

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

Lee Chen Sin  
CLAIM DEPARTMENT  
DID : 66547520  
FAX :

Date : 08/03/2018

To : EQ INSURANCE COMPANY LIMITED

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000070

Accident Date : 04/01/2018

Vehicle No : SLH-1690-S

Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

| QTY              | DESCRIPTION                     | REPAIRER AMT (\$) | SURVEYOR APP. |
|------------------|---------------------------------|-------------------|---------------|
| <b>List Item</b> |                                 |                   |               |
| 1                | FRONT FENDER RH                 | 750.00            |               |
| 1                | FRONT FENDER INNER SHIELD RH    | 235.00            |               |
| 10               | FRONT FENDER INNER SHIELD CLIPS | 30.00             |               |
| 1                | FRONT FENDER EMBLEM RH          | 45.00             |               |
| 1                | HEADLAMP RH                     | 750.00            |               |
| 1                | FRONT BUMPER                    | 458.00            |               |
| 10               | FRONT BUMPER CLIPS              | 30.00             |               |
| 1                | FRONT BUMPER SIDE RETAINER RH   | 55.00             |               |

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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>2353.00</b>    |               |
|     | <b>Discount 25% On Parts</b>                 | <b>(588.25)</b>   |               |
|     | <b><u>Labour &amp; Misc</u></b>              |                   |               |
|     | LABOUR TO FACILITATE REPAIR                  | 300.00            |               |
|     | TO CHECK AND RECONNECT ALL NECESSARY WIRINGS | 35.00             |               |
|     | TO SPRAY PAINT ON AFFECTED AREAS             | 500.00            |               |
|     | <b>Sub Total</b>                             | <b>835.00</b>     |               |

2,599.75

Remarks:

**SUB TOTAL**

**GST 7.0 %** 181.98

**TOTAL** 2,781.73

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             | 05/01/2018 14:56                        |
| Date Of Accident           | 04/01/2018 16:20                        |
| Exact Location Of Accident | VEERASAMY ROAD -OPEN SPACE CARPARK CR31 |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLH1690S        |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | ETHOZCAB LTD    |
| Co Reg No                   | 201613943G      |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-66547777 |

### Vehicle Particulars

|  |                                   |
|--|-----------------------------------|
| Manufacturer   | TOYOTA                            |
| Model  | COROLLA ALTIS-1.6 CLASSIC CVT (A) |
| 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   | PRIVATE HIRE                      |

### Insurance Company

|                           |                                     |
|---------------------------|-------------------------------------|
| Name of Insurance Company | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                       |
| Fleet Policy              | YES                                 |
| Policy Number             | D17MTRENT000070                     |
| Cover Note Number         |                                     |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | NANCY TAN MEE KHIM   |
| NRIC No              | S7613279H            |
| Date Of Birth        | 21/11/1976           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 12/11/1997           |
| Driving Experience   | 20 YEARS AND 1 MONTH |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-97719939 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NANCYTMK@HOTMAIL.COM |



|   |   |
|---|---|
| Address   | BLK 633 VEERASAMY ROAD #08-122 SINGAPORE 200633 |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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?  |     |
| 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?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | ROCHER N.P.C  |
| Police Station Address                    | ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-2949999 - FAX NO:                                      |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

#### 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 | GBF7255E           |
| Vehicle Make/Model/Colour   | LORRY              |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

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:

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



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

SKETCH PLAN

A - SLH 1690-S  
B - 7255

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. Report No T/20180105/2009

*[Signature]*

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| <b>Important:</b><br>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 <b>FOURTEEN (14) DAYS</b> CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence. | <input checked="" type="checkbox"/> | - Reporting Only                 |
|   | <input type="checkbox"/>            | - Claim OD                       |
|   | <input type="checkbox"/>            | - Claim TP                       |
|   | <input type="checkbox"/>            | - 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 not the policyholder)  
Date & Time

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: Ioh Khar Kian  
Nric/Fin No.





**SINGAPORE  
POLICE FORCE**



T/20180106/2009

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20180106/2009

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>05/01/2018 01:48 |            | Vide Report No.:             |  | Station Diary No.:<br>13 |                            |
| <b>Informant's Particulars:</b>            |            |                              |  |                          |                            |
| Name of Informant:<br>NANCY TAN MEE KHIM   |            |                              | Address:<br>APT BLK 633 VEERASAMY ROAD #08-122 SINGAPORE<br>200633 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S7613279H   |            |                              | Contact No.:<br>Home/Office: Mobile: 97719939                      |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Female                             | Age:<br>41 | Date of Birth:<br>21/11/1976 | Type of Informant:<br>Vehicle Owner                                |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:  |                          | Institution / School Name: |
| Occupation:<br>UBER-DRIVER                 |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:           |                          |                            |

|  |                           |                                    |  |                                     |
|--|---------------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident:</b>                                |                           |                                    |  |                                     |
| Type of Accident:  | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>04/01/2018 16:20 | Type of Location:<br>Car Park       |
| Location:<br>Along Road 1<br>VEERASAMY ROAD<br><br>OPEN SPACE CARPARK CR31 |                           |                                    |  |                                     |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry               | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>Two Way   |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                                     |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle              |                           |                                    |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved:</b> |       |      |       |       |                   |                  |
|-------------------------------------|-------|------|-------|-------|-------------------|------------------|
| Vehicle No.                         | Type  | Make | Model | Color | Condition         | No. of Passenger |
| 7255 (Not Accurate)                 | Lorry |      |       |       |                   | 0                |
| SLH1690S                            | Car   |      |       |       | Seriously Damaged | 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/30180105/2009

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No: T/20180106/2009

**CONTINUATION OF REPORT**

|                                   |                    |                  |  |                                 |
|-----------------------------------|--------------------|------------------|--|---------------------------------|
| Name                              | NANCY TAN MEE KHIM |                  | ID No.                                 | 67613270H                       |
| Related Vehicle                   | NIL                |                  | Contact No.                            | 97719939                        |
| Hospital/Clinic                   | NIL                |                  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                | Date Discharge   | NIL                                    |                                 |
| No. of Days granted Medical Leave | NIL                | Degree of Injury | NIL                                    |                                 |

**Brief Details.**

On 04/01/2018 at about 0230hrs , I parked my vehicle at the open space car park of Veerasamy Road (CR31) and I went home. On the same day at about 1630hrs, I went back to retrieve my vehicle however I found out that my vehicle had some dents on its front right fender.

As such, I managed to retrieve my vehicle in car footage and I realized that at about 1610hrs, there was a silver lorry ( registration no: believed to be with the digits 7288) had reversed and had hit onto my vehicle . The said vehicle then left the scene without doing anything.

I do have the in-car camera footage for the accident. I am lodging this report for police follow-up actions.



**SINGAPORE  
POLICE FORCE**



T/20180105/2009

Police Station Of Origin:  
Rocher N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2948999

3 of 3

Report No. T/20180105/2009

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

|   |  |
|---|--|
| Signature Of Officer Recording The Report:<br>A /<br>Sgt 2 BENJAMIN TAN MIN JIE <i>Bn</i> | Signature Of Informant:<br><i>Maya</i> |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>05/01/2018 01:48         |
| Officer In Charge Of Case:<br>TP / HRT /<br>SI KALESWARI PALANI<br>Contact No.: 65476902  | Classification Of Case:                |

Authentication Stamp  
NP168 *Bn*