

Letter of Demand

Your Ref : SKR2450X
Our Ref : OPR/28102024/TP-11531 - GBL5477M
Date : 08/01/2025

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET, #04 / #05
IOB BUILDING
Singapore - 049711

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : GBL-5477-M, SKR2450X ON
28/10/2024 AT PIE EXIT 4B TO SIMEI AVE

Dear Sir / Madam,

We would like to append our losses as follows :-

| | AMOUNT(S) |
|------------------------------|-----------|
| 1. Repair Cost | 2,888.50 |
| 2. Loss Of Rental (7 days) | 1,144.50 |
| 3. Miscellaneous - GIA Fee | 33.18 |

TOTAL 4,066.18

Enclosed : Copies of Repair Invoice, Rental Invoice, GIA Invoice & GIA Report for your perusal and kind attention.

Kindly look into the matter and revert to us as soon as possible.

Thank you,

Yours faithfully,

Jack See



CLAIM DEPARTMENT

DID : 6654 7713

FAX :

EMAIL : jack.see@ethozprotect.com

TAX INVOICE

NANHAI BUSINESS SOLUTIONS PTE. LTD.
2 CHANGI SOUTH AVENUE 2
#05-00
SINGAPORE - 486354

Tax Invoice : WS 2501/OPR0207
Invoice Date : 08-Jan-2025
Ref. No. : 24102157
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : GBL-5477-M

MAKE & MODEL : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO 6 5DR

ACCIDENT DATE : 28/10/2024

| Description | Qty | Unit Price(S\$) | Amount (S\$) |
|---|-----|-----------------|--------------|
| BEING REPAIR COST FOR THE ABOVE VEHICLE | | | 2,650.00 |
| 9 % GST | | | 238.50 |



| | |
|--------------------|-----------------|
| Total (S\$) | 2,888.50 |
|--------------------|-----------------|

E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ PROTECT PTE LTD

No receipt will be issued.

TERM OF PAYMENT STRICTLY 30 DAYS FROM DATE OF INVOICE.

Computer generated document no signature required.

CONTACT : JACK SEE
DID :
Main : 63198000
Fax :

PLEASE DETACH AND ENCLOSED WITH PAYMENT

Customer's Copy

Please do not staple. Please write your Invoice No. on the back of your cheque.

Customer Name : NANHAI BUSINESS SOLUTIONS PTE. LTD.
Reference. No. : 24102157
Tax Invoice : WS 2501/OPR0207
Invoice Date : 08-Jan-2025
Invoice Amount : S\$ 2,888.50
Payment Due Date : 06-Feb-2025
Cheque No. : _____

Pay To : ETHOZ PROTECT PTE LTD
UEN No. : 199100103N
Bill Ref. No. : 2501/OPR0207



SCAN TO PAY

** Please input 2501/OPR0207 as the Bill Reference No.

TAX INVOICE

NANHAI BUSINESS SOLUTIONS PTE. LTD.
2 CHANGI SOUTH AVENUE 2
#05-00
SINGAPORE 486354

Tax Invoice : 2412EAL03366
Invoice Date : 31-Dec-2024
Ref. No. : HA-303500
GST No. : 201613943G

| Description | Amount (S\$) |
|---|--------------|
| Being Rental Charge from 05/11/2024 To 12/11/2024 HA-303500 NISSAN NV350 PANEL VAN 2.5 DIESEL G (M) EURO 5 GBE-9158-U | 1,050.00 |
| 9.00% GST on taxable amount S\$ 1,050.00 | 94.50 |

(Rental charge for accident vehicle GBL-5477-M, accident no.24102157)

| | |
|--------------------|-----------------|
| Total (S\$) | 1,144.50 |
|--------------------|-----------------|

E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ Auto Leasing Ltd.
Interest will be charged at 0.0650% per day on overdue amount
No receipt will be issued
CREDIT PERIOD STRICTLY 0 DAYS FROM DUE DATE
Computer generated document printed in black, no signature required

Please contact the following personnel for invoice related queries:-

Name : EVE OH
DID : 66547891
E-Mail : Eve.Oh@ethozautolease.com
Fax : 66547543

Please contact the following personnel for payment related queries:-

Name : CHENG SOON KWANG
DID : 66547901
E-Mail : CreditControl@ethozgroup.com
Fax : 66547549

PLEASE DETACH AND ENCLOSE WITH PAYMENT

Customer's Copy

Please do not staple. Please write your Invoice No. on the back of your cheque.

Customer Name : NANHAI BUSINESS SOLUTIONS PTE. LTD.
Reference.No : HA-303500
Invoice No. : 2412EAL03366
Invoice Amount : S\$1,144.50
Due Date : 31/12/2024
Cheque No. : _____

Pay To : ETHOZ Auto Leasing Ltd.
UEN NO. : 201613943GEAL
Reference No. : 2412EAL03366



** Please input 2412EAL03366 as the Bill Reference No.

ETHOZ Auto Leasing Ltd.

30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SKR2450X

Date of Accident

28/10/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **India International Insurance ...**

Period of Insurance **24/06/2024 - 24/06/2025**

Requested By **Selamatshahh Zainal (ETHOZ ...**

Requested Date **29/10/2024 14:53**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 29/10/2024

Your Ref No: 6654

Dear Sir/Madam,

Date of Accident: 28/10/2024 07:50 (SGT)

Vehicle No: GBL5477M

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|-------------------|---------------|-----|--------------|
| SKR2450X | Singapore | (31.00) | 1 | (28.44) |
| GST Amount | | | | (2.56) |
| Total Amount Due (GST Inclusive) | | | | (31.00) |

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 First Submission | 29/10/2024 11:38 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 28/10/2024 07:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE EXIT 4B INTO SIMEI AVE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBL5477M |
|-----------------------------|----------|

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 | Toyota |
| Model | Hiace |
| 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 | Goods vehicle |
| Transmission | Manual |
| CC | 2982 |
| Vehicle Fuel | |
| First Registration Date | |
| Chassis no | |
| Effective Date/Time of Ownership | |

INSURANCE COMPANY

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

DRIVER

| | |
|--|---|
| Name of Driver | LONG FOON KAI |
| NRIC No | SXXXX303C |
| Date Of Birth | 19/08/1963 |
| Occupation | Outdoor |
| Driving Pass Date | 29/05/2008 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 16 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88776359 |
| Alt. Phone Number | - |
| Email Address | NOEMAIL@COM.SG |
| Address | BLK 436A BUKIT BATOK WEST AVE 5 #02-924 |
| Address complement | - |
| Postcode | 651436 |
| 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 | 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 | SKR2450X |
| Vehicle Manufacturer | BMW |

| | |
|---|----------------------|
| Vehicle Model | |
| Vehicle Variant | |
| Vehicle Colour | |
| Vehicle Category | Private car |
| Name of Driver | DOUGLAS KHNG |
| Contact Number | (Phone) +65-93626024 |
| 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 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.

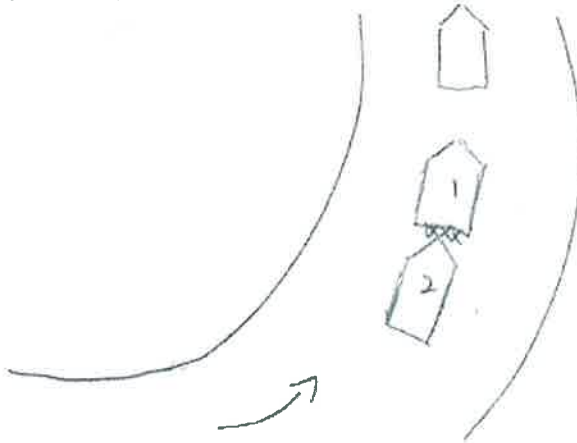


Policyholder's Signature:
Date & Time:

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

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

SKETCH PLAN



1 - GBL5477M

2 - SKR2450X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I AM TRAVELLING FROM PIE EXIT 4B INTO SIMEI AVE. AS I WAS NEARING THE EXIT INTO SIMEI NEAR THE BEND THE FRONT VEHICLE SLOWED DOWN AND COME A STOP. I THAN STOPPED. A FEW SECONDS LATER THERE WAS AN IMPACT AT THE REAR. I CAME DOWN TO CHECK AND DISCOVERED THAT VEHICLE SKR2450X HAD CAME INTO CONTACT WITH MY VEHICLE REAR. MY VEHICLE SUSTAIN SLIGHT DAMAGES TO THE REAR PORTION. WE BOTH EXCHANGE CONTACT AND TO AVOID BLOCKING THE TRAFFIC WE BOTH FILTERED TO THE SIDE.

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 |
| X | 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 is not the policyholder)
Date & Time:

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

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 GI&A 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 First Submission | 12/11/2024 13:19 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 28/10/2024 07:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE EXIT 4B |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKR2450X |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | KHNG POH LENG, DOUGLAS |

VEHICLE PARTICULARS

| | |
|------------------|-------------|
| Manufacturer | BMW |
| Model | 216i |
| Variant | - |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1499 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | - |

DRIVER

| | |
|---------------------------------|------------------------|
| Name of Driver | KHNG POH LENG, DOUGLAS |
| NRIC No | SXXXX355A |
| Address | 40 JALAN PARI BURONG |
| Address complement | - |
| Postcode | 488704 |
| Does Driver Own Other Vehicles? | No |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
|------------------|--------------------------|

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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 GBL5477M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category NA / Unknown
Name of Driver LONG
Insurance Company Name -



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 repeal 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:

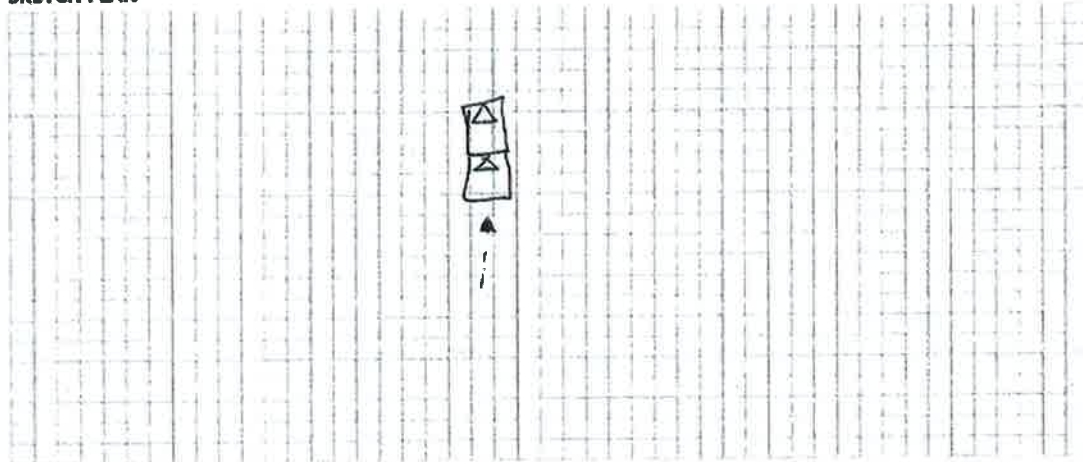
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Coming out from PIE EXIT 4B, going into Simei Ave, there was a tailback, and Vehicle Van Logistics Yusen GB 5477M, jam bracked for no reason, I had to do the same and front bumper lightly touched his rear bumper. Nobody was injured.

We exchanged details and the next day he called me, and asked if I have any workshop that he can send the vehicle to. I said I do not have any workshop, and the only one I go to is Performance Motors which he cannot go as it is only for BMW. He then said he will speak to his Yusen Logistics supervisor, and I did not hear back from him again.

DECLARATION

I/We declare 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/FIN No.: