

**Letter of Demand**

Your Ref : CC4/EQ.I18004556/hb3  
Our Ref : OCR/04012018/TP-9829  
Date : 31/05/2018

**EQ INSURANCE COMPANY LIMITED**  
22 GEMMILL LANE  
Singapore - 069257

**Attn : Motor Claim Department**  
**Subject : ACCIDENT INVOLVING VEHICLE NUM : SLH-1690-S, 7255 ON 04/01/2018 AT VEERASAMY ROAD -OPEN SPACE CARPARK CR31**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	1,391.00
2. Loss Of Use <sup>Income</sup> (3 days)	657.00 ( \$219 x 3 days)
3. Miscellaneous - GIA fee	17.00
$LOI = 1576.56 + 1545.39 + 1137.08 + 1875.34$ $= 6134.97 / 28 = 219 / \text{per day}$	

**TOTAL 2,065.00**

**Enclosed :** Copies of Repair Cost Invoice, PIR, income statement, GIAsearch invoice, GIA Report & Police report for your perusal and kind attention.

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

Thank you,

Yours faithfully,

Ashley Nguyen

CLAIM DEPARTMENT

DID : 66547920

FAX : 66547540

EMAIL : ashley.nguyen@ethozgroup.com

## TAX INVOICE

**MISS. NANCY TAN MEE KHIM**  
BLK 633 VEERASAMY ROAD  
#08-122  
SINGAPORE - 200633

**Tax Invoice : WS 1805/OFM1162**  
**Invoice Date : 31-May-2018**  
**Ref. No. : 18010269**  
**GST No. : M2-0057587-3**

Page 1

**VEHICLE NO. : SLH-1690-S**  
**ACCIDENT DATE : 04/01/2018**

**MAKE & MODEL : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)**

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			1,300.00
7 % GST			91.00

<b>Total (S\$)</b>	<b>1,391.00</b>
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E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ GROUP LTD

No receipt will be issued.

Computer generated document no signature required.

CONTACT : ASHLEY NGUYEN  
DID : 66547920  
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 : MISS. NANCY TAN MEE KHIM**  
**Reference. No. : 18010269**  
**Tax Invoice : WS 1805/OFM1162**  
**Invoice Date : 31-May-2018**  
**Invoice Amount : S\$ 1,391.00**  
**Payment Due Date : 31-May-2018**  
**Cheque No. : \_\_\_\_\_**

**ETHOZ GROUP LTD**  
**30 BUKIT BATOK CRESCENT**  
**SINGAPORE 658075**





**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4883  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/03621/2018

Date : 19 February 2018

Nancy Tan Mee Khim  
Blk 633 Veerasamy Road  
#08-122  
Singapore 200633

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SLH1690S AND GBF7255E ALONG VEERASAMY ROAD ON 04/01/2018 AT ABOUT 1620 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver of **GBF7255E** had committed the offence of Careless Driving under Rule 29 of the Road Traffic Rules. Action has been initiated against the driver for the said offence.
3. If you have any clarification, you may contact the Investigation Officer, SSI Soh Pen Guan at office number: 6547 6171.
4. Thank you.

Yours faithfully,

**HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

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

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-030755

Date of Request: 28/02/2018

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

Enquiry Date 28/02/2018  
Enquiry By Toh Khar Kian  
TP Vehicle No. GBF7255E  
Accident Date 04/01/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF7255E	EQ Insurance Company Ltd	24/02/2017-23/02/2018	6223 9433

Thank You.

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.

This is a computer generated document and requires no signature.

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RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-030755

Date of Request: 28/02/2018

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

Enquiry Date 28/02/2018  
Enquiry By Toh Khar Kian  
TP Vehicle No. GBF7255E  
Accident Date 04/01/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

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

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-030754

Date of Request: 28/02/2018

Your Ref No: TOH KHAR KIAN (BT BATOK)

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 04/01/2018

Place of Accident: VEERASAMY ROAD -OPEN SPACE CAR

Client Vehicle No: SLH1690S

DESCRIPTION	AMOUNT (\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

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For GIARMC Official use:

Date:

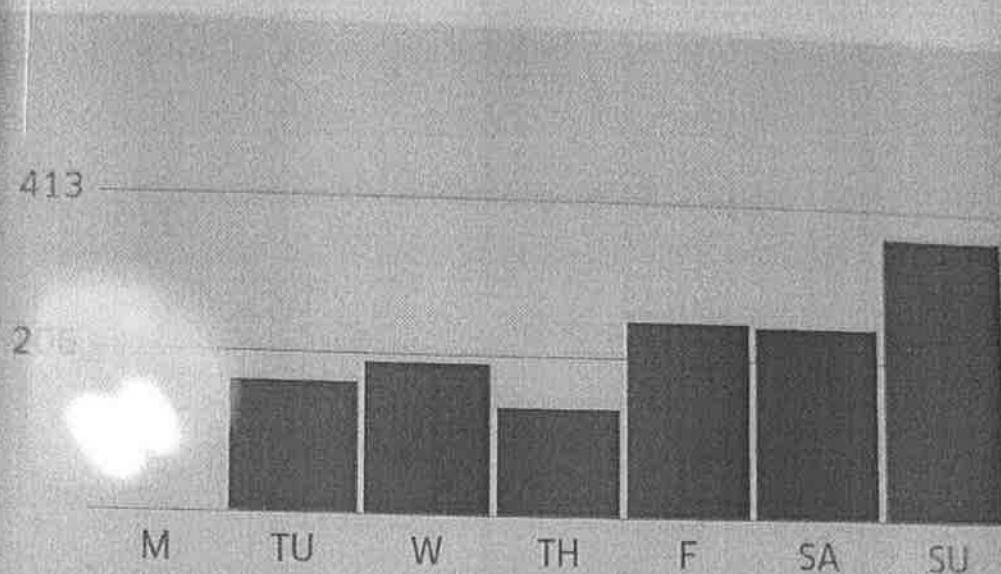
☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque





## WEEKLY SUMMARY

Dec 25, 2017 - Jan 1, 2018



### WEEKLY EARNINGS

# \$1,576.56

Earnings	\$1,576.56
Trip Earnings	\$1,283.81
Toll	\$9.50
Boost (Uber Partner Promotions)	\$93.21
Promotions	\$150.03
Referral Reward	\$0.01
Cleaning & Repairs	\$40.00
Payouts	-\$493.40
Cash Collected	-\$493.40

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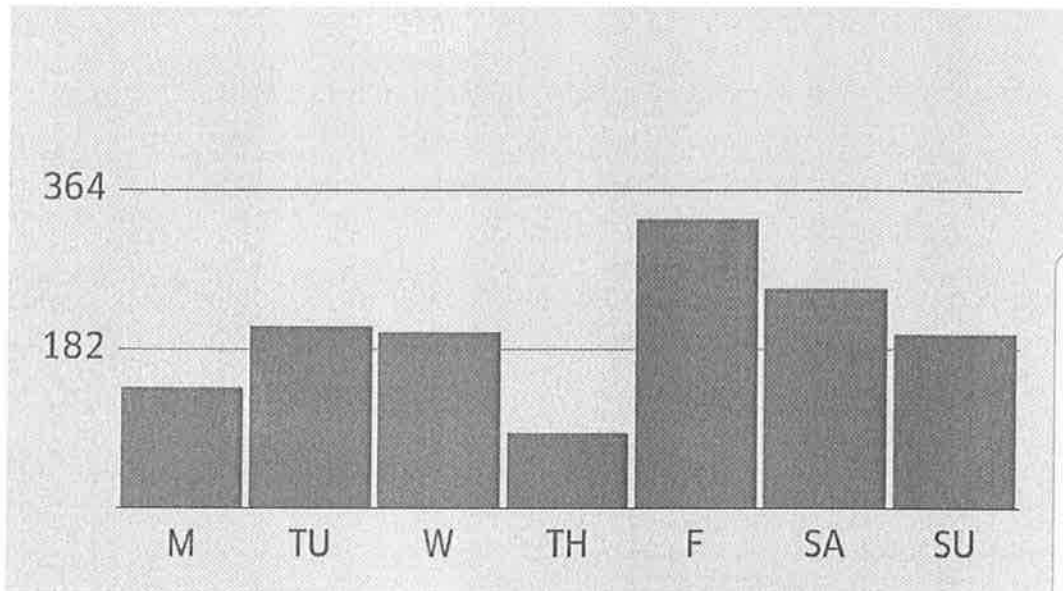
Direct Deposit	\$1,083.16
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## WEEKLY SUMMARY

Dec 18 - 25, 2017



### WEEKLY EARNINGS

**\$1,545.39**

#### Earnings

**\$1,545.39**

Trip Earnings

\$1,368.15

Boost (Uber Partner Promotions)

\$46.99

Promotions

\$130.24

Referral Reward

\$0.01

#### Payouts

-\$

Cash Collected

-\$



#### Direct Deposit

**\$1,308.09**



Bixby Vision



Scroll capture



Draw



Crop



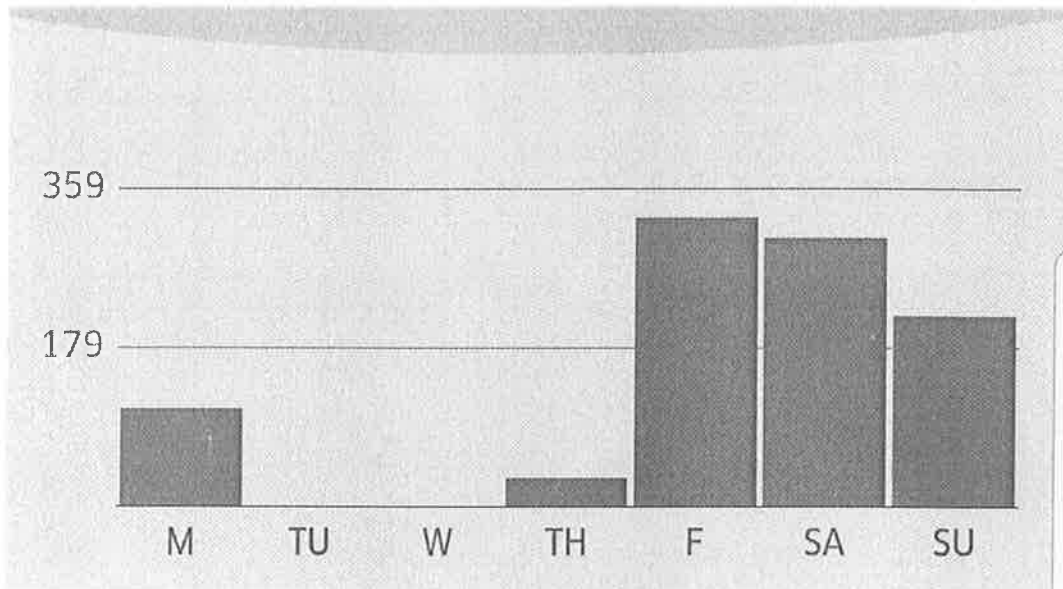
Share





← WEEKLY SUMMARY

Dec 11 - 18, 2017



WEEKLY EARNINGS

**\$1,137.68**

<b>Earnings</b>	<b>\$1,137.68</b>
Trip Earnings	\$951.98
Boost (Uber Partner Promotions)	\$34.98
Promotions	\$150.71
Referral Reward	\$0.01
<b>Payouts</b>	<b>-\$128.90</b>
Cash Collected	-\$128.90

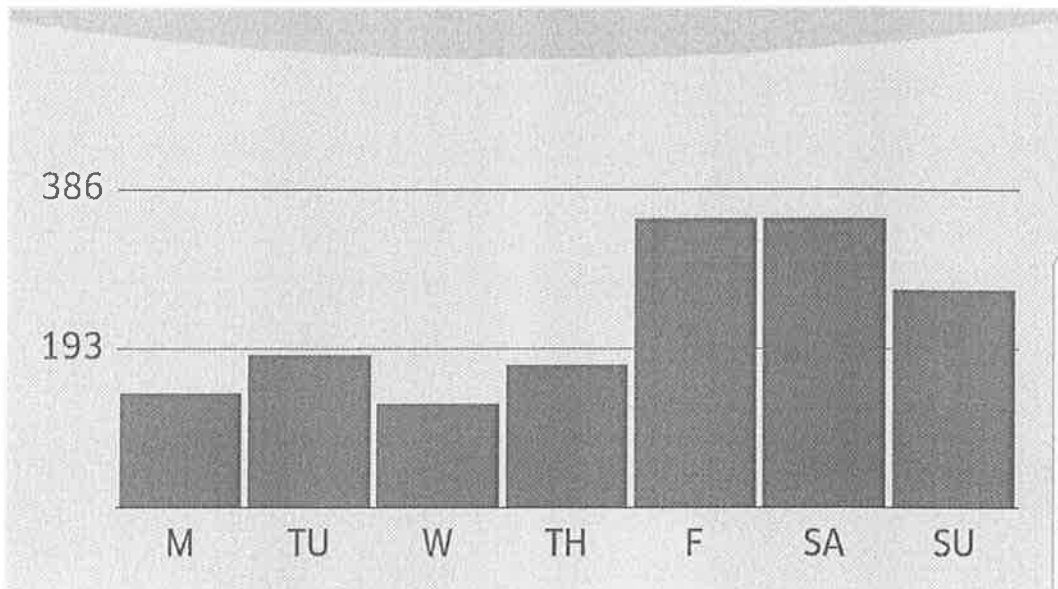
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<b>Direct Deposit</b>	<b>\$1,008.78</b>
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## WEEKLY SUMMARY

Dec 4 - 11, 2017



### WEEKLY EARNINGS

# \$1,875.34

<b>Earnings</b>	<b>\$1,875.34</b>
Trip Earnings	\$1,428.93
Boost (Uber Partner Promotions)	\$160.16
Promotions	\$286.24
Referral Reward	\$0.01
<b>Payouts</b>	<b>-\$424.50</b>
Cash Collected	-\$424.50

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<b>Direct Deposit</b>	<b>\$1,450.84</b>
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## 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 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 ability.
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 Report	05/01/2018 14:56
Date Of Accident	04/01/2018 16:20
Exact Location Of Accident	VEERASAMY ROAD -OPEN SPACE CARPARK CR31
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1690S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ETHOZCAB LTD
Co Reg No	201613943G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D17MTRENT000070
Cover Note Number	

### Driver

Name of Driver	NANCY TAN MEE KHIM
NRIC No	S7613279H
Date Of Birth	21/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1997
Driving Experience	20 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97719939
Fax Number	
Contact Number	
Email Address	NANCYTMK@HOTMAIL.COM

Address	BLK 633 VEERASAMY ROAD #08-122 SINGAPORE 200633
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7255E
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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.
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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:

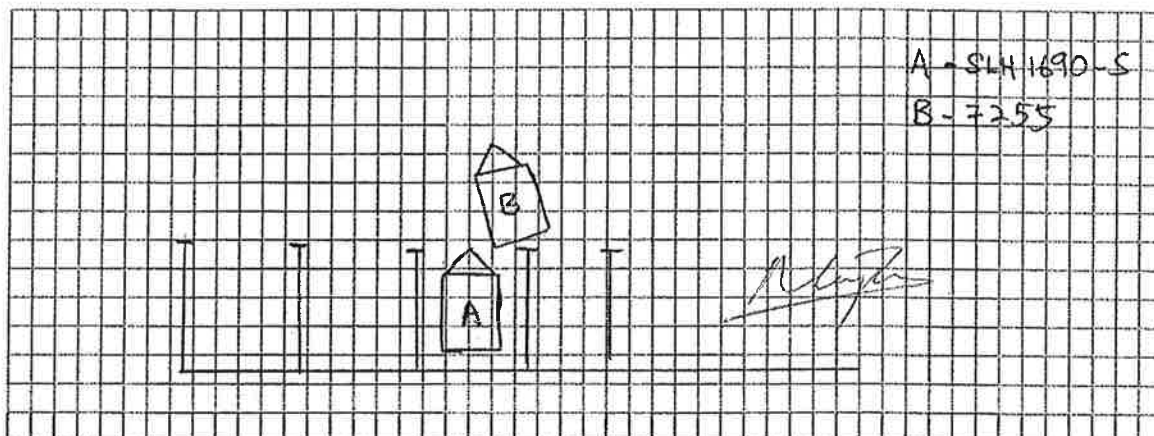


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Toh Khar Kian



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. Report No T/20180105/2009

*[Signature]*

<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.	<input checked="" type="checkbox"/>	- Reporting Only
	<input type="checkbox"/>	- Claim OD
	<input 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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: Roh Khar Kian  
Nric/Fin No.



**SINGAPORE  
POLICE FORCE**



T/20180106/2009

Police Station Of Origin:  
Rocher N.P.C  
11 Kampong Kapor Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20180106/2009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/01/2018 01:48		Vide Report No.:		Station Diary No.: 13	
<b>Informant's Particulars:</b>					
Name of Informant: NANCY TAN MEE KHIM			Address: APT BLK 633 VEERASAMY ROAD #08-122 SINGAPORE 200633		
ID Type / ID No.: NRIC NO / S7613279H			Contact No.: Home/Office: Mobile: 97719939		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 21/11/1976	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: UBER-DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident:</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/01/2018 16:20	Type of Location: Car Park
Location: Along Road 1 VEERASAMY ROAD  OPEN SPACE CARPARK CR31				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
7255 (Not Accurate)	Lorry					0
SLH1690S	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: NO	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180106/2009

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No: T/20180106/2009

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	NANCY TAN MEE KHIM	ID No.	S7613270H
Related Vehicle	NIL	Contact No.	97719930
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/01/2018 at about 0230hrs, I parked my vehicle at the open space car park of Veerasamy Road (CR31) and I went home. On the same day at about 1830hrs, I went back to retrieve my vehicle however I found out that my vehicle had some dents on its front right fender.

As such, I managed to retrieve my vehicle in car footage and I realized that at about 1610hrs, there was a silver lorry (registration no: believed to be with the digits 7285) had reversed and had hit onto my vehicle. The said vehicle then left the scene without doing anything.

I do have the in-car camera footage for the accident. I am lodging this report for police follow-up actions.



**SINGAPORE  
POLICE FORCE**



T/20180105/2009

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20180105/2009

**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:

A /

Sgt 2 BENJAMIN TAN MIN JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/01/2018 01:48

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168