

Notification Letter

Date : 31/01/2018

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**
64 CECIL STREET, #04 / #05
IOB BUILDING
Singapore 049711

Dear Sir / Madam,

We are instructed by **ETHOZ GROUP LTD** to notify you of a road traffic accident on **24/01/2018** at about **16:00** at **AT 101 YISHUN AVE 5 CHONG PANG** involving our client's/ customer vehicle registration number **SKP-9330-Z** and vehicle registration number **PC3343K** driven by you at the material time. A copy of Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/ customer's vehicle has been damaged. Before our we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

Cc (other insurance companies for chain collision accident)

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 31/01/2018

To : INDIA INTERNATIONAL INSURANCE PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000056

Accident Date : 24/01/2018

Vehicle No : SKP-9330-Z

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BUMPER	1,074.80	
1	REAR BUMPER RETAINER RH	53.30	
10	REAR BUMPER CLIPS	50.00	
1	REAR FENDER RH	RESTORE	
1	REAR SPORTS RIM RH	RESTORE	
	Sub Total	1178.10	
	Add 10% On Parts	235.62	
Labour & Misc			
	LABOUR TO FACILITATE REPAIR	500.00	
	TO RESPRAY AFFECTED AREAS	600.00	

Date : 31/01/2018

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**
ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000056

Accident Date : 24/01/2018

Vehicle No : SKP-9330-Z

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	RUST PROOFING	50.00	
	Sub Total	1150.00	

Remarks:

SUB TOTAL 2,563.72

GST 7.0 % 179.46

TOTAL 2,743.18

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 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	25/01/2018 11:40
Date Of Accident	24/01/2018 16:20
Exact Location Of Accident	AT 101 YISHUN AVE 5 CHONG PANG OPEN CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9330Z
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

Vehicle Particulars

Manufacturer	MAZDA
Model	3 1.5 (A) SEDAN STANDARD
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	D17MTRENT000056
Cover Note Number	

Driver

Name of Driver	TAN WAI PENG
NRIC No	S8861800I
Date Of Birth	14/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-97163374
Fax Number	
Contact Number	
Email Address	TANWP88@HOTMAIL.COM

Address	BLK 121 POTONG PASIR AVE 1 #04-289
Postcode	350121
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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

KINDLY REFER TO SKETCH PLAN.

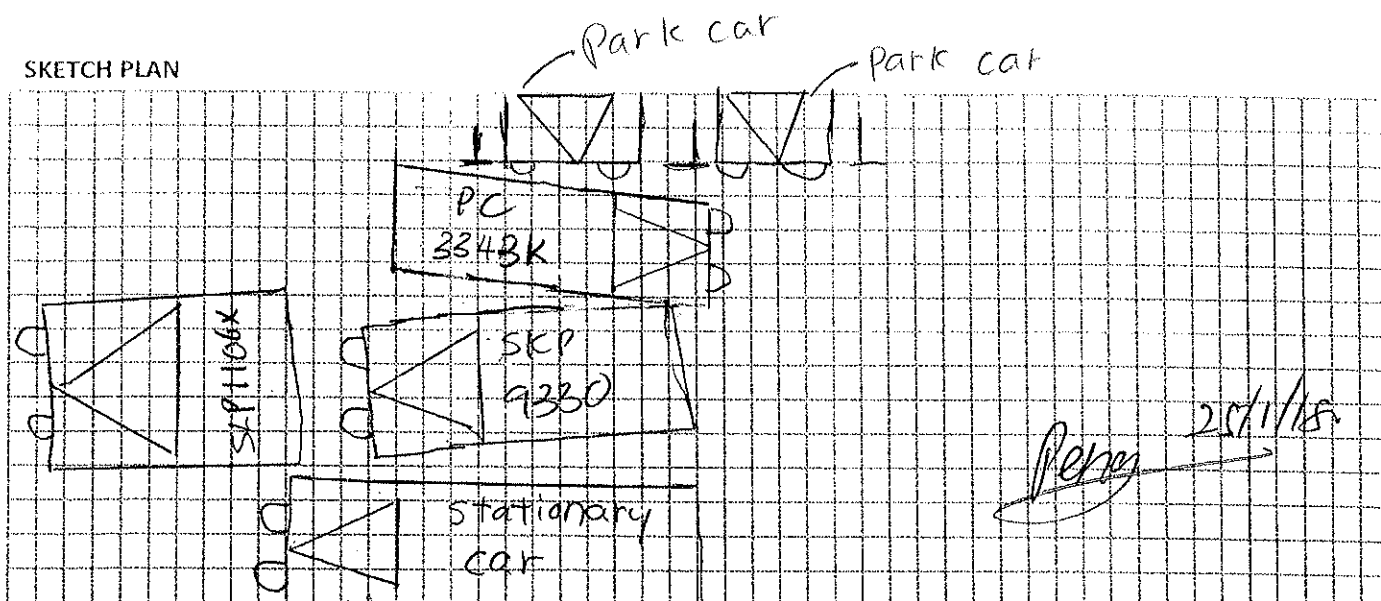
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3343K
Vehicle Make/Model/Colour	MERCEDES VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM TIANG CHOON
NRIC/Passport Number	S0190331D
Contact Number	96200549
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/01/2018 ABOUT 4:20PM, I DROVE VEHICLE (SLP 93302) TO B11C 101 YISHUN AVE S TO MEET CUSTOMER. AFTER I HAD TURNED OUT FROM THE CAR PARK LOT AND INTEND TO LEAVE THE SAID LOCATION TRAFFIC WAS JAMMED DUE TO ONE VAN (PC 3343K) WAS REVERSING OUT FROM THE CAR PARK LOT AND MY CAR (SLP 93302) WAS FOLLOWED BEHIND OF (SLP 1106X). AFTER THE SAID VAN TURNED OUT FROM THE CAR PARK LOT, THE VAN MOVED TOWARDS MY OPPOSITE DIRECTION AND WAS VERY CLOSE TO MY CAR. SO I HORNED AT HIM BUT THE SAID VAN STILL KEEP ON MOVING EVEN THE ROAD WAS NARROW. THIS RESULTED HIS VAN SCRATCHED ONTO MY CAR REAR RIGHT FENDER AND BUMPER PORTION. NO INJURY INVOLVED.

Perry 25/1/18

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

Perry 25/1/18
Driver's Signature
(if driver not the policyholder)
Date & Time

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

SKETCH PLAN

IMPORTANT NOTICE

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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.
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:

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