

**Notification Letter**

Date : 25/03/2021

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**  
64 CECIL STREET, #04 / #05  
IOB BUILDING  
049711

Dear Sir / Madam,

We are instructed by **ETHOZ GROUP LTD** to notify you of a road traffic accident on **01/03/2021** at about **08:00** at **SCIENCE CENTRE** involving our client's/ customer vehicle registration number **GBD-5979-Z** and vehicle registration number **GH1118M** 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 : 25/03/2021

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**  
**ESTIMATION**

Attn : **Motor Claim Department** FAX :

Owner : ETHOZ Group Ltd  
: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : D20MTHCVE000212 Accident Date : 01/03/2021  
Vehicle No : GBD-5979-Z Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

**ESTIMATED REPAIR COST DETAILS** Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	TAILLAMP RH	270.00	
1	TAILLAMP LOWER PANEL RH	RESTORE	
1	REAR FENDER RH	RESTORE	
	<b>Sub Total</b>	<b>270.00</b>	
	<b>Discount 25% On Parts</b>	<b>(67.50)</b>	
<b>Special Nett Item</b>			
1	ADVERTISEMENT STICKER PANEL	250.00	

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**ESTIMATION**

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTHCVE000212

Accident Date : 01/03/2021

Vehicle No : GBD-5979-Z

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	<b>Sub Total</b>	<b>250.00</b>	
	<b><u>Labour &amp; Misc</u></b>		
	LABOUR TO FACILITATE REPAIR	300.00	
	TO RESPRAY AFFECTED AREAS	400.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	<b>Sub Total</b>	<b>730.00</b>	

1,182.50

Remarks:

**SUB TOTAL**

**GST 7.0 %** 82.78

**TOTAL** 1,265.28

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	01/03/2021 20:17 (SGT)
Date of Accident	01/03/2021 08:45 (SGT)
Exact Location of Accident	15 Science Centre Rd, Singapore 609081
Additional Location Information	SCIENCE CENTRE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5979Z
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTHCVE000212
Cover Note Number	-

#### DRIVER

Name of Driver	RAMLAN BIN HASSAN
NRIC No	SXXXX219A
Date Of Birth	03/06/1961
Occupation	Outdoor



Date Of Driving Pass	20/03/2000
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-94520449
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 155 JALAN TECK WHYE #12-71
Address complement	-
Postcode	S(680155)
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GH1118M
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HO CHYE MING
NRIC No	SXXXX727C
Contact Number	(Phone) +65-97304351
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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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.



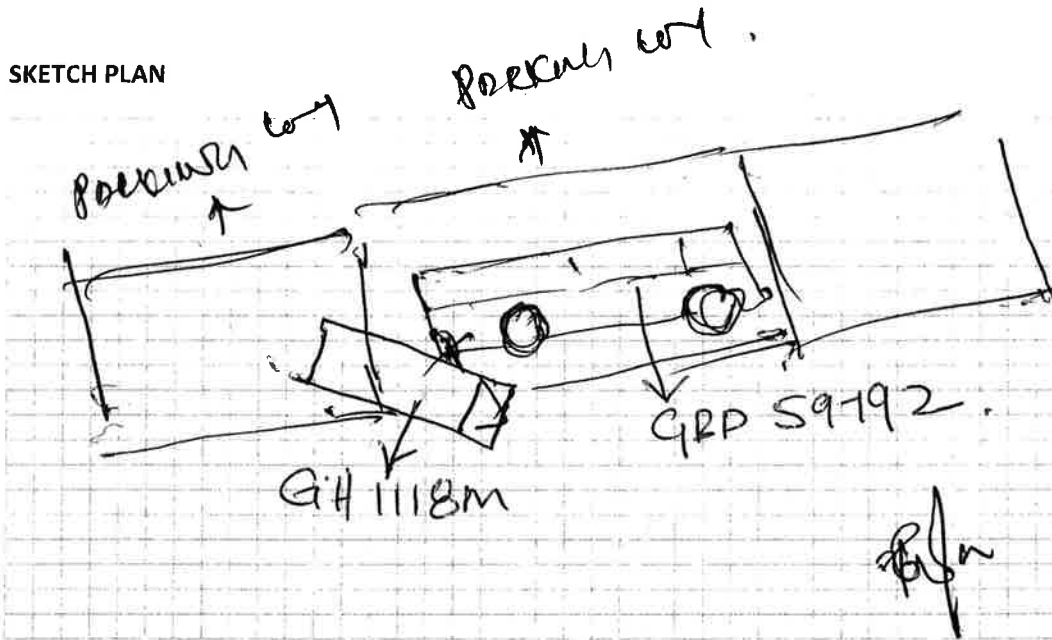
Policyholder's Signature  
Date & Time:

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

01.03.21

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE NO GH 1118 M MADE PARKING PARKING
AND MY VEHICLE GRD 59192 AT <del>REAR</del> REAR
BACK SIDE, ON RIGHT SIDE ✓

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:

*[Signature]*

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

01.03.21.

*[Signature]*

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