

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

Selamatshahh  
CLAIM DEPARTMENT  
DID : 66547727  
FAX :

Date : 11/09/2024  
To : LKK AUTO CONSULTANTS PTE LTD  
Attn : Motor Claim Department

## ESTIMATION

FAX :

Owner : ETHOZ Group Ltd  
: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : 1 Accident Date : 05/09/2024  
Vehicle No : GBM-2293-R Make & Model : BYD T3 ELECTRIC PANEL VAN G (A)  
**ESTIMATED REPAIR COST DETAILS** Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	REAR BUMPER	1,230.00	
1	REAR BUMPER RETAINER LH	89.00	
	<b>Sub Total</b>	<b>1319.00</b>	
	<b>Discount 10% On Parts</b>	<b>(131.90)</b>	
<b>Labour &amp; Misc</b>			
	LABOUR TO FACILITATE REPAIR	300.00	
	TO RESPRAY AFFECTED AREAS	300.00	

Date : 11/09/2024  
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: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : 1 Accident Date : 05/09/2024  
Vehicle No : GBM-2293-R Make & Model : BYD T3 ELECTRIC PANEL VAN G (A)  
**ESTIMATED REPAIR COST DETAILS** Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	600.00	

Remarks: 1,787.10

**SUB TOTAL**  
**GST 9.0 %** 160.84  
**TOTAL** 1,947.94

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	06/09/2024 16:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/09/2024 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AFTER RAFFLES PLACE MRT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM2293R
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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	Byd
Model	T3
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	Goods vehicle
Transmission	Auto
CC	0
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	GAN MING FONG
NRIC No	SXXXX965F
Date Of Birth	07/04/1990
Occupation	Outdoor
Driving Pass Date	17/08/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82983776
Alt. Phone Number	-
Email Address	NOEMAIL@COM.SG
Address	BLK 116B JALAN TENTERAN #09-549
Address complement	-
Postcode	322116
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	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)	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	JTH7907
Vehicle Category	Motorcycle

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/20240906/7011

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	JTH7907
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
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 **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 purposes 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:

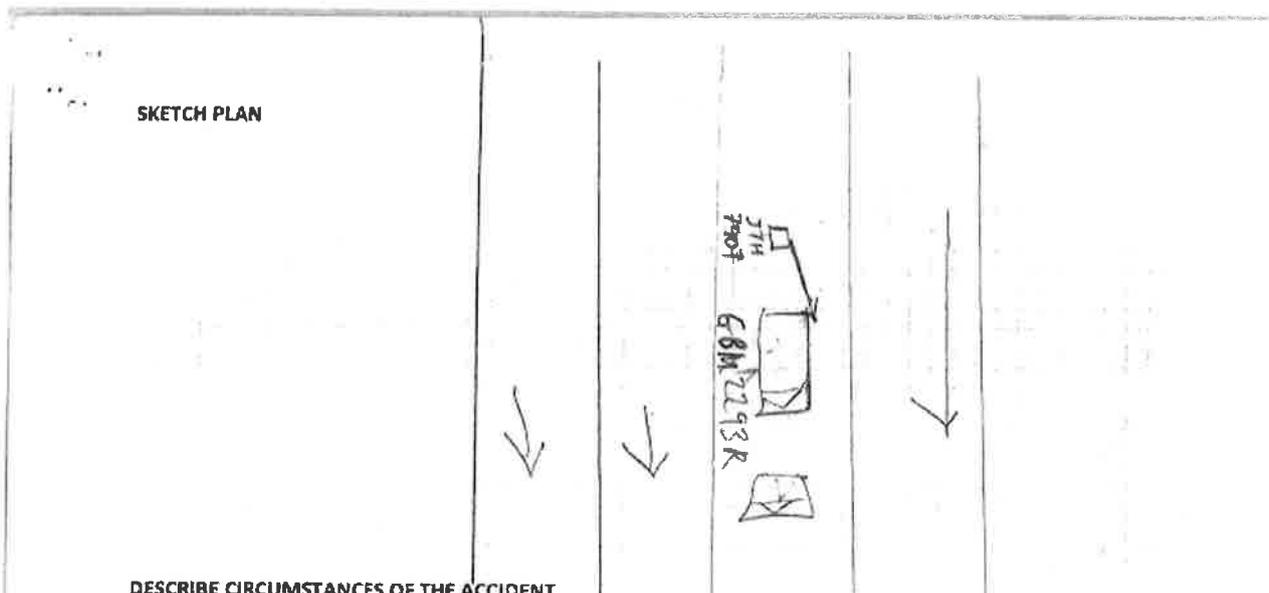
*[Handwritten Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 5-9-2024  
5:30 PM



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

*[Handwritten Signature]*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	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:

  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:  
 5-9-2024  
 5.30 PM

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


**SINGAPORE  
POLICE FORCE**


T/20240906/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

1 of 3

Report No. T/20240906/7011

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2024 09:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GAN MIN FONG			Address: 116B JALAN TENTERAM #09-549 TENTERAM PEAK SINGAPORE 322116		
ID Type / ID No.: NRIC NO / S9011965F			Contact No.: Home/Office:		Mobile: 82983776
Nationality: SINGAPORE CITIZEN			Email: gmfong@yahoo.com		
Sex: Male	Age: 34	Date of Birth: 07/04/1990	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Technical/Engineering services manager (excluding transport)			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/09/2024 15:20	Type of Location: Straight Road
Location: RAFFLES PLACE				
Weather:		Road Surface:		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
G6M2293R	Motor van	BYD		White	Slightly Damaged	0
JTH7907	Motorcycle			Black		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240906/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20240906/7011

CONTINUATION OF REPORT

<b>Driver</b>			
Name	GAN MIN FONG		ID No. S9011965F
Related Vehicle	GBM2293R (Motor van)		Contact No. 82983776
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

ON 05/09/2024 @1520HRS AT NEAR RAFFLES MRT, I WAS ALONG THAT ROAD WHEN A CAR INFRONT OF ME STOPPED, AND SO I STOPPED AS WELL. SUDDENLY I HEARD AND FEEL THAT THERE WAS ABANG AT THE REAR BACK LEFT OF THE VAN BUMPER FROM MY SIDEMIRROR, I SAW A MALAYSIAN MOTORCYCLE BANG MY VAN. THE RIDER LOOKED AT THE SCRATCHES AND HE JUST MOVED OFF. WHILE AT A NEARBY TRAFFIC LIGHT, I TRIED TO FOLLOW HIM AND WE MADE EYE CONTACT BUT THE RIDER GAVE A GESTURE AS TO SAY IT WAS NOTHING HOWERE THERE WAS SCRATCHE ON THE REAR LEFT BUMPER OF MY VAN, AFTER THAT, I PROCEED TO TRAFFIC POLICE TO MAKE AN ACCIDENT REPORT. I NEED TO AMEND ON MOTORCYCLE NUMBER FROM JTH7507 TO JTH7907. KINDLY REFER TO REPORT ON T/20240905/7063



**SINGAPORE  
POLICE FORCE**



T/20240906/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3  
Report No. T/20240906/7011

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / KASMAWATI BTE SAMIAN Contact No.: 65476368

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 06/09/2024 09:42
Classification Of Case:

This report is lodged at Traffic Police Kiosk 1  
NP168





**SINGAPORE  
POLICE FORCE**



T/20240905/7083

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20240905/7083

CONTINUATION OF REPORT

Driver				
Name	GAN MIN FONG		ID No.	S9011965F
Related Vehicle	GBM2293R (Motor van)		Contact No.	82983776
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL
Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
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 (MC)	NIL		Degree of Injury	NIL

**Brief Details.**

ON 05/05/2024 @1520HRS AT NEAR RAFFLES MRT, I WAS ALONG THAT ROAD WHEN A CAR IN FRONT OF ME STOPPED, AND SO I STOPPED AS WELL. SUDDENLY I HEARD AND FEEL THAT THERE WAS A BANG AT THE REAR BACK LEFT OF THE VAN BUMPER. FROM MY SIDEMIRROR, I SAW A MALAYSIAN MOTORCYCLE BANG MY VAN. THE RIDER LOOKED AT THE SCRATCHES AND HE JUST MOVED OFF. WHILE AT A NEARBY TRAFFIC LIGHT, I TRIED TO FOLLOW HIM AND WE MADE EYE CONTACT BUT THE RIDER GAVE A GESTURE AS TO SAY IT WAS NOTHING HOWEVER THERE WAS SCRATCHE ON THE REAR LEFT BUMPER OF MY VAN. AFTER THAT, I PROCEED TO TRAFFIC POLICE TO MAKE AN ACCIDENT REPORT.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240905/7083

3 of 3

Report No. T/20240905/7083

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / KASMAWATI BTE SAMIAN Contact No.: 65476368

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 05/09/2024 16:32
Classification Of Case:

This report is lodged at Traffic Police Kiosk 1  
NP168