

Notification Letter

Date : 26/02/2021

To : **UNITED OVERSEAS INSURANCE LIMITED**
3 ANSON ROAD
#28-01 SPRING LEAF TOWER
079909

Dear Sir / Madam,

We are instructed by **ETHOZ GROUP LTD** to notify you of a road traffic accident on **12/02/2021** at about **16:00** at **ALONG PASIR RIS DR 8 > PASIR RIS** involving our client's/ customer vehicle registration number **SMV-6427-T** and vehicle registration number **SLM5763M** driven by you at the material time. ~~DR 3 (AT PASIR RIS STREET 53)~~
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 : 26/02/2021

To : UNITED OVERSEAS INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D20MTRENT000423 Accident Date : 12/02/2021
Vehicle No : SMV-6427-T Make & Model : HYUNDAI TUCSON 2.0 GLS (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BUMPER	546.50	
1	REAR BUMPER LOWER	481.40	
1	REAR BUMPER SPONGE	402.80	
1	REAR BUMPER RETAINER LH	45.50	
10	REAR BUMPER CLIPS	50.00	
1	REAR BUMPER REFLECTOR LH	55.90	
1	REAR BUMPER OUTER SENSOR LH	269.00	
1	TAILGATE	RESTORE	
1	TAILGATE GARNISH LOWER	695.70	

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Certificate No : D20MTRENT000423

Accident Date : 12/02/2021

Vehicle No : SMV-6427-T

Make & Model : HYUNDAI TUCSON 2.0 GLS (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	TAILGATE REFLECTOR LH	89.10	
1	TAILGATE LOGO	69.10	
1	EMBLEM - TUCSON	69.10	
1	END PANEL	RESTORE	
	Sub Total	2774.10	
	Discount 20% On Parts	(554.82)	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	800.00	
	TO RESPRAY AFFECTED AREAS	800.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	

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Certificate No : D20MTRENT000423

Accident Date : 12/02/2021

Vehicle No : SMV-6427-T

Make & Model : HYUNDAI TUCSON 2.0 GLS (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	RUST PROOFING	50.00	
	Sub Total	1680.00	

3,899.28

Remarks:

SUB TOTAL

GST 7.0 % 272.95

TOTAL 4,172.23

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	15/02/2021 18:09 (SGT)
Date of Accident	12/02/2021 16:50 (SGT)
Exact Location of Accident	Near Aft Pasir Ris St 53, Singapore
Additional Location Information	Along Pasir Ris Dr 8 > Pasir Ris Dr 3 (At Pasir Ris Street 53)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV6427T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	rakesh.anand@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTRENT000423
Cover Note Number	13/10/2020-12/10/2021

DRIVER

Name of Driver	Cho Yonghoon
Passport No/FIN	GXXXX900U
Date Of Birth	19/07/1974
Occupation	Indoor

Date Of Driving Pass	01/11/1993
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89397581
Alt. Phone Number	-
Email Address	yhcho04@gmail.com
Address	8 TEMASEK BOULEVARD #22-05
Address complement	SUNTEC TOWER THREE SINGAPORE
Postcode	038988
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	Clear
Road Surface	Dry

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Park Shinyoung
Gender	Female

PASSENGER 2

Name	Cho Won
Gender	Male

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	SLM5763M
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Victor Soh Ting Siew
NRIC No	SXXXX615D
Contact Number	(Phone) +65-96605506
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

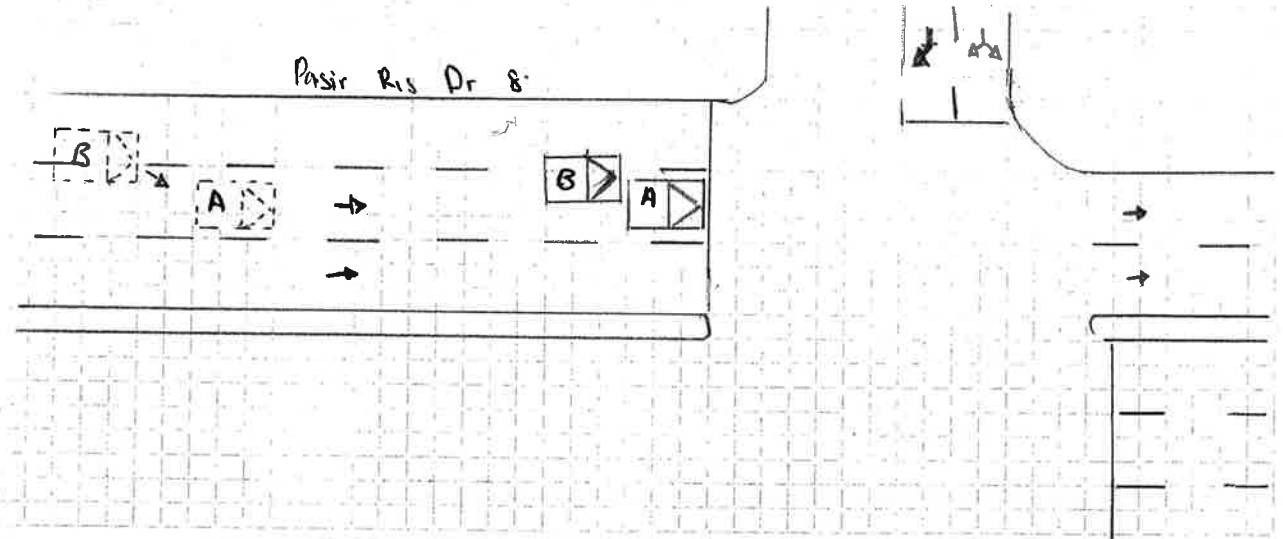
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Rakeshwar Prasad
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the attachment of statement

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input checked="" 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:

Matthew

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

Rakesh

Reporting Centre Personnel's Signature
Name: **Rakeshwaran, Anand**
NRIC/FIN No.:

On stated date and time I was driving my vehicle (SMV6427T) along Pasir Ris Dr 8 towards Pasir Ris Dr 3. While before reaches the junction of Pasir Ris Street 53 the traffic light changed to amber and I stop my vehicle at the stop line. But the rear vehicle B (SLM5763M) cannot stop on time and collided with my rear left portion.