

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

Selamatshahh  
CLAIM DEPARTMENT  
DID : 66547519  
FAX :

Date : 29/12/2021

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

Attn : **Motor Claim Department** FAX :

Owner : ETHOZ Group Ltd  
: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : D21MTRENT000633 Accident Date : 23/12/2021  
Vehicle No : SLN-7023-Y Make & Model : TOYOTA COROLLA ALTIS 1.6 ELEGANCE (A)

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

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	REAR DOOR RH	1,069.00	
1	REAR DOOR OUTER HANDLE RH	95.00	
1	REAR DOOR STICKER SET RH	75.00	
1	REAR FENDER RH	970.00	
1	REAR BUMPER	482.00	
10	REAR BUMPER CLIPS	50.00	
1	REAR BUMPER RETAINER RH	85.00	
1	REAR SPORTS RIM RH	2,190.00	

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D21MTRENT000633

Accident Date : 23/12/2021

Vehicle No : SLN-7023-Y

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

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	<b>Sub Total</b>	<b>5016.00</b>	
	<b>Discount 25% On Parts</b>	<b>(1254.00)</b>	
	<b><u>Special Nett Item</u></b>		
1	REAR WINDSCREEN SEALANT	50.00	
	<b>Sub Total</b>	<b>50.00</b>	
	<b><u>Labour &amp; Misc</u></b>		
	LABOUR TO FACILITATE REPAIR	1,000.00	
	TO RESPRAY AFFECTED AREAS	1,000.00	
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	150.00	
	TO REMOVE AND REFIT REAR SEATS AND FITTINGS TO	200.00	

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D21MTRENT000633

Accident Date : 23/12/2021

Vehicle No : SLN-7023-Y

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

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	ASSIST REPAIR		
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	
	<b>Sub Total</b>	<b>2400.00</b>	

6,212.00

Remarks:

**SUB TOTAL**

**GST 7.0 %** 434.84

**TOTAL** 6,646.84

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	24/12/2021 14:17 (SGT)
Date of Accident	23/12/2021 19:05 (SGT)
Exact Location of Accident	Near 328 Clementi Rd, Singapore
Additional Location Information	CLEMENTI ROAD > JALAN ANAK BUKIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7023Y
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	+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	D21MTRENT000633
Cover Note Number	-

### DRIVER

Name of Driver	TAKEHARA YASUYUKI
Passport No/FIN	GXXXX263W

Date Of Birth	19/01/1987
Occupation	Indoor
Date Of Driving Pass	07/04/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88788905
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 16 STIRLING ROAD #12-20 QUEENS
Address complement	-
Postcode	S(148957)
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TAKEHARA AI
Gender	Female

#### PASSENGER 2

Name	TAKEHARA AOSHI
Gender	Male

#### PASSENGER 3

Name	TAKEHARA MOMONO
Gender	Female

#### PASSENGER 4

Name	TAKEHARA HARUKI
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
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 1

Vehicle Registration Number	XD2480D
Vehicle Manufacturer	Scania
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	YAN ZHONGYI
Passport No/FIN	GXXXX975T
Contact Number	(Phone) +65-96673089
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XD1972H
Vehicle Manufacturer	UDTrucks
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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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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 &amp; Time:

Driver's Signature

(If driver is not the policyholder)

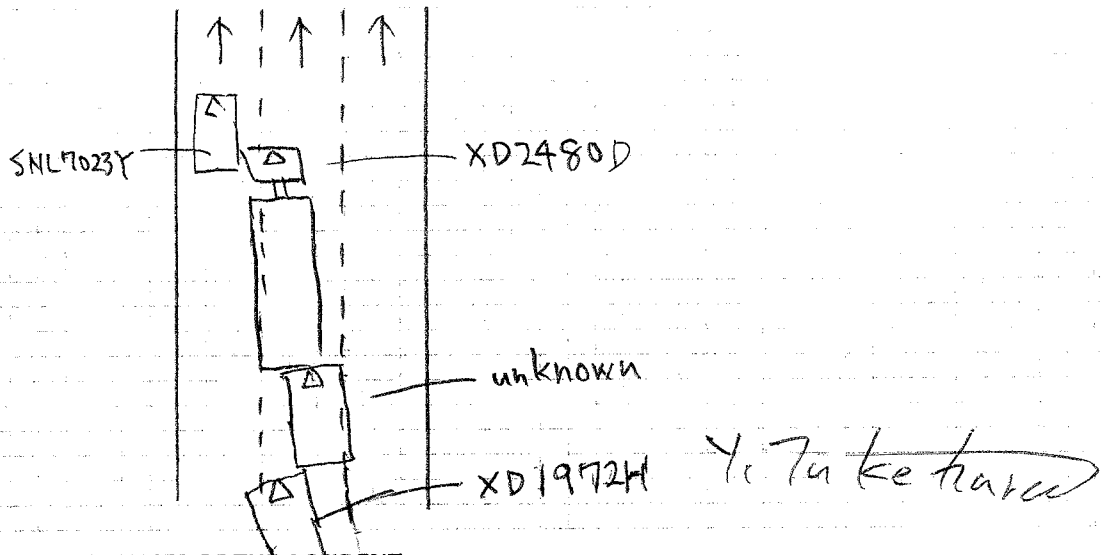
Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20211223/2120

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20211223/2120

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/12/2021 22:01	Vide Report No.: D/20211223/0084	Station Diary No.: 63
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**Informant's Particulars**

Name of Informant: TAKEHARA YASUYUKI			Address: APT BLK 16 STIRLING ROAD #12-20 QUEENS SINGAPORE 148957		
ID Type / ID No.: FIN NO / G3910263W			Contact No.: Home/Office: Mobile: 88788905		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 34	Date of Birth: 19/01/1987	Type of Informant: Driver		
Race: Japanese			Language:		Institution / School Name:
Occupation: Marketing and sales representative (technical)			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/12/2021 19:05	Type of Location: Straight Road
Location:  CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN7023Y	Car	TOYOTA		Grey	Slightly Damaged	4
XD2480D	Lorry	SCANIA		White		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20211223/2120

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20211223/2120

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAKEHARA YASUYUKI		ID No.	G3910263W
Related Vehicle	SLN7023Y (Car)		Contact No.	88788905
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
<b>Driver</b>				
Name	Yan Zhongyi		ID No.	G8286975T
Related Vehicle	XD2480D (Lorry)		Contact No.	96673089
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 23/12/2021 at about 1905hrs, I was traveling along Clementi Road towards Jalan Anak Bukit together with my family. It was a 3 lane road and I was driving on the outmost left lane. Suddenly I felt an impact on my right side and noticed lorry XD2480D gazed onto my right rear passenger door. I then stopped my vehicle by the side of the road and took some pictures of the incident. I do not know what happen to the lorry driver and did not make a check on him.

I would like to state that my passengers and I did not sustain any injury. Due to the incident, there were a lot of deep scratch marks on the right side near to the rear right tyre. Traffic police arrived at scene and provided me with a case card. I handed over my dash camera Micro SD card to the traffic police officer namely SSS Nurzid upon his request. He then issued me with a copy of NP323. IO Incharge for my case is Syariffudin.



**SINGAPORE  
POLICE FORCE**



T/20211223/2120

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

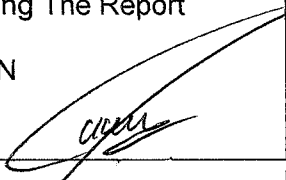
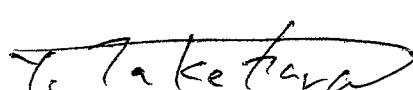
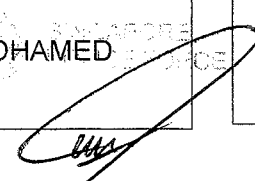

Report No. T/20211223/2120

**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 SURAIYAH PARVEEN BINTE HABIB MUHAMAD 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2021 22:01
Officer In Charge Of Case: TP / GIT / Other MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247 	Classification Of Case: SN 43
 SIGNATURE	