

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

Jackson Teo  
CLAIM DEPARTMENT  
DID : 66547515  
FAX : 66547540

Date : 12/01/2023

To : ALLIANZ INSURANCE SINGAPORE PTE. LTD.

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 07/12/2022

Vehicle No : SMF-3743-J

Make & Model : HONDA CR-V 1.5 TURBO LX 5 SEATER

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	REAR DOOR LH RESTORE		
1	REAR DOOR LOWER GARNISH LH	288.00	
1	REAR DOOR LOWER GARNISH CHROME MOULDING LH		
1	REAR DOOR ARC GARNISH LH	200.00	
	<b>Sub Total</b>	<b>488.00</b>	
	<b>Discount 20% On Parts</b>	<b>(137.60)</b>	
<b>Labour &amp; Misc</b>			
	LABOUR TO FACILITATE REPAIR	300.00	
	TO RESPRAY AFFECTED AREAS	300.00	

Date : 12/01/2023

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**ESTIMATION**

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## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	600.00	

950.40

Remarks:

**SUB TOTAL**

**GST 7.0 %** 66.53

**TOTAL** 1,016.93

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 Actual 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	14/12/2022 11:06 (SGT)
Reported by	Both
Date of Accident	07/12/2022 07:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ULU PANDAN ROAD TO CLEMENTI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3743J
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cr-v
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	STEVEN USO GAGNUSS
NRIC No	SXXXX824G
Date Of Birth	15/02/1964
Occupation	Indoor

Date Of Driving Pass	11/08/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96450168
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	8 RIDGEWOOD CLOSE #10-09
Address complement	-
Postcode	276698
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD4315R
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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 & Time:

*[Signature]*

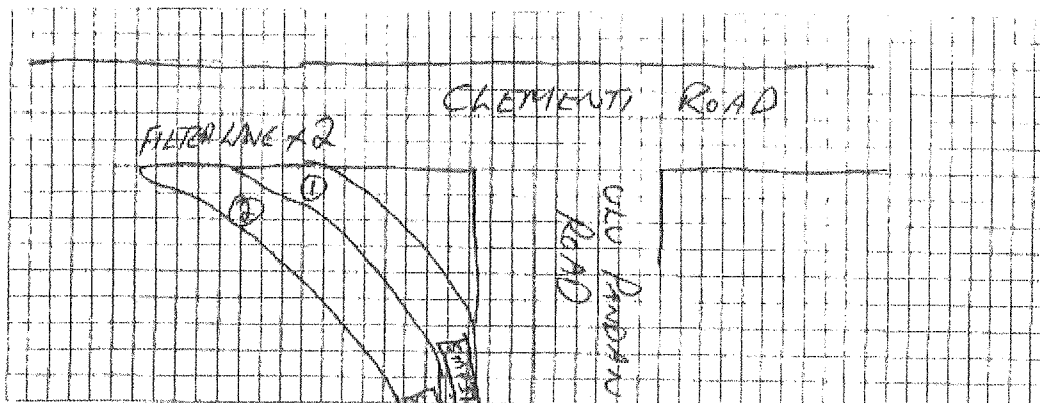
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14.12.2022

9.05 am



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR SMF3743J WAS IN ① FILTER LANE TURNING LEFT ONTO CLEMENTI ROAD. OTHER CAR WAS IN ② FILTER LANE TURNING LEFT ONTO CLEMENTI. MY CAR WAS PAST THE OTHER CAR IN ITS OWN LANE. THE OTHER CAR MADE A SUDDEN & LATE LANE CHANGE FROM ② FILTER LANE TO ① FILTER LANE. MY CAR WAS IN ITS OWN LANE ① FILTER LANE. THE OTHER CAR HIT MY CAR JUST IN FRONT OF THE LEFT HAND SIDE REAR WHEEL, WHICH CLEARLY INDICATES I WAS IN FRONT OF THE OTHER CAR. I PULLED UP & PARKED ON THE LEFT HAND SIDE OF CLEMENTI RD. WHEN THE OTHER DRIVER PULLED UP I POLITELY ASKED HIM "DID YOU SEE ME?" HE REPLIED "I SAW YOU & I HONKED" I EXPLAINED I WAS IN MY OWN LANE, IN FRONT OF YOU. YOU HAVE HIT ME FROM BEHIND. HE WOULD NOT LISTEN & WAS PUSHING THE POINT THAT HE WAS NOT IN THE WRONG. "HE HIT ME FROM BEHIND" (I HAVE PICTURES)

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), there is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the 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

*[Signature]*

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

14.12.2022  
9.20am



Reporting Centre Personnel's Signature  
Name: Wang Chuan  
Nric/Hin No. 3112121212