

PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 06/01/2022

To : **SOMPO INSURANCE SINGAPORE PTE. LTD.**

ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000059

Accident Date : 15/12/2021

Vehicle No : GBD-4132-G

Make & Model : MITSUBISHI L200 TRITON DOUBLE C 2.5 G (M

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	TAILGATE	1,100.00	
1	TAILGATE EMBLEM CENTRE	40.00	
1	TAILGATE EMBLEM MITSUBISHI	40.00	
1	TAILGATE EMBLEM L200	40.00	
1	TAILGATE HANDLE	220.00	
1	TAIL LAMP LH	140.00	
1	TAIL LAMP RH	140.00	
1	REAR REFLECTOR LH	25.00	
1	REAR REFLECTOR RH	25.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR END PANEL	650.00	
2	REAR END PANEL STOPPER	60.00	
	Sub Total	2480.00	
	Add 15% On Parts	372.00	
	<u>Special Nett Item</u>		
1	REAR NUMBER PLATE	35.00	
1	REAR BUMPER BAR	300.00	
1	REAR STOPPER LAMP RH	180.00	
1	REVERSE SENSOR	200.00	
1	LTA STICKER (70 KM/H)	15.00	

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Certificate No : D17MTRENT000059 Accident Date : 15/12/2021

Vehicle No : GBD-4132-G Make & Model : MITSUBISHI L200 TRITON DOUBLE C 2.5 G (M

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	730.00	
	<u>Labour & Misc</u>		
	LABOUR TO CARRY OUT REAR REPAIR	800.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	
	TO SPRAY PAINTING ON REAR AFFECTED AREA	800.00	
	SPRAY RUST PROOF ON AFFECTED AREA	60.00	
	TO DETACH & RENEW REVERSE SENSOR	60.00	

Date : 06/01/2022

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Certificate No : D17MTRENT000059 Accident Date : 15/12/2021

Vehicle No : GBD-4132-G Make & Model : MITSUBISHI L200 TRITON DOUBLE C 2.5 G (M

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1755.00	

Remarks:

SUB TOTAL 5,337.00

GST 7.0 % 373.59

TOTAL 5,710.59

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	16/12/2021 11:32 (SGT)
Date of Accident	15/12/2021 19:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4132G
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L200
Variant	-
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	Commercial vehicle
Transmission	Manual
CC	2499

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	LEE KAI WEI
NRIC No	SXXXX078B



Date Of Birth	31/10/1988
Occupation	Outdoor
Date Of Driving Pass	09/02/2012
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92305332
Alt. Phone Number	-
Email Address	CheeKiong.Chen@ethozgroup.com
Address	BLK 996B BUANGKOK CRESCENT
Address complement	#08-897
Postcode	532996
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SMC2828X
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHAI CHUN CHIANG
NRIC No	SXXXX194D
Contact Number	(Phone) +65-94355009
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

PASSENGER 1

Name	GOON CHU XUAN , MELODY
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBD379M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	PC4547H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD379M
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?

Yes

INJURED 2

Name of injured person

CHAI CHUN CHIANG

Gender

Male

Phone No

(Phone) +65-94355009

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

-

Injured person in which vehicle?

SMC2828X

Were seat belts worn?

Yes

Was this injured conveyed to hospital by ambulance?

Yes

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 Authorized Driver.
3. Information provided must be 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 above said.

6. 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 purposes) 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 sending 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:

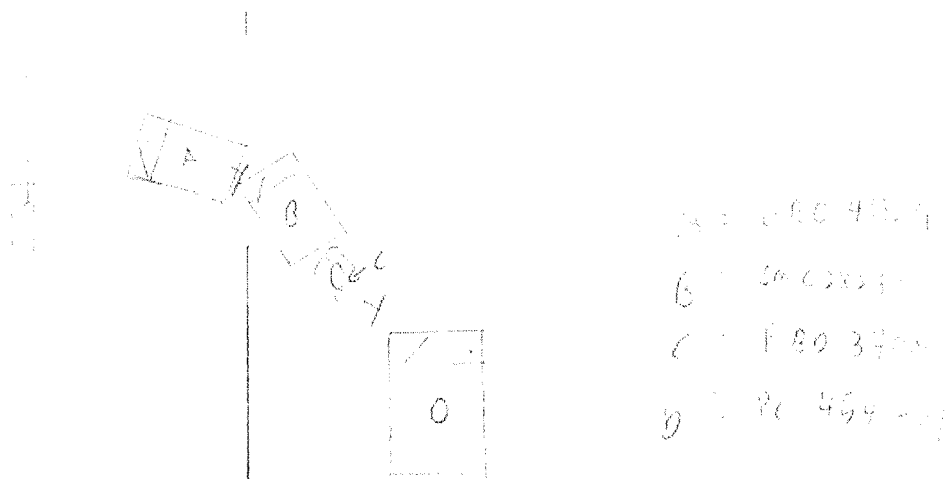
[Signature] LK1

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/12/2011
10:44



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the 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 that 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: 16/12/2021
16:14



Reporting Centre Personnel's Signature
Name
NRH / LHM No:



**SINGAPORE
POLICE FORCE**



T/20211216/7011

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211216/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2021 11:24		Vide Report No.: F/20211215/0151		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KAI WEI			Address: 996B BUANGKOK CRESCENT #08-897 SINGAPORE 532996		
ID Type / ID No.: NRIC NO / S8857078B			Contact No.: Home/Office: Mobile: 87845313		
Nationality: MALAYSIAN			Email: AIVY.SIN@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 31/10/1988	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Supervisor/General foreman (building and related trades)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2021 19:20	Type of Location: Car Park
Location: HOUGANG AVENUE 3				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBD379M	Motorcycle			Black	Slightly Damaged	2
GBD4132G	Light Goods Vehicle	MITSUBISHI	L200	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211216/7011

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211216/7011

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC4547H	Bus/Coach/Minibus	YUTONG	ZK6107H	Silver	Slightly Damaged	1
SMC2828X	Car	HONDA	Honda Fit	Silver	Seriously Damaged	2

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Vehicle Owner					
Name	LEE KAI WEI			ID No.	S8857078B
Related Vehicle	GBD4132G (Light Goods Vehicle)			Contact No.	87845313
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave	NIL			Degree of	NIL
Driver					
Name	ANG THIAN HUAH			ID No.	S1319010J
Related Vehicle	PC4547H (Bus/Coach/Minibus)			Contact No.	97948955
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave	NIL			Degree of	NIL
Passenger					
Name	GOON CHU XUAN, MELODY			ID No.	S8521425Z
Related Vehicle	SMC2828X (Car)			Contact No.	91000268
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave	NIL			Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20211216/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20211216/7011

CONTINUATION OF REPORT

Vehicle Owner			
Name	CHAI CHUN CHIANG	ID No.	S8100194D
Related Vehicle	SMC2828X (Car)	Contact No.	94355009
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/12/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

The accident happen when I was waiting for my turn to enter into carpark gantry at Hougang Ave 3 Blk 24 carpark. When it is my turn to scan at the gantry, I step my clutch a bit toward scan at the gantry, suddenly the vehicle [SMC2828X] hit my back of vehicle and I brake immediately. I came down from my vehicle to check my back of my vehicle and saw one of the motorcyclist passenger was stuck under the vehicle [SMC2828X]. We tried to lift up the vehicle to pull out the motorcyclist passenger and call for ambulance. Meanwhile, I saw the accident involve a bus [PC4547H]. According to the bypass people who saw the accident was saying the bus [PC4547H] was driving quite fast.



**SINGAPORE
POLICE FORCE**



T/20211216/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20211216/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476904

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/12/2021 11:24

Classification Of Case: