

Letter of Demand

Your Ref : *SBB69T*
Our Ref : **OPR/04092018/TP-10066**
Date : **10/01/2019**

AXA INSURANCE PTE LTD
8 SHENTON WAY #27-01
AXA TOWER
Singapore - 068811

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SGU- 291-H, SBB69T ON 04/09/2018
AT BUKIT BATOK WEST AVE 6 CROSS JUNCTION

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)	
1. Repair Cost	428.00	
2. Loss Of Use (3 days)	240.00	→ Our Client would like to claim 3 day
3. Miscellaneous <i>GIA</i>	31.00	of loss use including pre-survey. Vehicle checkin on 18/09/18, Survey date on 19/09/2018

TOTAL **699.00**

Enclosed : Copies of Repair Cost Invoice, GIA Search 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,

Yee Jing Yeu *[Signature]*

CLAIM DEPARTMENT

DID : 6654 *7562*

FAX : *6654 7540*

EMAIL : jingyeu.yee@ethozgroup.com

TAX INVOICE

NGUI YONG SIANG
BLK 112 BT BATOK WEST AVE 6
#08-146
SINGAPORE - 650112

Tax Invoice : WS 1901/OPR0199
Invoice Date : 10-Jan-2019
Ref. No. : 18090171
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : SGU- 291-H

MAKE & MODEL : TOYOTA COROLLA ALTIS 1.6 (A)

ACCIDENT DATE : 04/09/2018

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			400.00
7 % GST			28.00



Total (S\$)	428.00
--------------------	---------------

E & O.E

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

No receipt will be issued.

Computer generated document no signature required.

CONTACT : YEE JING YEU
DID : 6654 7622
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 : NGUI YONG SIANG
Reference. No. : 18090171
Tax Invoice : WS 1901/OPR0199
Invoice Date : 10-Jan-2019
Invoice Amount : S\$ 428.00
Payment Due Date : 10-Jan-2019
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075





**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-18-136862

Date of Request: 05/09/2018

Your Ref No:

Online Purchase

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Enquiry Date 05/09/2018
Enquiry By Kenneth Cornelius
Vehicle No. SBB69T
Accident Date 04/09/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SBB69T	AXA Insurance Pte Ltd	09/06/2018-08/06/2019	6338 7288

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.



**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-18-136862

Date of Request: 05/09/2018

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Enquiry Date 05/09/2018
Enquiry By Kenneth Cornelius
TP Vehicle No. SBB69T
Accident Date 04/09/2018

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:

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-18-136904
Date of Request: 05/09/2018

Your Ref No: KENNETH BB

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 04/09/2018
Place of Accident: BUKIT BATOK WEST AVE 6 CROSS J
Client Vehicle No: SGU291H

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

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-18-137310
Date of Request: 05/09/2018

Your Ref No: KENNETH BB

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Kenneth

Dear Sir/Madam,

Date of Accident: 04/09/2018
Vehicle No: SGU291H
Place of Accident: BUKIT BATOK WEST AVE 6 CROSS JUNCTION
Involving Vehicle No: SBB69T

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SBB69T	BUKIT BATOK WEST AVE 6 CROSS JUNCTION	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

For GIARMC Official use:

Date:

GIRO Cash Cheque

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	05/09/2018 13:00
Date Of Accident	04/09/2018 18:05
Exact Location Of Accident	BKT BATOK BLOCK 109 HDB CP EXIT INTO BKT BATOK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBB69T
Insured/Policyholder	
Name Of Registered Owner	FOO BOON HWEE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA358136
Cover Note Number	

Driver

Name of Driver	FOO BOON HWEE
NRIC No	S1475157B
Address	106 BUKIT BATOK CENTRAL #07-223

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLOUDY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

PLEASE REFER AS ATTACHED

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	SGU291H
-----------------------------	---------

Vehicle Make/Model/Colour

TOYOTA/ALTIS

Name of Driver

NGUI YONG SIANG

Insurance Company Name

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Accident Sketch Plan

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 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 the 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.
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.

Johnnie 5 SEP 2018

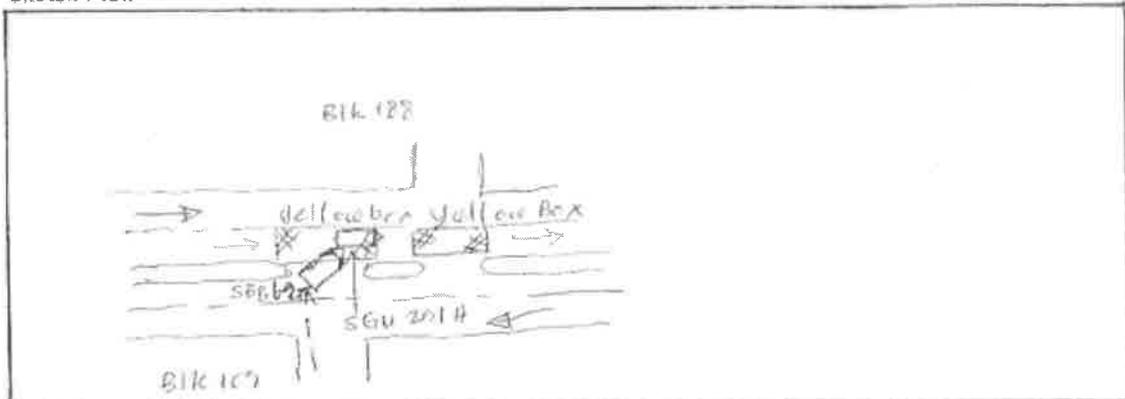
[Signature]

Policyholder's Signature / Date & Time
Time *4.00 AM*

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

On 4th Sep 2018 at around 1806 pm I was driving out of Bukit Batok HDB carpark (BLK 109) and exiting into Bukit Batok Ave 6 and turning right in to Ave 7

While I was in the process of making the right turn there was a traffic congestion at the junction, when the traffic on my right was cleared I start to move into the junction, at this moment all vehicle on the right/

side were stationary and yellow box was cleared. As I was entering into the yellow box and trying to keep left, suddenly SGH 2914 squeeze into the yellow box and I stopped and his back side (right) bumper hit my vehicle (SABBIT) on the front left side bumper.

Referring to highway code on application on yellow box, it is meant for turning vehicle during traffic congestion and must be left empty for turning vehicle to pre-occupy and align.

Even I have the right of way, I immediately stopped as still hit/glazed against my vehicle.

The damages on my vehicle are only minor scratches, and SGH 2914 damages are also minor scratches on the rear right side bumper.

I asked for private settlement, however it was turn down that why it lead me to submit this report.

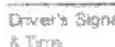
Because it is only a very minor repair I will do my own repair and not claim from insurance company.

Declaration

(We declare the foregoing particulars are true in every respect)

 18:06
5 Sep 2018

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

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	05/09/2018 09:37
Date Of Accident	04/09/2018 18:10
Exact Location Of Accident	BUKIT BATOK WEST AVE 6 CROSS JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU291H
Insured/Policyholder	
Name Of Registered Owner	NGUI YONG SIANG
NRIC No	S7242040C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93218773
Alternative Phone No	OFFICE-93218773

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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 CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00269962/03
Cover Note Number	28/04/2018-27/04/2019

Driver

Name of Driver	NGUI YONG SIANG
NRIC No	S7242040C
Date Of Birth	10/11/1972
Occupation	INDOOR
Date Of Driving Pass	23/12/1994
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93218773
Fax Number	
Contact Number	OFFICE-93218773
E-Mail Address	NOEMAIL

Address	BLK 112 BUKIT BATOK WEST AVENUE 6 08-146
Postcode	650112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

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 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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN

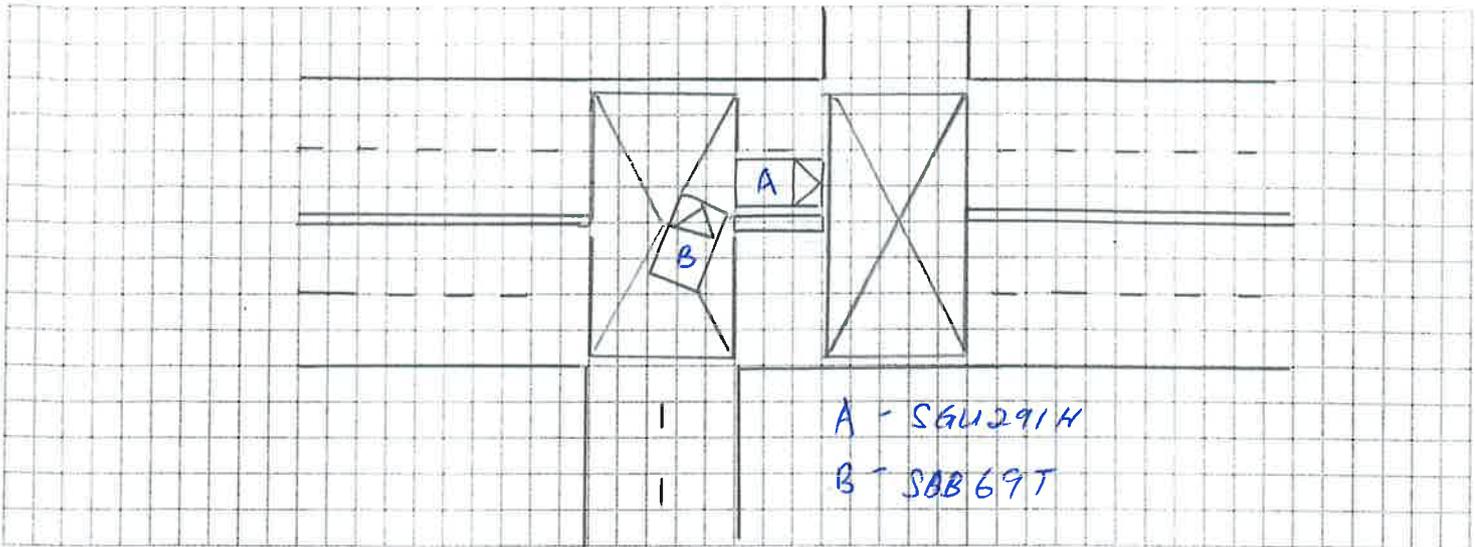
Attachment(s)

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	SBB69T
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO BOON HWEE
NRIC/Passport Number	
Contact Number	97360108
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Clear weather
- I was driving, in front of 2 yellow box junctions, were clear of vehicles. I drive ahead, then a public bus hand-signalled & cut into my lane. I stopped in response to avoid collision with the bus.
- At this time, the third party collided into my right rear bumper
- Attached video footage.

<p>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.</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.

[Signature]
5 Sep 2018

Policyholder's signature
Date & Time

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

[Signature]

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

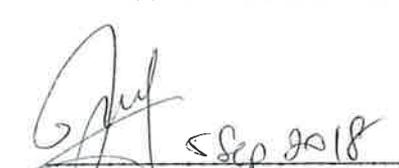
SKETCH PLAN

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: 5 Sep 2018

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


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