

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

Selamatshahh  
CLAIM DEPARTMENT  
DID : 66547519  
FAX :

Date : 15/04/2023  
To :

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd  
: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : 1 Accident Date : 24/02/2023  
Vehicle No : YP -2763-M Make & Model : ISUZU FRR90SUQA-C 5.2 NEES DIESEL Y EUR

### ESTIMATED REPAIR COST DETAILS

Excess : 4,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	FRONT BUMPER	1,800.00	
1	FRONT BUMPER BRACKET RH	340.00	
1	HEADLAMP RH	630.00	
1	FRONT SIGNAL LAMP RH	290.00	
1	FRONT CORNER FENDER RH	576.00	
	<b>Sub Total</b>	<b>3636.00</b>	
	<b>Discount 15% On Parts</b>	<b>(545.40)</b>	
<b>Labour &amp; Misc</b>			
	LABOUR TO FACILITATE REPAIR	600.00	
	TO RESPRAY AFFECTED AREAS	600.00	

Date : 15/04/2023

To :

## ESTIMATION

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 24/02/2023

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### ESTIMATED REPAIR COST DETAILS

Excess : 4,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	<b>Sub Total</b>	<b>1230.00</b>	

4,320.60

Remarks:

**SUB TOTAL**

**GST 8.0 %** 345.65

**TOTAL** 4,666.25

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	01/03/2023 09:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/02/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	20 GUL WAY LEVEL 5 LOADING BAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2763M
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	Isuzu
Model	FRR90
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	5193

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	NADESEN A/L SURIA KUMAR
Passport No/FIN	GXXXX150M
Date Of Birth	01/05/1991
Occupation	Outdoor

Date Of Driving Pass .....	16/10/2012
Driving experience .....	10 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96578867
Alt. Phone Number .....	-
Email Address .....	noemail@com.sg
Address .....	752 WOODLANDS CIRCLE #01-521
Address complement .....	-
Postcode .....	730752
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	0
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 .....	JTG8944
Vehicle Category .....	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002659999
Alt. Police Station Phone No .....	(Fax) +65-62664987
Police Station Address .....	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230228/2052

#### 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 .....	JTG8944
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUHAMMAD KHUZAIRI BIN MOHD ZAIDI
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 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:

*Signature*

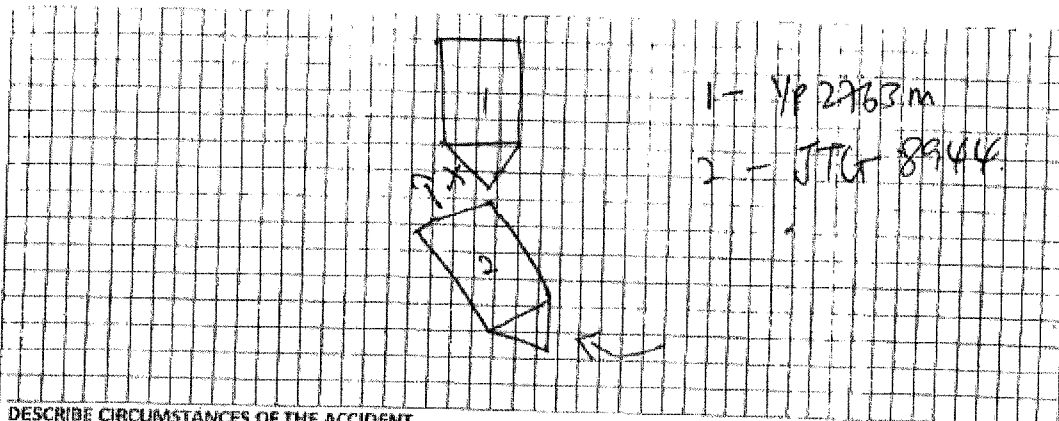
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

GIA-GRF-SP19232S Form 'C'

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached Police Report 7/00230228/0052

**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

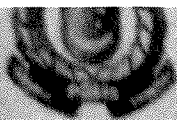
*[Signature]*

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



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





# SINGAPORE POLICE FORCE

T/20230228/2052

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Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/20230228/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/02/2023 12:47	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: NADESEN A/L SURIA KUMAR			Address:	
ID Type / ID No. FIN NO / G6742150M			Contact No.: Home/Office:	Mobile: 96575567
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 31	Date of Birth: 01/05/1991	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

**General Information of the Accident**

General Information of Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/02/2023 16:00	Type of Location: Loading Bay
Location:  GUL WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

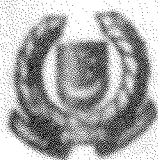
**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTG8944	Lorry				Slightly Damaged	0
YP2763M	Lorry	ISUZU	FRR90SUQ A-C	White	Slightly Damaged	0

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE

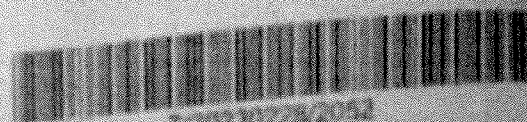
Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999



T/20230228/2052

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Report No: T/20230228/2052

## CONTINUATION OF REPORT

Driver		ID No.	
Name	Muhammad Khuzain Bin Mohd Zaid	A52395959	
Related Vehicle	JTG8944 (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	
Name	NADESEN A/L SURIA KUMAR	G6742150M	
Related Vehicle	YP2763M (Lorry)	Contact No.	96575567
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B 3.4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 24/02/2023 at around 1800hrs, I parked V1: YP2673M at level 5, #01-02 of 20 Gul Way loading bay to take items from the warehouse. I am working for Avatar Logistics Pte Ltd. I went inside the warehouse once I parked V1 and everything was still intact. While at the warehouse, I suddenly heard a loud bang coming from the loading bay hence I quickly made a check.

I discovered V2: JTG8944 (left rear bumper) had knocked onto the front right side of V1. When V2 knocked into V1, no one was inside V1. The driver then moved his vehicle onto other loading bay and subsequently came back. We exchanged particulars with the driver, and I affirmed that no one was injured. I would like to state that I have in-car camera in V1 however it was switched off as I turned off my vehicle. There is a camera in the loading bay that is facing V1.

Particulars of the other party are as follows:

Name: Muhammad Khuzain Bin Mohd Zaid  
Company: Tiong Nam Logistics Solutions Sdn. Bhd.  
Passport no: A52395958  
V2: JTG8944  
DOB: 02/02/1997

Damages on V1 and V2 are as follows:

1. Broken right headlight of V1





**SINGAPORE  
POLICE FORCE**



T/20230228/2052

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Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

Report No. T/20230228/2052

**CONTINUATION OF REPORT**

3)Scratches on V2's left rear bumper





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong NPP  
158 Yung Lon Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999



T/20230228/2052

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Report No. T/20230228/2052

**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:

J /

SGT 2 MUHAMMAD  
SHAHHDAN AZIM BIN YACOB

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/02/2023 12:47

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case: