

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

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 22/12/2020

To : INDIA INTERNATIONAL INSURANCE PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000085

Accident Date : 17/12/2020

Vehicle No : SMT-3768-P

Make & Model : KIA CERATO L 1.6 (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BOOTLID	RESTORE	
1	REAR LAMP OUTER RH	355.40	
1	REAR BUMPER	575.20	
10	REAR BUMPER CLIPS	55.00	
1	REAR BUMPER SIDE BRACKET RH	45.50	
1	REAR BUMPER INNER BRACKET RH	54.30	
1	REAR BUMPER SIGNAL LAMP RH	285.60	
1	REAR BUMPER SIGNAL LAMP COVER RH	55.10	
1	REAR BUMPER LOWER GARNISH	284.70	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR BUMPER REINFORCEMENT	355.20	
3	REAR BUMPER REINFORCEMENT BRACKET RH	82.60	
1	REAR BUMPER REINFORCEMENT ARM RH	75.80	
1	REAR END PANEL	455.20	
	Sub Total	2679.60	
	Discount 10% On Parts	(267.96)	
	Special Nett Item		
1	REVERSE SENSOR	220.00	
1	END PANEL SEALANT	40.00	
1	REAR BUMPER ADV STICKER	500.00	

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Certificate No : D20MTRENT000085 Accident Date : 17/12/2020

Vehicle No : SMT-3768-P Make & Model : KIA CERATO L 1.6 (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR BOOTLID ADV STICKER	400.00	
	Sub Total	1160.00	
<u>Labour & Misc</u>			
	LABOUR TO CARRY OUT REAR REPAIR	800.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	
	TO SPRAY PAINTING ON REAR AFFECTED AREA	700.00	
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	
	TO DETACH & RENEW REVERSE SENSOR	60.00	

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ESTIMATION

Attn : **Motor Claim Department** FAX :

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Certificate No : D20MTRENT000085 Accident Date : 17/12/2020

Vehicle No : SMT-3768-P Make & Model : KIA CERATO L 1.6 (A)

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1635.00	

5,206.64

Remarks:

SUB TOTAL
GST 7.0 % 364.46
TOTAL 5,571.10

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 Submission	18/12/2020 11:52 (SGT)
Date of Accident	17/12/2020 16:45 (SGT)
Exact Location of Accident	Near 384 Jln. Ahmad Ibrahim, Singapore 629152
Additional Location Information	Jln Boon Lay > Jln Ahmad Ibrahim
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT3768P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ GROUP LTD
Company Reg No	1XXXXX531H
Email Address	rakes.anand@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	+65-66547777

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTRENT000085
Cover Note Number	03/06/2020-02/06/2021

DRIVER

Name of Driver	Foo Foong Kuan
NRIC No	SXXXX722A
Date Of Birth	16/08/1986
Occupation	Outdoor

Date Of Driving Pass	20/02/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94233456
Alt. Phone Number	-
Email Address	dr.foo@anticimex.com.sg
Address	3A INTERNATIONAL BUSINESS PARK #11-01/05
Address complement	-
Postcode	609935
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Amy Low Kar Yin
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the 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	SH8964Z
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Khoo Kan Huat
NRIC No	SXXXX955J

Contact Number	(Phone) +65-98009545
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
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.



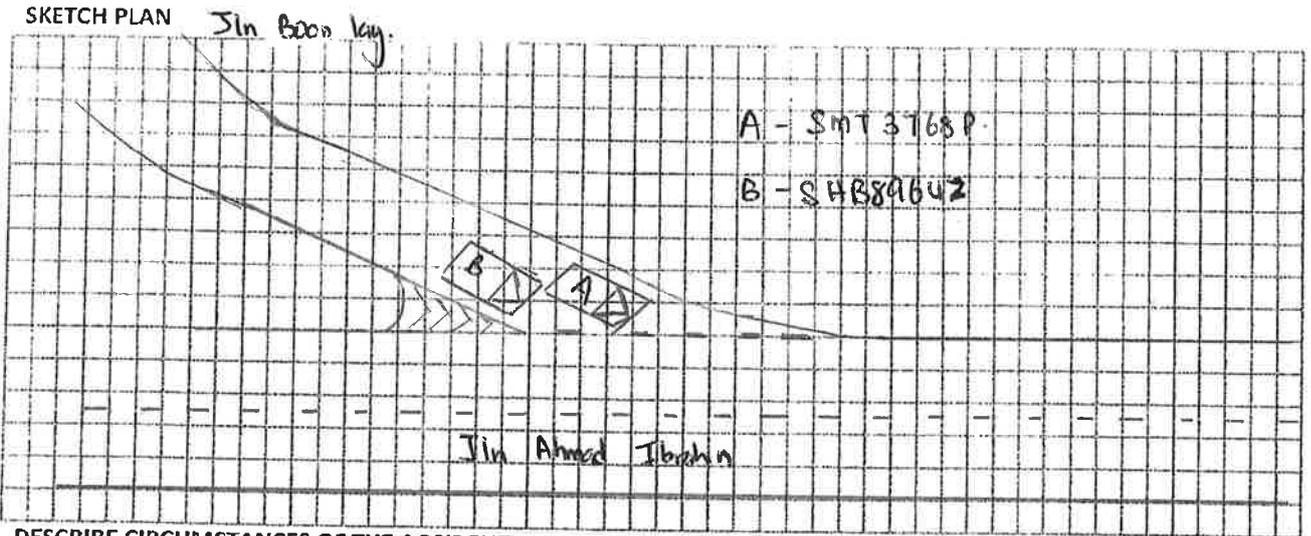
Policyholder's Signature
Date & Time:

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

17/12/2020
05:45 PM

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping at junction of Jalan Ahmad Ibrahim heading to AYE (City) and Combi-Deigns cab (Hyundai, SH 8 9642) being my car from behind.

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 17/12/2020,
05:45pm

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