

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

Lee Chen Sin  
CLAIM DEPARTMENT  
DID : 66547520  
FAX :

Date : 02/07/2020

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000085

Accident Date : 26/06/2020

Vehicle No : SKU- 244-Y

Make & Model : KIA SORENTO EX 2.4 (A) GDI

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

| QTY                      | DESCRIPTION                     | REPAIRER AMT (\$) | SURVEYOR APP. |
|--------------------------|---------------------------------|-------------------|---------------|
| <b>List Item</b>         |                                 |                   |               |
| 1                        | REAR BUMPER                     | 696.00            |               |
| 10                       | REAR BUMPER CLIP                | 49.00             |               |
| 1                        | REAR BUMPER SIDE RETAINER RH    | 29.10             |               |
| 1                        | TAIL LAMP LAMP RH (OUTER)       | 687.00            |               |
| 3                        | TAIL LAMP CLIP                  | 16.80             |               |
| 1                        | REAR FENDER RH                  | RESTORE           |               |
|                          | <b>Sub Total</b>                | <b>1477.90</b>    |               |
|                          | <b>Discount 10% On Parts</b>    | <b>(147.79)</b>   |               |
| <b>Labour &amp; Misc</b> |                                 |                   |               |
|                          | LABOUR TO CARRY OUT REAR REPAIR | 600.00            |               |

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Excess : 0.00

Add Excess : 0.00

| QTY | DESCRIPTION                                  | REPAIRER AMT (\$) | SURVEYOR APP. |
|-----|--|-------------------|---------------|
|     | TO CHECK AND RECONNECT ALL NECESSARY WIRINGS | 35.00             |               |
|     | TO SPRAY PAINTING ON REAR AFFECTED AREA      | 600.00            |               |
|     | SPRAY RUST PROOF ON AFFECTED AREA            | 40.00             |               |
|     | TO REMOVE & REINSTALL REVERSE SENSOR         | 60.00             |               |
|     | <b>Sub Total</b>                             | <b>1335.00</b>    |               |

2,665.11

Remarks:

**SUB TOTAL**

**GST 7.0 %** 186.56

**TOTAL** 2,851.67

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 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 Report             | 29/06/2020 17:13               |
| Date Of Accident           | 26/06/2020 20:00               |
| Exact Location Of Accident | DAWSON ROAD BLOCK 89 S(142089) |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SKU244Y         |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | ETHOZ GROUP LTD |
| Co Reg No                   | 1XXXXX531H      |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-66547777 |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | KIA                    |
| Model  | SORENTO EX 2.4 (A) GDI |
| 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             | D20MTRENT000085                     |
| Cover Note Number         |                                     |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | GOMES CALADO MARTA SILVANA |
| Passport No/FIN      | GXXXX191X                  |
| Date Of Birth        | 21/09/1978                 |
| Occupation           | INDOOR                     |
| Date Of Driving Pass | 12/03/2019                 |
| Driving Experience   | 1 YEAR AND 3 MONTHS        |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-81805847       |
| Fax Number           |                            |
| Contact Number       |                            |
| EMail Address        | MARTASGCALADO@GMAIL.COM    |

|   |                         |
|---|-------------------------|
| Address   | 81 CARLISLE ROAD #08-04 |
| Postcode  | 219647                  |
| 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 (including own vehicle) involved in the accident                         | 2   |
| 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?   | NO  |
| Was there any audio recorded?                 | NO  |

#### Details of Witness 1

|               |             |
|---------------|-------------|
| Name          | JERICO QUEK |
| Phone Number  | 97486066    |
| Email Address |             |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMQ7798S               |
| Vehicle Make/Model/Colour   | TOYOTA                 |
| Details Of Properties       |                        |
| Vehicle Category            | PRIVATE CAR            |
| Name of Driver              | KEE KAI SHENG, MELVYN, |
| NRIC/Passport Number        | SXXXX169B              |
| Contact Number              | 94356796               |
| 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.
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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.



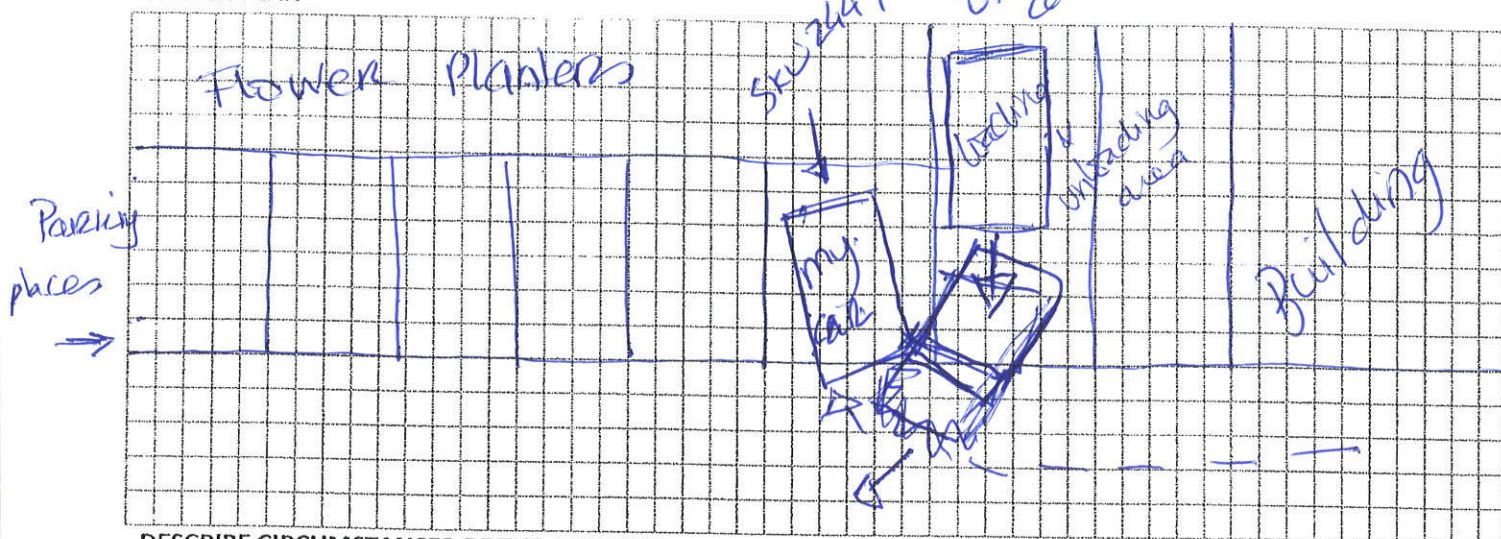
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29/8/2020  
17h

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WENT TO PICK UP A KIDS BIKIE AT around 8pm.  
When approaching Block 89, there is a loading/unloading area in which a car was parked.

As there was no maximum indication, I signaled to the right to park in the spot immediately next to the car parked.

When I am almost finishing my parking, the other car reversed and tried to speed a bit to avoid collision as I thought he was not seeing my car but could not help collision.

### 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

*Partha Ghosh*

Driver's Signature  
(if driver not the policyholder)

Date & Time 29/6/2020  
1th

*[Signature]*

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