

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547617
FAX :

Date : 27/08/2024

To : LKK AUTO CONSULTANTS PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 18/08/2024

Vehicle No : PD - 126-K Make & Model : TOYOTA HIACE HIGH ROOF COMMUTER 3.0

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	FRONT BUMPER	720.00	
1	FRONT BUMPER RETAINER RH	162.00	
10	FRONT BUMPER CLIPS	50.00	
1	FRONT CORNER PANEL RH	306.00	
1	FRONT WINDSCREEN PILLAR RH	RESTORE	
1	HEADLAMP RH	850.00	
1	WING MIRROR ASSY RH	680.00	
1	FRONT DOOR RH	1,630.00	
1	FRONT DOOR CHECKER RH	153.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT DOOR WEATHERSTRIP RH	245.00	
1	FRONT DOOR STEP GARNISH RH	187.00	
1	FRONT WHEEL HUB CAP RH	180.00	
1	FRONT MUDFLAP RH	165.00	
1	B PILLAR RH	RESTORE	
1	REAR FENDER RH	RESTORE	
1	REAR BUMPER	RESTORE	
1	TAILAMP RH	330.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	5658.00	
	Discount 25% On Parts	(1414.50)	
	<u>Special Nett Item</u>		
1	ADVERTISEMENT STICKER RH	300.00	
	Sub Total	300.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,200.00	
	TO RESPRAY AFFECTED AREAS	1,200.00	
	TO REMOVE AND TRANSFER DOOR COMPONENTS	150.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	RUST PROOFING	100.00	
	Sub Total	2680.00	

Remarks:

7,223.50

SUB TOTAL

GST 9.0 % 650.12

TOTAL 7,873.61

Surveyor's name:

Principal's name: ETHOZ Group Ltd

Survey Date & Time:



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 First Submission	19/08/2024 14:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/08/2024 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE JURONG TOWN HALL ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD126K
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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	Toyota
Model	Hiace
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	Bus
Transmission	Auto
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER



Name of Driver	SAGADEVAN VASUDEVAN
Passport No/FIN	GXXXX771L
Date Of Birth	26/05/1995
Occupation	Outdoor
Driving Pass Date	11/07/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82642972
Alt. Phone Number	-
Email Address	NOEMAIL@COM.SG
Address	BLK 813 JURONG WEST STREET 81 #10-182
Address complement	-
Postcode	640813
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?	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)	6
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	JRP249
Vehicle Category	Bus

PASSENGER 1

Name	SADHA SIVAM
Gender	Male

PASSENGER 2

Name	SAKTHI
Gender	Male

PASSENGER 3

Name	KUMAR
Gender	Male

PASSENGER 4

Name	SILVA
Gender	Male

PASSENGER 5

Name CHAI
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Jurong East Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18008999999
Alt. Police Station Phone No (Fax) +65-66655791
Police Station Address No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACH POLICE REPORT NO. T/20240818/2074

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JRP249
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver SELVAM A/L DORAISAMY
Contact Number (Phone) +60-1120015644
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 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)**

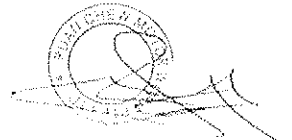
I understand, acknowledge, agree and consent that:

- (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.



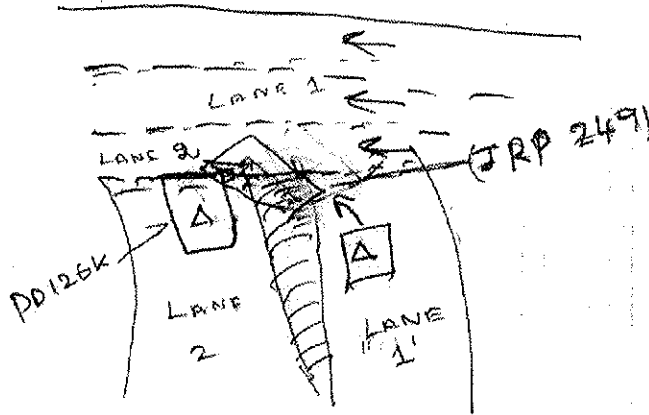
Policyholder's Signature
Date & Time:

8.4.19/08/2024
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



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 OO
✓	Claim TP
	Claim OO / 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 is not the policyholder)
Date & Time:

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



**SINGAPORE
POLICE FORCE**



T/20240818/2074

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20240818/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2024 22:43	Vide Report No.: D/20240818/0134	Station Diary No.: 74
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Informant's Particulars

Name of Informant: SAGADEVAN VASUDEVAN			Address: 813 JURONG WEST STREET 81 #10-182 SINGAPORE 640813		
ID Type / ID No.: FIN NO / G2641771L			Contact No.: Home/Office: Mobile: 82642972		
Nationality: INDIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 26/05/1995	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,3,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 18/08/2024 20:30	Type of Location: T-Junction
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRP249	Bus/Coach/Mi nibus				Slightly Damaged	12
PD126K	Bus/Coach/Mi nibus				Slightly Damaged	6



**SINGAPORE
POLICE FORCE**



T/20240818/2074

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92 Boon Lay Way SINGAPORE 609962
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2 of 3

Report No. T/20240818/2074

CONTINUATION OF REPORT

Brief Details.

On the above-mentioned date and time, I was driving my company minibus bearing registration plate number PD126K at the slip road after exiting from AYE (City) to Jurong Town Hall Road. There were 2 lanes on the slip road, I was on the second lane. I was turning into the extreme left lane on Jurong Town Hall Road towards Boon Lay Way. Out of a sudden, a bus bearing registration plate number JRP249 turned from the first lane of the slip road into the extreme left lane on Jurong Town Hall Road.

I tried to apply brakes but to no avail. As a result, the right side of my minibus collided into the left side of the said bus. Nobody was injured. The incident was attended by the Police. The right side mirror of my minibus was dislodged, and there were dents and scratches on the driver side of the vehicle as a result of the accident.

There is an in-car camera that captured the incident.



**SINGAPORE
POLICE FORCE**



T/20240818/2074

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20240818/2074

CONTINUATION OF REPORT

Signature of Officer Recording The
D /
SGT 3 Aw Choon Kiat

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
(SR STAFF SGT LEE GUANG HUI)
Contact No.: 65478414 ✓

Signature Of Informant:

Date/Time:
18/08/2024 22:43

Classification Of Case:

NP168