

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 23/03/2023

To : -----

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : 1 Accident Date : 22/03/2023
Vehicle No : GBC-5195-Z Make & Model : NISSAN NV200 1.5 DIESEL G (M) VAN

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>Nett Item</u>			
1	REAR BUMPER	700.80	
1	REAR BUMPER RETAINER	76.40	
1	REAR BUMPER REFLECTOR	72.00	
1	END PANEL	328.00	
1	REAR DOOR RH	1,578.40	
2	REAR DOOR HINGE	172.00	
1	REAR DOOR CHECKER RH	110.00	
1	REAR DOOR LOCK RH	258.00	
1	REAR DOOR RUBBER RH	135.00	

Date : 23/03/2023

To : SOMPO INSURANCE SINGAPORE PTE. LTD.

ESTIMATION

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Certificate No : 1

Accident Date : 22/03/2023

Vehicle No : GBC-5195-Z

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

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR DOOR FRAME WEATHERSTRIP	185.00	
1	TAILLAMP RH	258.70	
1	TAILLAMP PANEL RH	256.00	
1	REAR FENDER RH	986.80	
1	SLIDING DOOR RAIL RH	225.00	
1	REAR FENDER INNER PANEL RH	RESTORE	
1	SILIDING DOOR RH	RESTORE	
Sub Total		5342.10	
Discount 10% On Parts		(534.21)	
<u>Special Nett Item</u>			

Date : 23/03/2023

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

ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 22/03/2023

Vehicle No : GBC-5195-Z

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

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR GLASS SEALANT	50.00	
1	5 PAX	10.00	
1	REVERSE SENSOR	220.00	
	Sub Total	280.00	
<u>Labour & Misc</u>			
	LABOUR TO FACILITATE REPAIR	1,500.00	
	TO RESPRAY AFFECTED PORTION	1,500.00	
	TO REMOVE AND REFIT REAR DOOR GLASS RH	150.00	
	TO REMOVE AND TRANSFER REAR DOOR COMPONENTS RH	150.00	

Date : 23/03/2023

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ESTIMATION

Attn : **Motor Claim Department**

FAX :

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 22/03/2023

Vehicle No : GBC-5195-Z Make & Model : NISSAN NV200 1.5 DIESEL G (M) VAN

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	
	RUST PROOFING	100.00	
	Sub Total	3450.00	

8,537.89

Remarks:

SUB TOTAL

GST 8.0 % 683.03

TOTAL 9,220.92

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	22/03/2023 14:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/03/2023 07:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARDS PIE BEFORE KJE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5195Z
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	Nissan
Model	Nv200
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	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

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

DRIVER

Name of Driver	HENG WUI KWONG
Passport No/FIN	GXXXX900U
Date Of Birth	28/02/1984
Occupation	Outdoor

Date Of Driving Pass	05/09/2017
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81109339
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	10 TOH GUAN ROAD EAST
Address complement	-
Postcode	608597
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?	Yes
Number of vehicles involved in the accident	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JQU2850
Vehicle Category	Bus

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230322/2025

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	JQU2850
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KRISHNAN
Contact Number	(Phone) +65-84229745
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	GBF350J
Vehicle Manufacturer	-
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)	-

IMPORTANT NOTICE

- B. Consent under the Personal Data Protection Act (PDPA)**

☐ Understand, acknowledge, agree and consent that:

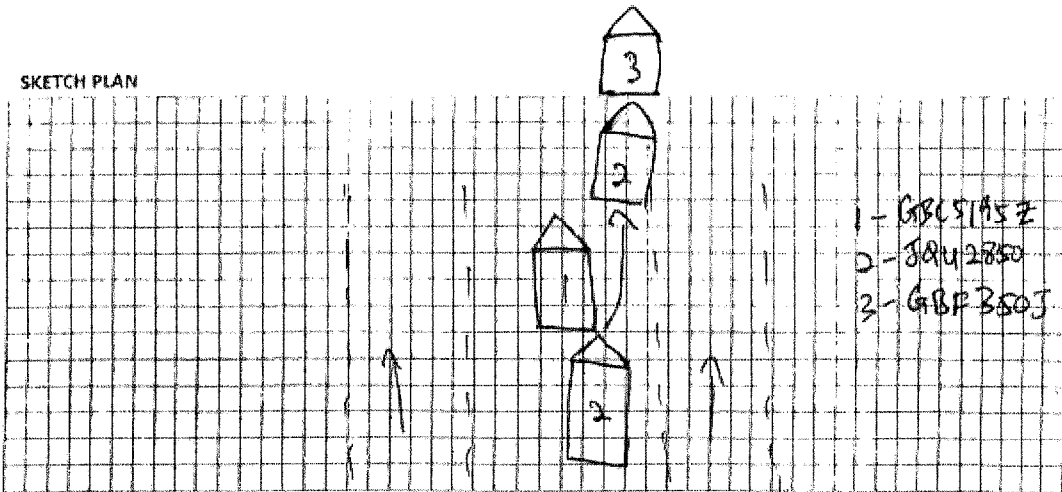
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.
- (a) 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 Signature:
Name:
NRIC/EPN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving at 2nd lane at BKE toward PIE before KJE exit suddenly front small lorry slam brake due to motorcycle fall down from 3rd lane to 2nd lane in front of the lorry. Malaysia bus Causeway link JAU2850 unable to stop hit my right hand side behind corner of my van GBC5195Z. After the bus hit my rear he continue forward and hit again another vehicle GBR350J on the rear.

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.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input checked="" type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- 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



Reporting Center Personnel's Signature
Name:
Nric/Fin No.