

PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Raamkumar Km
CLAIM DEPARTMENT
DID : 66547607
FAX : 66547540

Date : 12/05/2023
To : LONPAC INSURANCE BHD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : 1 Accident Date : 04/05/2023
Vehicle No : YQ - 622-U Make & Model : ISUZU NQR75UL5A 5.2 DIESEL Y (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	FRONT BUMPER	890.00	
1	FRONT CORNER PANEL RH	432.00	
1	FRONT CORNER PANEL COVER TOP RH	50.40	
1	FRONT SIDE MIRROR GLASS RH	196.00	
1	FRONT SIDE MIRROR BRACKET RH	385.00	
1	FRONT HEADLAMP RH	476.00	
1	FRONT SIGNAL LAMP RH	168.00	
1	FRONT DOOR RH	1,372.00	
1	FRONT DOOR SIGNAL LAMP RH	137.20	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT DOOR SIGNAL LAMP GARNISH RH	95.00	
1	FRONT DOOR HINGE TOP RH	154.00	
1	FRONT DOOR HINGE BOTTOM RH	154.00	
1	FRONT DOOR LOWER PROTECTOR RH	147.00	
1	FRONT WHEEL MUD FLAP RH	203.00	
1	RADIATOR SPARE TANK	196.00	
1	A PILLAR RH	RESTORE	
Sub Total		5055.60	
Discount 15% On Parts		(758.34)	
<u>Special Nett Item</u>			

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	SLIDING DOOR RH	500.00	
1	REAR SIDE GUARD RH	400.00	
1	REAR ALUMINIUM BOX SIDE PANEL	500.00	
	Sub Total	1400.00	
<u>Labour & Misc</u>			
	LABOUR TO FACILITATE REPAIR	1,200.00	
	TO RESPRAY AFFECTED AREAS	1,200.00	
	TO REMOVE AND TRANSFER DOOR COMPONENTS	150.00	
	RUST PROOFING	150.00	

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Certificate No : 1 Accident Date : 04/05/2023

Vehicle No : YQ - 622-U Make & Model : ISUZU NQR75UL5A 5.2 DIESEL Y (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	100.00	
	Sub Total	2800.00	

Remarks:

8,497.26

SUB TOTAL

GST 8.0 % 679.78

TOTAL 9,177.04

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	09/05/2023 14:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/05/2023 11:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	49 DEFU LANE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ622U
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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	Isuzu
Model	NQR75UL5A
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	CHAN KI WAI
NRIC No	SXXXXX039D
Date Of Birth	10/05/1965
Occupation	Outdoor

Date Of Driving Pass	22/06/2011
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98317299
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 249 HOUGANG AVE 3 #06-410
Address complement	-
PostCode	530249
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	Collided into Parked Vehicle
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	XE3162K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN YOU CHENG
NRIC No	SXXXXX997H

Contact Number	(Phone) +65-92382349
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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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.

R 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 Signature
Name:

NRIC/FIN No.:

SKETCH PLAN

49 DEPU LANE 9

H G. TAN
BUILDING & PLUMBING
CONTRACTOR

A: YQ622U

B: XE3162K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 4 MAY 2023 at 11:22am, I was waiting outside
at 49 Depu Lane 9 Suddenly vehicle B XE3162K
reverse and knock onto my front right side
and side mirror is gone

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.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/HR No