

ASS. REC. BY:

Steve

CC 4:11121010311/E993

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

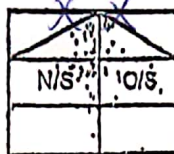
Excess:

(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

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SM289834

Yr Regn:

25/5/21

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

Truck / Trailer or

Make:

KIA Cerato

c.b. 15.91

Colour:

White

A/O: Insured / Std / NI / N

Sp. Reading

1287

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KNA F1416/M/M5105595

Gen. Cond: Good / Fair / Poor / Burt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

705/55R16

R:

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.

4/8/21

D.O.A.

6/10/21

Survey held at

Ethos

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV- 88K

Date/Time, File, Pass to:



: Prel. Report



: Final Report

Date/Time, File Return to:

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

S + RS, SI

Fees:

Others:

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 06/10/2021

To : INDIA INTERNATIONAL INSURANCE PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D21MTRENT000026

Accident Date : 04/08/2021

Vehicle No : SMZ-8983-U

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	FRONT BUMPER X R RESTORE		
	Sub Total	0.00	
	Discount 10% On Parts	(0.00)	
Special Nett Item			
1	FRONT NUMBER PLATE / BT	35.00	
	Sub Total	35.00	
Labour & Misc			
	LABOUR TO FACILITATE REPAIR	300.00	199
	TO RESPRAY AFFECTED AREAS	300.00	230

Steve (LKK)
6/10/21, 4.00pm

unil PL
P/P
by AL
2 days

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 Insurer

Acknowledged by Repairer

Signature:

ETHOZ PROTECT PTE LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6319 8080 | www.ethozgroup.com

Company Registration No. 198100103N

PAGE : 1

Date : 06/10/2021

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

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D21MTRENT000026

Accident Date : 04/08/2021

Vehicle No : SMZ-8983-U

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.
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Sub Total

600.00

635.00

Remarks:

SUB TOTAL

GST 7.0 % 44.45

TOTAL 679.45

Surveyor's name: _____

Principal's name: ETHOZ Group Ltd

Survey Date & Time: _____

PAGE: 2

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	05/08/2021 19:47 (SGT)
Date of Accident	04/08/2021 20:00 (SGT)
Exact Location of Accident	152 Bukit Batok Street 11, Singapore 650152
Additional Location Information	BLK 152 BUKIT BATOK ST 11 OPEN CAR PARK LOT 58
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ8983U
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	CERATO 1.6(A) LX
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

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	HUSAINI BIN HAMAD
NRIC No	SXXXX142G

Date Of Birth	07/07/1990
Occupation	Outdoor
Date Of Driving Pass	22/09/2010
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81182414
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 152 BUKIT BATOK STREET 11 #04-268
Address complement	-
Postcode	650152
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6763L
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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.
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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.
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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.

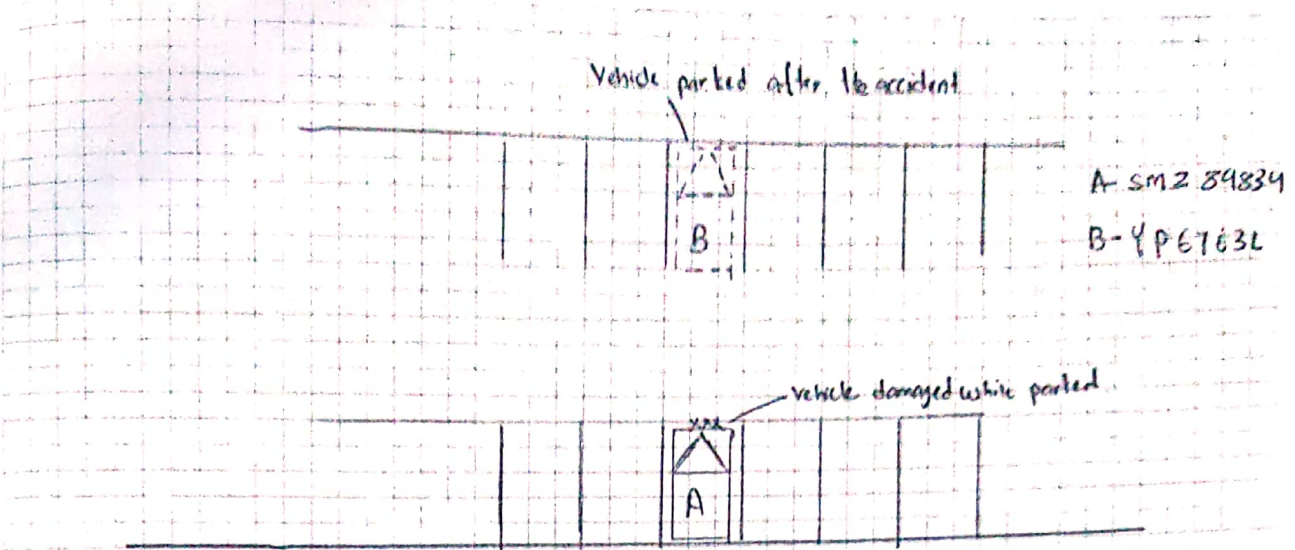


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I returned to my carpark near to my vehicle, two person was standing near my vehicle and check the front bumper. When I saw my vehicle i saw there was damaged at my front number plate and bumper. Both of them not able to speak in english as they are Chinamen. I found out that their brry reverse and collided with my stationary vehicle. The driver insist to give his particular. I took some photos of his vehicle to prove he collided with my stationary vehicle.

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:

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210805/2103

1 of 3

Report No. T/20210805/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/08/2021 22:35

Vide Report No.:

Station Diary No.:
107

Informant's Particulars

Name of Informant:
HUSAINI BIN HAMAD

Address:
APT BLK 152 BUKIT BATOK STREET 11 #04-268
SINGAPORE 650152

ID Type / ID No.:
NRIC NO / S9024142G

Contact No.:
Home/Office: Mobile: 81182414

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 31 07/07/1990

Type of Informant:
Vehicle Owner

Race:
Malay

Language: Institution / School Name:
English

Occupation:
PEST CONTROL

Driving Licence Information:
Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2021 22:10	Type of Location: Car Park
Location: BUKIT BATOK STREET 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

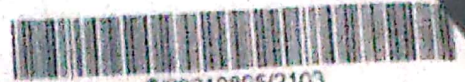
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMZ8983U	Car	KIA	CERATO 1.6(A) LX	White		0
YP6763L	Lorry			White		2

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20210805/2103

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210805/2103

CONTINUATION OF REPORT

Vehicle Owner				
Name	HUSAINI BIN HAMAD		ID No.	S9024142G
Related Vehicle	SMZ8983U (Car)		Contact No.	81182414
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 04/08/2021 at about 2226hrs, I drove my company van through my house carpark located at Blk 152 Bukit Batok Street 11 where I saw 02 Chinese subjects looking at my personal vehicle V1)SMZ8983U.

I approached the subjects what was the issue as V1 belonged to me. The subjects mentioned they was no issue and I discovered the following damages to V1:

- Dented front registration plate number.
- Scratches to front bumper.

I do not understand what the subjects were saying as they were speaking Chinese. However I could only understand them saying that the damages were minor. Both subjects refused to provide their particulars and contact number when I requested for it. I had taken photographs of the incident.

One Chinese passerby had mentioned the accident happened about 5-10minutes prior to me discovering. I had contacted Traffic Police pertaining the matter and advised me to lodge a police report.

No one was injured in this incident, no government property was damaged, no foreign vehicle was involved.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210805/2103

3 of 3

Report No. T/20210805/2103

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:

J /

Sgt 3 THOMAS JOSEPH THONG WAI MAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/08/2021 22:35

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Classification Of Case:

Contact No.: 65476151

SN 126

Authentication Stamp

NP 168

Signature:

Singapore Police Force