



## Notification Letter

Date : 10/05/2023

To : **EQ INSURANCE COMPANY LIMITED**  
22 GEMMILL LANE  
069257

Dear Sir / Madam,

We are instructed by **ETHOZ PROTECT PTE LTD** to notify you of a road traffic accident on **03/05/2023** at about **09:00** at **PIE TOWARDS JURONG BEFORE ADAM ROAD EXIT** involving our client's/ customer vehicle registration number **GBF-5538-C** and vehicle registration number **FBM4982Y** 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 : 10/05/2023

To : EQ INSURANCE COMPANY LIMITED

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 03/05/2023

Vehicle No : GBF-5538-C

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 5

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b><u>Nett Item</u></b>			
1	TAILLAMP RH	272.10	
1	REAR BUMPER	989.70	
1	REAR BUMPER RETAINER RH	40.20	
10	REAR BUMPER CLIPS	40.00	
1	REAR WHEEL HUB CAP RH	80.00	
1	REAR FENDER RH	RESTORE	
<b>Sub Total</b>		<b>1422.00</b>	
<b>Discount 10% On Parts</b>		<b>(142.20)</b>	
<b><u>Labour &amp; Misc</u></b>			
	LABOUR TO FACILITATE REPAIR	600.00	

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## ESTIMATION

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FAX :

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1 Accident Date : 03/05/2023

Vehicle No : GBF-5538-C Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 5

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO RESPRAY AFFECTED PORTION	600.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	<b>Sub Total</b>	<b>1230.00</b>	

2,509.80

Remarks:

### SUB TOTAL

GST 8.0 % 200.78

**TOTAL** 2,710.58

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	03/05/2023 15:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/05/2023 09:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS JURONG BEFORE ADAM ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5538C
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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	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	TAN SWEE GUAN
NRIC No	SXXXX771A
Date Of Birth	01/01/1960
Occupation	Outdoor



Date Of Driving Pass .....	08/04/1981
Driving experience .....	42 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96809128
Alt. Phone Number .....	-
Email Address .....	noemail@com.sg
Address .....	BLK 556 HOUGANG STREET 51 #06-336
Address complement .....	-
Postcode .....	530556
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 - Change/cross lane
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 .....	FBM4982Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	MOHAMMAD AFIQ BIN MOHAMMAD JAMIL
NRIC No .....	SXXXX026H

Contact Number	(Phone) +65-87501923
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 lodging 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.

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

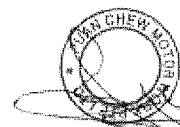
I understand, acknowledge, agree and consent that:

- (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.



4

02/5/2023



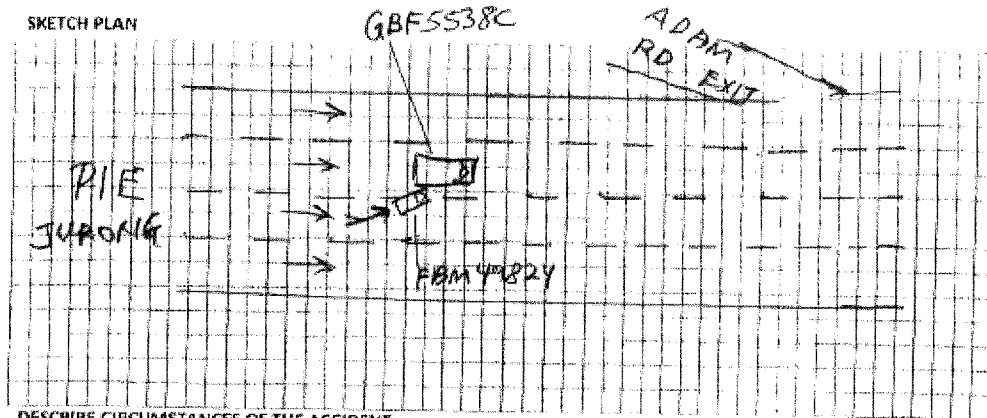
Policyholder's Signature  
Date & Time:

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

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

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/5/2023 about 09.05am. I was driving GBF5538C along PIE towards Junction on the 3rd lane and traffic was congested. As there was accident happened on first lane so all vehicle from 2nd lane was trying to change into my 3rd lane. As I was moving on a motor cycle (FBM 4982Y) from 2nd lane was changing into my lane and hit onto my vehicle rear right portion.

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]* 07/5/2023

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



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