

Notification Letter

Date : 28/04/2022

To : **MS FIRST CAPITAL INSURANCE LIMITED**
BLK 36 ROBINSON ROAD
#16-01 CITYHOUSE
068877

Dear Sir / Madam,

We are instructed by **ETHOZ GROUP LTD** to notify you of a road traffic accident on **07/04/2022** at about **10:00** at **ALONG TOH TUCK AVE > PIE** involving our client's/ customer vehicle registration number **GBL-7119-J** and vehicle registration number **GBB4212U** 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 : 28/04/2022

To : MS FIRST CAPITAL INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 5

Accident Date : 07/04/2022

Vehicle No : GBL-7119-J

Make & Model : BYD T3 ELECTRIC PANEL VAN G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BUMPER	840.00	
2	REAR BUMPER RETAINER	154.00	
1	REAR BUMPER THIRD BRAKE LAMP	252.00	
10	REAR BUMPER CLIPS	50.00	
1	TAILGATE ASSY	2,950.00	
1	TAILGATE LOCK	336.00	
1	TAILGATE CHROME GARNISH	504.00	
1	TAILGATE TRIMBOARD	770.00	
1	TAILGATE LOGO	224.00	

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Make & Model : BYD T3 ELECTRIC PANEL VAN G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR WIPER MOTOR	476.00	
1	REAR NUMBER PLATE LAMP	105.00	
1	TAILGATE LOCK SWITCH	203.00	
2	TAILLAMP RH/LH	1,100.00	
1	END PANEL INNER	590.00	
1	END PANEL OUTER	540.00	
1	END PANEL TOP GARNISH	230.00	
1	REAR FLOOR PANEL	RESTORE	
1	REAR CHASSIS PANEL	RESTORE	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	9324.00	
	Discount 10% On Parts	(932.40)	
	<u>Special Nett Item</u>		
1	REVERSE SENSOR	220.00	
1	70 KM/HR	10.00	
1	3 PAX	10.00	
1	REAR ADVERTISEMENT STICKER	900.00	
1	SEALANT	50.00	

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Make & Model : BYD T3 ELECTRIC PANEL VAN G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1190.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	1,000.00	
	TO RESPRAY AFFECTED AREAS	1,000.00	
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	120.00	
	TO REMOVE AND TRANSFER TAILGATE COMPONENTS	200.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	
	RUST PROOFING	100.00	

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Certificate No : 5

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Vehicle No : GBL-7119-J

Make & Model : BYD T3 ELECTRIC PANEL VAN G (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	2470.00	

12,051.60

Remarks:

SUB TOTAL

GST 7.0 % 843.61

TOTAL 12,895.21

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	07/04/2022 18:28 (SGT)
Date of Accident	07/04/2022 10:25 (SGT)
Exact Location of Accident	Near 8QP5+3R Singapore
Additional Location Information	Along Toh Tuck Ave > PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7119J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	rakes.anand@ethozprotect.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer	Byd
Model	T3
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	100

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	Nicholas Low Wei Jie
NRIC No	SXXXX336E

Date Of Birth	15/10/1991
Occupation	Outdoor
Date Of Driving Pass	11/03/2015
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86618092
Alt. Phone Number	-
Email Address	nickyylwj@gmail.com
Address	34 Teban Gardens Road #04-275
Address complement	-
Postcode	600034
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Gavin Tan Qirui
Gender	Male

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

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	GBB4212U
Vehicle Manufacturer	Mitsubishi

Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Mohamad Zulhilmi Bin Azman
NRIC No	SXXXX069D
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	Nicholas Low Wei Jie
Gender	Male
Phone No	(Phone) +65-86618092
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL7119J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Gavin Tan Qirui
Gender	Male
Phone No	(Phone) +65-87565950
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL7119J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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)

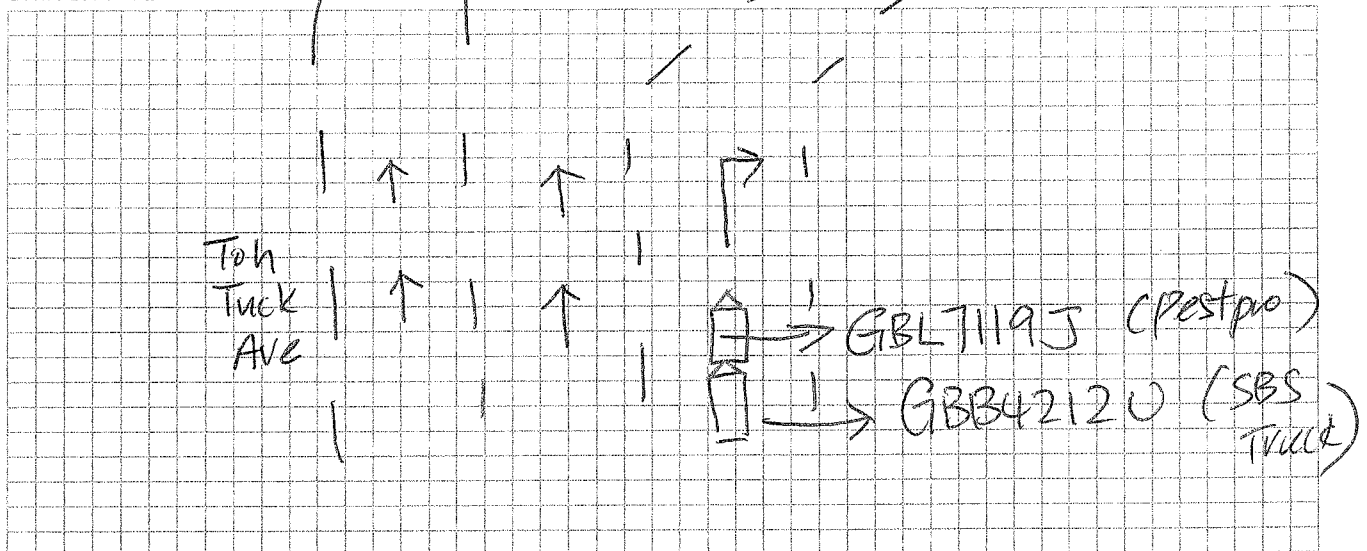
Date & Time:

Reporting Centre Personnel's Signature

Name: *Rateshwar*

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DRIVING ON EXTREME RIGHT LANE ~~TO~~ TOWARDS DE. WHEN SBS TRUCK GBB4212U REAR ENDED MY VEHICLE, AFTER ACCIDENT, EXCHANGED PARTICULARS & FILED ACCIDENT REPORT. ME AND PARTNER FELT GIDDY AFTER ACCIDENT.

<p>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.</p>	Reporting Only
	Claim OD
	<input checked="" type="checkbox"/> Claim TP
	Claim OD / TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

	<p><i>[Signature]</i> 07/04/2022</p>	<p><i>[Signature]</i></p>
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: <i>Raksharm. Anil</i>
	Date & Time: 10:50am.	NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20220410/7013

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

1 of 4

Report No. T/20220410/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2022 16:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GAVIN TAN QIRUI			Address: 363 TAMPINES STREET 34 #09-363 SINGAPORE 520363		
ID Type / ID No.: NRIC NO / S8919550J			Contact No.: Home/Office: Mobile: 87565950		
Nationality: SINGAPORE CITIZEN			Email: GTQR89@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 09/06/1989	Type of Informant: Passenger		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Fleet Manager		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/04/2022 10:25	Type of Location: X-Junction
Location: TOH TUCK AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB4212U	Lorry	MITSUBISHI	Canter	Purple	Slightly Damaged	1
GBL7119J	Van	BYD	T3	White	Seriously Damaged	1



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

Report No. T/20220410/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL7119J	TENET SOMPO INSURANCE PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MOHAMAD ZULHILMI BIN AZMAN	ID No.	S9716069D	
Related Vehicle	GBB4212U (Lorry)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4A Date of Expiry: 26/10/2018	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	NICHOLAS LOW WEI JIE	ID No.	S9138336E	
Related Vehicle	GBL7119J (Van)	Contact No.	86618092	
Hospital/Clinic	BUKIT BATOK MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL	
Date	07/04/2022	Date	07/04/2022	
No. of Days granted Medical Leave	04	Degree of	Slight	
Passenger				
Name	GAVIN TAN QIRUI	ID No.	S8919550J	
Related Vehicle	GBL7119J (Van)	Contact No.	87565950	
Hospital/Clinic	BUKIT BATOK MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	07/04/2022	Date	07/04/2022	
No. of Days granted Medical Leave	04	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20220410/7013

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

3 of 4

Report No. T/20220410/7013

CONTINUATION OF REPORT

Brief Details.

On the 07/04/2022 around 1025AM, my colleague was driving our company van towards toh tuck avenue (PIE Changi) and stopped when the amber light appeared.

We stopped on the stop line and shortly a SBS truck rear ended our vehicle. We then alight from the vehicle and took photo of the accident scene and proceed to exchange particular and file the accident reporting.

I would like to highlight after the 30 minute mark, i felt dizzy and nausea and proceed to visit a clinic and was given 1 day mc.

On the 10/04/2022, i visit A&E at Changi General hospital as my neck was still in pain. After consultation, I will be refer to specialist for check in weeks to come.

Aside to the accident, there was a in car camera but the memory card was corrupted therefore no video captured.



**SINGAPORE
POLICE FORCE**



T/20220410/7013

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

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Report No. T/20220410/7013

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 /
BOON YEN KIAN
Contact No.: 65476172

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

Date/Time:
10/04/2022 16:05

Classification Of Case: