

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

Selamatshahh  
CLAIM DEPARTMENT  
DID : 66547519  
FAX :

Date : 08/06/2023

To :

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 02/06/2023

Vehicle No : SLE-8076-K

Make & Model : HYUNDAI SONATA VIII 2.0 GLS (A)

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	REAR BUMPER	684.00	
1	REAR BUMPER LOWER GARNISH	288.00	
2	REAR BUMPER REFLECTOR	144.00	
1	REAR BUMPER CENTRE REFLECTOR	504.00	
1	REAR BUMPER REINFORCEMENT	576.00	
2	REAR BUMPER RETAINER	57.60	
10	REAR BUMPER CLIPS	50.00	
1	END PANEL	486.00	
1	END PANEL TOP GARNISH	85.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	TAILLAMP RH	880.00	
1	REAR FENDER RH	1,350.00	
1	BOOT LID	1,230.00	
1	BOOT LID LOCK	171.00	
1	BOOT LID WEATHERSTRIP	162.00	
1	BOOT LID LAMP RH	670.00	
1	REAR LOGO	65.00	
1	EMBLEM - SONATA	72.00	
1	BOOT LID LOCK SWITCH	380.00	
2	BOOT LID NUMBER PLATE LAMP	130.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR EXHAUST SILENCER	1,400.00	
1	REAR BUMPER LOWER COVER GARNISH	76.00	
1	FRONT BUMPER	690.00	
1	FRONT BUMPER LOWER GRILLE	85.00	
2	FRONT BUMPER SIDE GARNISH RH/LH	209.00	
2	DAYTIME RUN LAMP RH/LH	936.00	
1	FRONT BUMPER REINFORCEMENT	450.00	
1	FRONT BUMPER SPONGE	117.00	
2	FRONT BUMPER RETAINER	68.00	
10	FRONT BUMPER CLIPS	50.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT GRILLE ASSY	530.00	
2	HEADLAMP RH/LH	5,120.00	
1	SUPPORT PANEL ASSY	820.00	
1	BONNET	1,620.00	
1	FRONT NUMBER BASE HOLDER	50.00	
1	FRONT FENDER RH	685.00	
	<b>Sub Total</b>	<b>20890.60</b>	
	<b>Discount 20% On Parts</b>	<b>(4178.12)</b>	
	<b>Special Nett Item</b>		
1	REVERSE SENSOR	220.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT NUMBER PLATE	35.00	
1	REAR WINDSCREEN SEALANT	50.00	
1	COOLANT	50.00	
	<b>Sub Total</b>	<b>355.00</b>	
<b><u>Labour &amp; Misc</u></b>			
	LABOUR TO FACILITATE REPAIR	2,000.00	
	TO RESPRAY AFFECTED PORTION FRONT AND REAR	2,000.00	
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	150.00	
	TO REMOVE AND TRASFER BOOT LID COMPONENTS	150.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO TOP UP AIRCON GAS	150.00	
	RUST PROOFING	100.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	
	<b>Sub Total</b>	<b>4600.00</b>	

21,667.48

Remarks:

**SUB TOTAL**

**GST 8.0 %** 1,733.40

**TOTAL** 23,400.88

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	05/06/2023 18:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/06/2023 10:59 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH SOUTH HIGHWAY NEAR KM 190 (SINGAPORE TO KL)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE8076K

### 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	Hyundai
Model	Sonata
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	1999

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	KO SUNGWOO
Passport No/FIN	GXXXX437K
Date Of Birth	04/04/1982
Occupation	Indoor

Date Of Driving Pass	06/12/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83186154
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	8 WOODLEIGH 2, WOODLEIGH CLOSE
Address complement	-
Postcode	357900
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)	3
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	JNN5988
Vehicle Category	Private car

FOREIGN VEHICLE 2

Vehicle Registration Number	JRS7044
Vehicle Category	Private car

PASSENGER 1

Name	JUNG AE KIM
Gender	Female

PASSENGER 2

Name	DOEUN KO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MALAYSIA
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

## 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 ..... JNN5988  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... NURAQILAH BINTI MOHD RASHID  
 NRIC No ..... -1  
 Contact Number ..... -  
 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 ..... JRS7044  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... MUHAMMAD HARITH SYAFIQ BIN MOHAMMAD SOFFIAN  
 Contact Number ..... (Phone) +60-183596411  
 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 investigations.
- 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:

*[Handwritten Signature]*

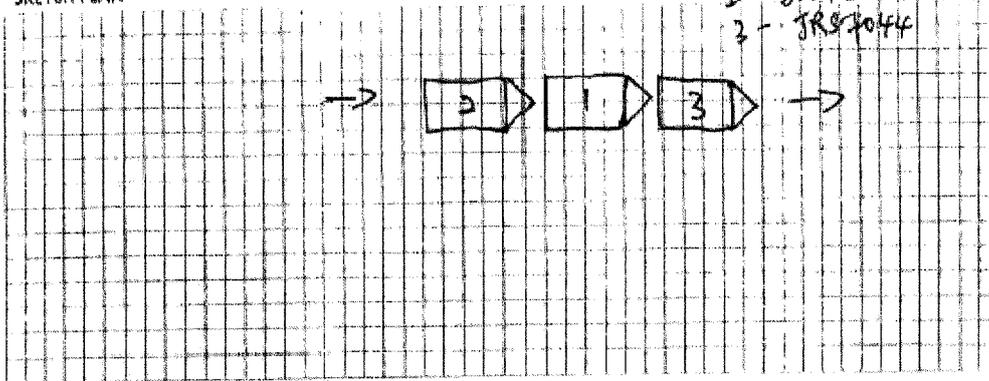
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

General Insurance Association of Singapore

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

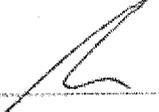
*Refer to attached Malaysian Police Report - Jasin/00274/23*

<p><b>Important:</b> 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.</p>		- 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

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

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



## POLIS DIRAJA MALAYSIA REPOT POLIS

**Balai** : TRAFIK JASIN  
**Daerah** : JASIN  
**Kantinjen** : MELAKA  
**No. Repot** : TRAFIK JASIN/002278/23  
**Tarikh** : 02/06/2023  
**Waktu** : 1305 PM  
**Bahasa Diterima** : B. Malaysia

**Pegawai Penyiasat** : R125880  
**No. Repot Bersangkut** : TRAFIK  
 JASIN/002274/23

**Butir-butir Penerima Repot :**

**Nama** : NORIZZHARUL AZIM B. NOR RAMLI  
**No. Badan** : R214095  
**Pangkat** : KONST/P

**Butir-butir Jurubahasa (Jika Ada) :**

**Nama** : ---  
**No. K/P (Baru)** : ---  
**No. Pasport** : ---  
**Alamat** : ---  
**Bahasa Asal** : ---  
**No. Polis/Tentera** : ---

**Butir-butir Pengadu :**

**Nama** : KO SUNGWOO  
**No. K/P (Baru)** : ---  
**No. Sijil Beranak** : ---  
**Umur** : 41 Tahun 1 Bulan  
**Pekerjaan** : PENGANGGUR  
**Alamat Tinggal** : 8, WOODLEIGH 2, WOODLEIGH, CL, SINGAPORE, 357900 SINGAPORE  
**Alamat IbuBapa** : ---  
**Alamat Pejabat** : ---  
**No. Tel (Rumah)** : ---  
**Emel** : ---  
**No. Polls/Tentera** : ---  
**Jantina** : Lelaki  
**Keturunan** : KOREAN  
**No. Pasport** : M53734039  
**Tarikh Lahir** : 04/04/1982 April 4th  
**Warganegara** : KOREA  
**No. Tel (Pejabat)** : ---  
**No. Tel (Bimbit)** : 83186154

**Pengadu Menyatakan :**

PADA 02/06/2023 JAM LEBIH KURANG 1059 PAGI, SAYA MEMANDU SEBUAH M/KAR NOMBOR SLE8076K DARI SINGAPORE HENDAK KE KUALA LUMPUR, APABILA SAYA SAMPAI DI KM 190, SAYA BERGERAK TERUS. TIBA TIBA SEBUAH M/KAR NOMBOR JRS7044 YANG BERADA DI HADAPAN BERHENTI SECARA MENGEJUT DAN MENYEBABKAN SEBUAH M/KAR NOMBOR JNN5988 YANG BERADA DI BELAKANG SAYA TELAH MELANGGAR SAYA DI BAHAGIAN BELAKANG KENDERAAN SAYA LALU KENDERAAN SAYA BERGERAK KE HADAPAN DAN MELANGGAR M/KAR NOMBOR JNN5988 YANG BERADA DI HADAPAN SAYA. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA APA KECEDERAAN. KEROSAKAN M/KAR SAYA IALAH BUMPER HADAPAN DAN BELAKANG KEMEK, DAN LAIN LAIN KEROSAKAN SAYA TIDAK PASTI. SEKIAN LAPORAN SAYA.

DITAIIP MENGGUNAKAN JURUBAHASA

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R214095 | 02/06/2023 01:27:34 PM