AVE 2, YISHUN RING ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF8756U
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 MUHAMMAD ZAIFIRREAN BIN ZAINUDIN
NRIC No SXXXX724I
Date Of Birth 27/01/1996
Occupation Outdoor

Date Of Driving Pass	25/08/2018
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87424320
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 208 BOON LAY PLACE #07-175
Address complement	-
Postcode	640208
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 - Change/cross lane
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?	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 POLICE REPORT NO. T/20230613/7085

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SG5712J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MOHAMED TAJUDIN S/O ABDUL KAREEM
NRIC No	SXXXX002G
Contact Number	(Phone) +65-93499974
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 willful 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 making 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:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A) GBF87560

B) SG 57123



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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 occurrence.

Reporting Only
Claim OD
<input checked="" type="checkbox"/> 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:

[Signature]

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



Reporting Centre Personnel's Signature
Name:
NRIC/ID No.: