

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

Lee Chen Sin  
CLAIM DEPARTMENT  
DID : 66547520  
FAX :

Date : 24/11/2017

To : INDIA INTERNATIONAL INSURANCE PTE LTD

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000062

Accident Date : 22/11/2017

Vehicle No : SJZ-7903-T

Make & Model : MITSUBISHI LANCER 1.6 MR A/T EXCLUSIVE

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
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#### Nett Item

1	FRONT FENDER LH	RESTORE	
1	FRONT DOOR LH		978.00
1	FRONT DOOR HINGE UPPER LH		55.00
1	FRONT DOOR HINGE LOWER LH		55.00
1	FRONT DOOR GLASS OUTER MOULDING LH		78.00
1	FRONT DOOR LOCK LH		195.00
1	FRONT DOOR GLASS REGULATOR LH		170.00
1	FRONT DOOR GLASS REGULATOR MOTOR LH		270.00
1	REAR DOOR LH		958.00

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR DOOR HINGE UPPER LH	42.00	
1	REAR DOOR HINGE LOWER LH	42.00	
1	REAR DOOR GLASS OUTER MOULDING LH	74.00	
1	REAR DOOR GLASS REGULATOR LH	135.00	
1	REAR DOOR GLASS REGULATOR MOTOR LH	220.00	
1	ROCKER PANEL LH	RESTORE	
1	REAR FENDER LH	RESTORE	
1	REAR BUMPER	RESTORE	
1	REAR LAMP LH	480.00	

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**ESTIMATED REPAIR COST DETAILS**

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	<b>Sub Total</b>	<b>3752.00</b>	
	<b>Discount 10% On Parts</b>	<b>(375.20)</b>	
	<b><u>Labour &amp; Misc</u></b>		
	LABOUR TO FACILITATE REPAIR	700.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	
	TO SPRAY PAINTING ON AFFECTED AREAS	1,400.00	
	SPRAY RUST PROOF ON AFFECTED AREA	60.00	
	TO REMOVE & REINSTALL ALL L/H/F DOOR COMPONENTS TO ASSIST REPAIR	100.00	
	TO REMOVE & REINSTALL ALL L/H/R DOOR COMPONENTS TO ASSIST REPAIR	100.00	

Date : 24/11/2017

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**ESTIMATION**

Attn : **Motor Claim Department**

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Vehicle No : SJZ-7903-T

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**ESTIMATED REPAIR COST DETAILS**

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO CONDUCT ALL WHEEL COMPUTERISED WHEEL ALIGNMENT	80.00	
	Sub Total	2475.00	

5,851.80

Remarks:

**SUB TOTAL**

**GST 7.0 %** 409.63

**TOTAL** 6,261.43

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 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 ability.
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 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 Report	23/11/2017 14:26
Date Of Accident	22/11/2017 13:00
Exact Location Of Accident	14 PIONEER SECTOR 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7903T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	198104531H
Co Reg No	ETHOZ GROUP LTD
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX AUTO
Exact Purpose for which vehicle was being used at time of accident	

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D17MTRENT000062
Cover Note Number	

### Driver

Name of Driver	NARAYANASWAMY PILLAI THANGAVELU PILLAI JAYABASKARA
NRIC No	S2720088E
Date Of Birth	08/05/1958
Occupation	INDOOR
Date Of Driving Pass	13/05/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94381483
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

-  
-  
-  
-  
-  
-

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 0

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REMARK: INSURED VEHICLE WAS AT STATIONARY PARKED POSITION DURING THE INCIDENT.

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD7633H

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

**SKETCH PLAN**

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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.

**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.



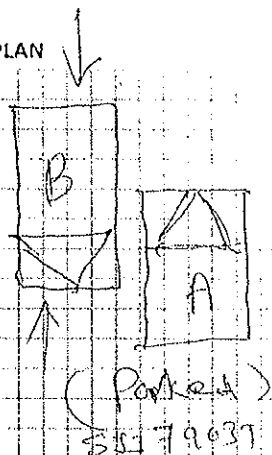
Policyholder's Signature  
Date & Time:

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

23/11/2017  
2.00 PM

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/11/2017, the lease car SJZ 79037 was parked at the car park area NO-14, Pioneer SE-2.

About 11pm One pickup van came in to deliver some extinguishers passing the parking area by a company vehicle the vehicle No:

GRD 7633H/MS. Kinty fire Protection

Then we noticed that there were scratches found on the left side of the car on the side surface

We took photos and then collected the details of the driver for reporting to ETHOZ.

**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

23/11/2017  
2.00pm

Reporting Centre Personnel's Signature  
Name: HASBULLAH  
Nric/Fin No.