



Notification Letter

Date : 17/08/2020

To : **EQ INSURANCE COMPANY LIMITED**
22 GEMMILL LANE
069257

Dear Sir / Madam,

We are instructed by **ETHOZ PROTECT PTE LTD** to notify you of a road traffic accident on **12/08/2020** at about **16:00** at **CHOA CHU KANG WAY** involving our client's/ customer vehicle registration number **SLS-5009-B** and vehicle registration number **SLE2300C** 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 : 17/08/2020

To : EQ INSURANCE COMPANY LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : GOO CHUON KWAN

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D19MTPV01011802 Accident Date : 12/08/2020

Vehicle No : SLS-5009-B Make & Model : MAZDA MAZDA5 WAGON 2.0 AT EU6 1998

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BUMPER	951.40	
1	REAR BUMPER REINFORCEMENT	311.50	
2	REAR BUMPER RETAINER	150.60	
2	REAR BUMPER BRACKET	116.60	
10	REAR BUMPER CLIPS	50.00	
2	REAR BUMPER REFLECTOR	170.80	
1	END PANEL	491.10	
1	END PANEL TOP GARNISH	161.40	
1	TAILGATE ASSY	1,955.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	TAILGATE GARNISH	659.40	
1	TAILGATE TRIMBOARD	592.80	
1	REAR LOGO	86.10	
1	EMBLEM - MAZDA 5	121.70	
1	EMBLEM - SKYACTIV	99.80	
1	TAILGATE LOCK	426.50	
1	TAILGATE WEATHERSTRIPE	396.00	
1	REAR WINDSCREEN MOULDING	87.60	
2	TAILGATE LAMP RH/LH	979.80	
2	TAILLAMP RH/LH	1,346.00	

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Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	SPARE TYRE PANEL	RESTORE	
	Sub Total	9154.10	
	Discount 20% On Parts	(1830.82)	
	<u>Special Nett Item</u>		
1	REAR NUMBER PLATE	35.00	
1	REVERSE SENSOR	220.00	
1	WINDSCREEN SEALANT	50.00	
	Sub Total	305.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,400.00	

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Make & Model : MAZDA MAZDA5 WAGON 2.0 AT EU6 1998

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO RESPRAY AFFECTED AREAS	1,400.00	
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	120.00	
	TO REMOVE AND TRANSFER TAILGATE COMPONENTS	200.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	
	RUST PROOFING	50.00	
	Sub Total	3220.00	

10,848.28

Remarks:

SUB TOTAL

GST 7.0 % 759.38

TOTAL 11,607.66

Surveyor's name: _____

Principal's name: GOO CHUON KWAN

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	13/08/2020 09:50
Date Of Accident	12/08/2020 16:55
Exact Location Of Accident	CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5009B
Insured/Policyholder	
Name Of Registered Owner	GOO CHUON KWAN
NRIC No	SXXXX818G
Email Address	GOOCK1430@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97373942
Alternative Phone No	OTHERS-97373942

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 WAGON 2.0 AT EU6
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 CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPV01011802
Cover Note Number	

Driver

Name of Driver	GOO CHUON KWAN
NRIC No	SXXXX818G
Date Of Birth	18/10/1969
Occupation	INDOOR
Date Of Driving Pass	10/12/1992
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97373942
Fax Number	
Contact Number	OTHERS-97373942
EMail Address	GOOCK1430@GMAIL.COM

Address	BLK 632 CHOA CHU KANG NORTH 6 #14-211
Postcode	680632
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 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)	2
Passenger 1	NAME: : ONG GOON ENG GENDER: : FEMALE

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	SLE2300C
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHEN ZONG
NRIC/Passport Number	SXXXX955D
Contact Number	91527385
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

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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.

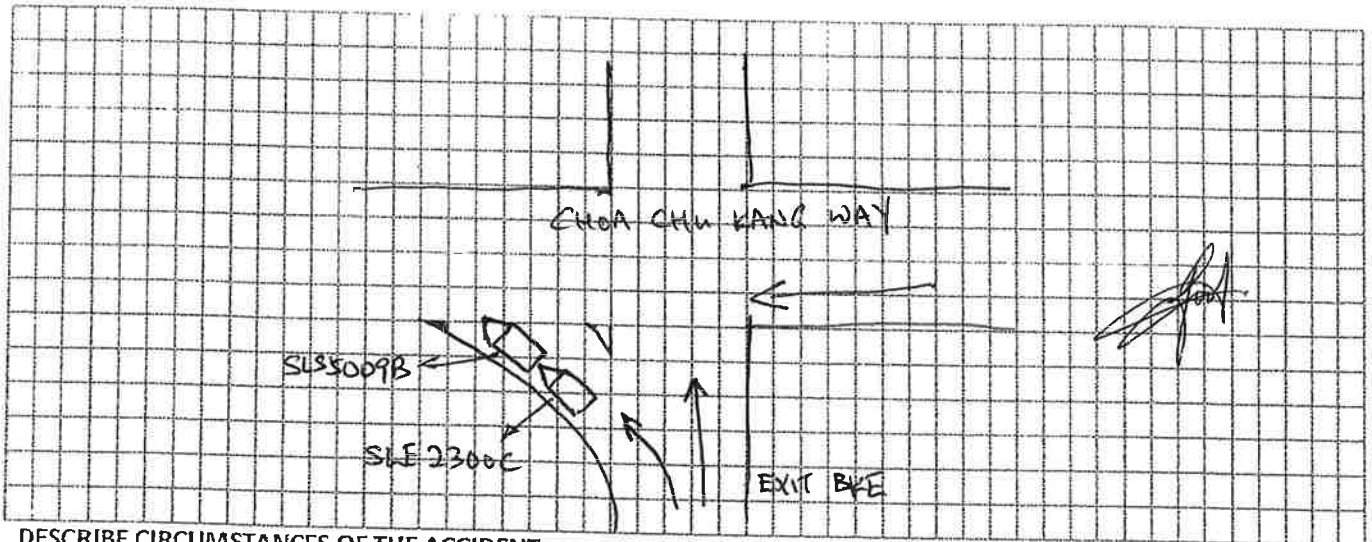
 13/8/2020

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 12/8/2020 at around 4:54 pm. I was driving along BKE and exit out to Choa Chu Kang. When I was making a left turn after the exit to enter the Choa Chu Kang Way, a white Honda Shuttle car bumped into the back of my car.

[Signature]

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.

[Signature] 13/8/2020

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

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