

## Notification Letter

Date : 10/04/2023

To : **ALLIANZ INSURANCE SINGAPORE PTE. LTD.**  
79 ROBINSON ROAD  
#10-01  
SINGAPORE 068897

Dear Sir / Madam,

We are instructed by **ETHOZ PROTECT PTE LTD** to notify you of a road traffic accident on **05/04/2023** at about **09:00** at **QUEENSWAY TO COMMONWEALTH AVE** involving our client's/ customer vehicle registration number **SNH-5982-A** and vehicle registration number **SJH8872L** 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 : 10/04/2023

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 : 05/04/2023

Vehicle No : SNH-5982-A

Make & Model : MAZDA 3 1.5 (A) SEDAN M-HYBRID CLASSIC

**ESTIMATED REPAIR COST DETAILS**

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	REAR BUMPER	985.00	
1	REAR BUMPER REINFORCEMENT	480.00	
2	REAR BUMPER RETAINER	119.00	
10	REAR BUMPER CLIPS	50.00	
2	REAR BUMPER REFLECTOR	122.00	
4	REVERSE SENSOR	1,080.00	
4	REVERSE SENSOR HOLDER	230.00	
1	END PANEL	576.00	
1	END PANEL TOP GARNISH	168.00	

Date : 10/04/2023

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 : 05/04/2023

Vehicle No : SNH-5982-A Make & Model : MAZDA 3 1.5 (A) SEDAN M-HYBRID CLASSIC

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	BOOT LID RESTORE		
1	EMBLEM - MAZDA 3	78.00	
1	EMBLEM - HYBRID	93.00	
1	BOOT LID LOCK	205.00	
1	REAR REMOTE SENSOR	380.00	
	<b>Sub Total</b>	<b>4566.00</b>	
	<b>Discount 20% On Parts</b>	<b>(913.20)</b>	
	<b><u>Labour &amp; Misc</u></b>		
	LABOUR TO FACILITATE REPAIR	800.00	
	TO RESPRAY AFFECTED AREAS	800.00	

Date : 10/04/2023

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 : 05/04/2023

Vehicle No : SNH-5982-A Make & Model : MAZDA 3 1.5 (A) SEDAN M-HYBRID CLASSIC

**ESTIMATED REPAIR COST DETAILS** Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	RUST PROOFING	80.00	
	<b>Sub Total</b>	<b>1710.00</b>	

5,362.80

Remarks:

**SUB TOTAL**

**GST 8.0 %** 429.02

**TOTAL** 5,791.82

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	05/04/2023 15:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/04/2023 09:54 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY TO COMMONWEALTH AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH5982A
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	Mazda
Model	3
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	1496

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	DUDEK NORBERT
Passport No/FIN	GXXXX662Q
Date Of Birth	02/08/1967
Occupation	Indoor

Date Of Driving Pass	26/09/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91114244
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	13 LEEDON HEIGHTS #26-42
Address complement	-
Postcode	266224
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	CHEBELLE
Gender	Female

#### 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?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH8872L
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
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

**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 making 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:

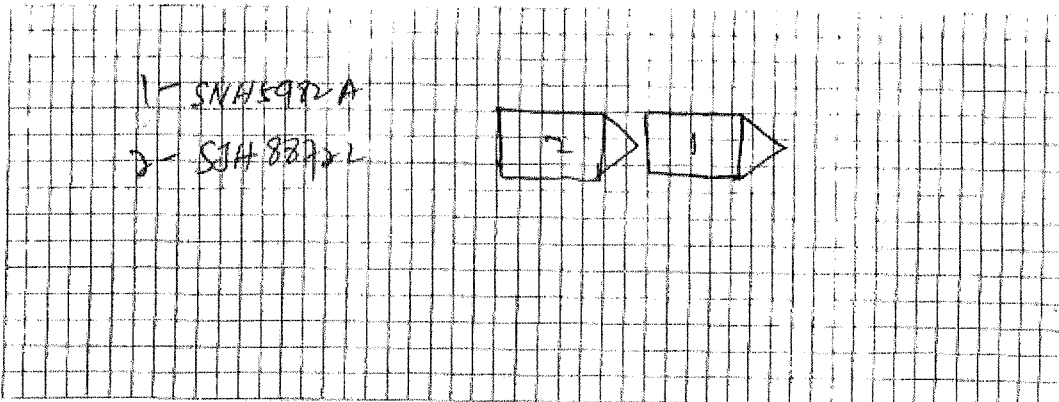


Reporting Centre Personnel's Signature  
Name:  
SIRIC/ASN No.:

GIA 1994 (Incorporated in S'gapore)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

OTHER DRIVER CUT INTO MY LANE AND THEN STOPPED TO HANDLE HIS I HAD TO STOP AND GET OUT OF HIS LANE. I DROVE ON BUT HAD TO MAKE A HARD STOP BECAUSE ~~OF~~ OBJECTS I THOUGHT I WERE ON ROAD. OTHER DRIVER CRASHED INTO BACK (HE HAD ENOUGH ROOM TO STOP).

STOPPED CAR. TRIED TO EXCHANGE INFORMATION BUT DRIVER REFUSED AND THEN LEFT THE ACCIDENT SCENE WITHOUT GIVING DRIVER LICENCE OR PHONE NUMBER.

**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

10. 2. 5

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



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