



Notification Letter

Date : 24/01/2022

To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**
3 ANSON ROAD
#16-00, SPRINGLEAF TOWER
079909

Dear Sir / Madam,

We are instructed by **ETHOZ PROTECT PTE LTD** to notify you of a road traffic accident on **31/12/2021** at about **23:00** at **PIE TOWARDS TUAS AT ANAK BUKIT FLYOVER** involving our client's/ customer vehicle registration number **GBH-8241-C** and vehicle registration number **GBA1966C** 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 : 24/01/2022

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 : 31/12/2021

Vehicle No : GBH-8241-C

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
Nett Item			
1	FRONT BUMPER	655.20	
2	FRONT BUMPER RETAINER	50.00	
10	FRONT BUMPER CLIPS	50.00	
1	FRONT BUMPER SPONGE	275.40	
1	FRONT BUMPER REINFORCEMENT	766.50	
1	FRONT BUMPER TOW COVER	30.00	
2	FOGLAMP RH/LH	642.00	
1	FRONT GRILLE	356.80	
1	FRONT GRILLE LOGO	64.90	

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Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
10	FRONT GRILLE CLIPS	50.00	
2	HEADLAMP RH/LH	789.00	
2	HEADLAMP LOWER PANEL RH/LH	737.00	
1	BONNET	864.20	
1	BONNET LOCK	65.00	
2	BONNET HINGE	130.00	
1	SUPPORT TOP PANEL	708.00	
2	SUPPORT PANEL RH/LH	150.00	
1	SUPPORT LOWER PANEL	530.00	
1	FRONT FENDER LH	555.20	

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 31/12/2021

Vehicle No : GBH-8241-C Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT FENDER INNERSHIELD LH	194.50	
10	FRONT FENDER SHIELD CLIPS	50.00	
1	FRONT WHEELHOUSE PANEL LH	650.00	
1	AIRCON CONDENSER	696.80	
1	RADIATOR	716.00	
2	FRONT AIRGUIDE RH/LH	100.00	
1	RADIATOR FAN ASSY	656.00	
1	FRONT WHEEL HUB CAP LH	145.00	
1	FRONT DOOR LH	1,287.50	
1	REAR FENDER LH	RESTORE	

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Certificate No : 1

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Vehicle No : GBH-8241-C

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	TAILLAMP LH	277.30	
1	FRONT CHASSIS PANEL RH/LH	RESTORE	
	Sub Total	12242.30	
	Discount 10% On Parts	(1224.23)	
	<u>Special Nett Item</u>		
1	FRONT NUMBER PLATE	35.00	
1	COOLANT	30.00	
1	ROC DOOR STICKER LH	40.00	
1	ADVERTISEMENT STICKER	320.00	

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 31/12/2021

Vehicle No : GBH-8241-C

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	425.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,400.00	
	TO RESPRAY AFFECTED AREAS	1,400.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	
	TO REMOVE AND TRANSFER DOOR COMPONENTS	100.00	
	TO PULL AND REALIGN FRONT CHASSIS PANEL	300.00	
	TO TOP UP AIRCON GAS	120.00	

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Certificate No : 1

Accident Date : 31/12/2021

Vehicle No : GBH-8241-C

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	3370.00	

14,813.07

Remarks:

SUB TOTAL

GST 7.0 % 1,036.91

TOTAL 15,849.98

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	19/01/2022 22:22 (SGT)
Date of Accident	31/12/2021 23:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS AT ANAK BUKIT FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8241C
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	Nissan
Model	Nv200
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	Manual
CC	1500

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	TAN HIAP WAH
NRIC No	SXXXX828E

Date Of Birth	27/10/1970
Occupation	Outdoor
Date Of Driving Pass	12/04/1991
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96469116
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 436A FERNVALE ROAD #13-186
Address complement	-
Postcode	S(791436)
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	Collision - Change/cross lane
Weather Conditions	Raining
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?	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO ATTACH 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	GBA1966C
Vehicle Manufacturer	Toyota
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN HIAP WAH
Gender	Male
Phone No	(Phone) +65-96469116
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH8241C
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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:

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

Cy 7/1/2022
X

[Signature]

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/12/2021 at about 2345 hrs, i was driving my van GBH8241C along pie towards Tuas at Anak Bukit Flyover at the 4th Lane and it was raining the road is wet. There is a lorry GBA 1966C which was driving on the 3rd lane on my right hand side overtook me and his vehicle hit onto ~~mine~~ mine. Due to that my van spin a few times and hit onto centre divider and stopped at 2nd lane. The said lorry had stopped about 100m away and i had asked him for his details. However he refused to give me and i only took a photo of his car plate number before calling for Police. Ambulance came and i was conveyed to NUTH before police arrival. Due to the impact i felt pain at my back area included neck area and right side of my body. I was warded for 3 days and given 34 days of Hospitalization leave.

Lane 1

Lane 2

Lane 3

Lane 4

Lane 5

← GBA1966C

← GBH8241C

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 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/20220105/2054

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20220105/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2022 16:48		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: TAN HIAP WAH			Address: APT BLK 436A FERNVALE ROAD #13-186 SINGAPORE 791436		
ID Type / ID No.: NRIC NO / S7036828E			Contact No.: Home/Office: Mobile: 96469116		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 27/10/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other commercial and marketing sales representatives			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2021 23:45	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
GBA1966C	Lorry					0
GBH8241C	Van				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20220105/2054

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20220105/2054

CONTINUATION OF REPORT

Driver				
Name	TAN HIAP WAH		ID No.	S7036828E
Related Vehicle	GBH8241C (Van)		Contact No.	96469116
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/01/2022	Date Discharge	03/01/2022	
No. of Days granted Medical Leave	34	Degree of Injury	Slight	

Brief Details.

On 31/12/2021 at about 2345 hrs , I was driving my van, GBH8241C along PIE towards TUAS at Anak Bukit Flyover at the 4th lane and it was raining.

There is one lorry, GBA1966C which was driving on the 3rd lane on my right hand side overtook me and his vehicle hit onto mine. Due to that, my van spin a few times and hit onto a centre divider before stopping at 2nd lane.

The said lorry had stopped about 100m away and I had asked him for his details. However , he refused to give me and I only took a photo of his car plate number before calling for Police
Ambulance came and I was conveyed to NUH before Police arrival. Due to the impact, . I felt pain at my back area and my right side of my body.

I was warded for 3 days and given 34 days of Hospitalization leave.



**SINGAPORE
POLICE FORCE**



T/20220105/2054

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20220105/2054

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
F /

Sr Staff Sgt WU WENHAO,
DENIS

SN 159

Signature Of Interpreter:
Not applicable



SIGNATURE

Signature Of Informant:

Date/Time:
05/01/2022 16:48

Officer In Charge Of Case:
TP / GIT /
Other MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

Authentication Stamp
NP168