

ASS. REC. BY:

Steve T. CS/CT121099/28/EUC

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD-RES/EVA/INV/MV

To inspect Vehicle No: SLH 1545D

at Workshop m/s ETHOZ

Insured: SLL 5498J

Policy No. DMPCSNW00028152100

Claims No. SNM21D204864/C02

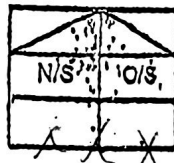
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Cum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLH 1545D Yr Regn: 26/10/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota A115 C.C. 1598

Colour: Black A/C: Insured / Std / NI / N

Sp. Reading: 78330 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: MR 053R:EH 1045118 322

Gen. Cond: Good / Fair / Poor / Bught

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 185/55R16

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal: 4 mm

R/Bal: 4 mm

L/Bal: 4 mm

L/Bal: 4 mm

D.O.A. 29/8/21

D.O.A. 31/8/21

Survey held at

Ethoz

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MK-60K

31/8/2021 Revise to CIT via Merimen.

Confirmed final fig L/S \$1900, 4 repair days.

(RED \$2511.50: 57%)

Date/Time, File, Pass to:



: Prelim. Report

20/9 TYPIST



: Final Report

Date/Time, File Return to:

Approved by:

TP

Amount \$1900

Days Of Repair: 4

Resurvey No. of Trips: 1

Survey Fee:

Transportation:

S + RS: \$

Photos:

Others:

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Wheel and

Steve (LKK)
31/8/21, 2:30pm

W/L RL
L/S
M AL sy
4 days

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 27/08/2021

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 20/08/2021

Vehicle No : SLH-1545-D

Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BUMPER / 00	482.00	
2	REAR BUMPER RETAINER / BR	190.00	
1	REAR BUMPER REINFORCEMENT / 00	380.00	
2	REAR BUMPER BRACKET X	150.00	
10	REAR BUMPER CLIPS / MC	30 50.00	
2	REAR BUMPER REFLECTOR X	90.00	
1	END PANEL X R	580.00	
1	END PANEL TOP GARNISH X	240.00	
1	BOOT LID X R		
	RESTORE		

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Date : 27/08/2021
 To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION
 Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 20/08/2021

Vehicle No : SLH-1545-D

Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

Excess : 0.00 Add Excess : 0.00

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	BOOT LID LOCK / BT	382.00	
1	BOOT LID LOGO / MC	48.00	
1	EMBLEM - COROLLA / MC	45.00	
1	EMBLEM - ALTIS / MC	45.00	
	Sub Total	2682.00	
	Discount 25% On Parts	(670.50)	
	<u>Special Nett Item</u>		
1	REVERSE SENSOR / skid	220.00	
1	END PANEL SEALANT X	50.00	

Date : 27/08/2021
 To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 ESTIMATION
 Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : 1 Accident Date : 20/08/2021
 Vehicle No : SLH-1545-D Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)
 Excess : 0.00 Add Excess : 0.00

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	270.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,000.00	400
	TO RESPRAY AFFECTED AREAS	1,000.00	600
	RUST PROOFING	80.00	30
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	30
	Sub Total	2130.00	
		4,411.50	

Remarks:

SUB TOTAL
 GST 7.0 % 308.81
 TOTAL 4,720.31

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	20/08/2021 17:43 (SGT)
Date of Accident	20/08/2021 08:20 (SGT)
Exact Location of Accident	Clementi, Singapore
Additional Location Information	CLEMENTI ROAD TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1545D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	jackson.teo@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	CHEN YIJUN, EUNICE
NRIC No	SXXXX255C

Date Of Birth	10/01/1982
Occupation	Indoor
Date Of Driving Pass	19/06/2001
Driving experience	20 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90031460
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	23 THAM SOONG AVE
Address complement	-
Postcode	S(597039)
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
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 vehicle 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	ELISHA DAVID
Gender	Female

PASSENGER 2

Name	SERAH DAVID
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO ATTACH POLICE REPORT & 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

Vehicle Registration Number	SLL5498J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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.
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. 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: 20/8/2021

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

SKETCH PLAN

clementi road.

(SLLS483) (My car).

100 → 60 →

Hit at the Rear.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police's Report

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.

	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 is not the policyholder)
Date & Time:

20/8/2021

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



SINGAPORE POLICE FORCE



T/20210819/2019

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20210819/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 10:35		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: CHEN YIJUN, EUNICE			Address: 23 THAM SOONG AVENUE SINGAPORE 597039		
ID Type / ID No.: NRIC NO / S8200255C			Contact No.: Home/Office:		Mobile: 90031460
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 10/01/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/08/2021 08:20	Type of Location: Straight Road
Location: CLEMENTI ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH1545D	Car					2
SLL5498J	Car					0



**SINGAPORE
POLICE FORCE**



T/20210819/2019

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20210819/2019

CONTINUATION OF REPORT

Brief Details.

On 19/8/2021 at about 0825hrs, I was driving my vehicle (bearing the registration plate number SLH1545D) along the third lane of Clementi Road towards AYE to send my 2 children to school. There was a car in front of me that was slowing down, hence I slowed down too as it was raining. Suddenly, I heard a loud impact coming from the rear bumper of my vehicle. I believed that a car at the back (believed to be a White Sedan Car bearing the registration plate number SLL5498J) had hit my rear bumper. After which, I tried to stop at the side of the road however the said car just left the scene.

I wish to declare the accident happened near 17099 bus stop. I also wish to inform that I do not know the driver and this is the first time such incident happened. No one is injured in the vehicle. My vehicle is from a car rental company called Ethoz and I will be informing them about the matter. There were few damages sustained at the rear bumper as well however I do not know the cost of damage.



**SINGAPORE
POLICE FORCE**



T/20210819/2019

3 of 3

Report No. T/20210819/2019

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 3 AZUIN ASFERRA BINTE ANWAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/08/2021 10:35

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE