

31/10/2018  
REMINDER

**ETHOZ**

WITHOUT PREJUDICE

## Letter of Demand

Your Ref : SJF 8923J  
Our Ref : OCR/15092018/TP-9964  
Date : 27/09/2018

**LONPAC INSURANCE BHD.**  
BLK 100 BEACH ROAD  
-#19-00 SHAW TOWER  
Singapore - 189702

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SLJ-4766-C, SJF8923J ON 15/09/2018  
AT TEMBELING ROAD X KOON SENG ROAD

Dear Sir / Madam,

We would like to append our losses as follows :-

|                                     | AMOUNT (\$) |
|-------------------------------------|-------------|
| 1. Repair Cost                      | 6,955.00    |
| 2. Loss Of Use ( 7 days ) — 1 wheel | 560.00      |
| 3. Miscellaneous GIA Fees           | 31.00       |

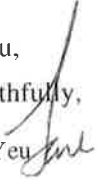
**TOTAL** 7,546.00

**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 Yee 

CLAIM DEPARTMENT

DID : 6654 7562

FAX : 6654 7540

EMAIL : jingyeu.yee@ethozgroup.com

## TAX INVOICE

**'K' LINE (SINGAPORE) PTE LTD**  
52/54/56 PECK SEAH STREET  
HERITAGE COURT  
SINGAPORE - 079319

**Tax Invoice : WS 1809/OFM0907**  
**Invoice Date : 27-Sep-2018**  
**Ref. No. : 18090831**  
**GST No. : M2-0057587-3**

Page 1

**VEHICLE NO. : SLJ-4766-C**

**MAKE & MODEL : MAZDA 3 1.5 (A) SEDAN STANDARD**

**ACCIDENT DATE : 15/09/2018**

| Description                             | Qty | Unit Price(S\$) | Amount (S\$) |
|---|-----|-----------------|--------------|
| BEING REPAIR COST FOR THE ABOVE VEHICLE |     |                 | 6,500.00     |
| 7 % GST                                 |     |                 | 455.00       |

|                    |                 |
|--------------------|-----------------|
| <b>Total (S\$)</b> | <b>6,955.00</b> |
|--------------------|-----------------|

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 : 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 : 'K' LINE (SINGAPORE) PTE LTD**  
**Reference. No. : 18090831**  
**Tax Invoice : WS 1809/OFM0907**  
**Invoice Date : 27-Sep-2018**  
**Invoice Amount : S\$ 6,955.00**  
**Payment Due Date : 27-Sep-2018**  
**Cheque No. : \_\_\_\_\_**

**ETHOZ GROUP 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-18-143070

Date of Request: 17/09/2018

Your Ref No:

Online Purchase

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

Enquiry Date 17/09/2018  
Enquiry By Suhelmi Bin Suharman  
Vehicle No. SJF8923J  
Accident Date 15/09/2018

**Enquiry Result**

| TP Vehicle No. | Insurer              | Period of Insurance   | Insurer Tel. No. |
|----------------|----------------------|-----------------------|------------------|
| SJF8923J       | Lonpac Insurance Bhd | 07/06/2018-12/06/2019 | +65 62507388     |

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.

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GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-143070

Date of Request: 17/09/2018

Your Ref No:

Online Purchase

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

Enquiry Date 17/09/2018  
Enquiry By Suhelmi Bin Suharman  
Vehicle No. SJF8923J  
Accident Date 15/09/2018

| 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-18-143068

Date of Request: 17/09/2018

Your Ref No: SUHELMI TAMPINES

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 15/09/2018

Place of Accident: TEMBELING ROAD X KOON SENG RD

Client Vehicle No: SLJ4766C

| DESCRIPTION                      | AMOUNT (S\$) |
|----------------------------------|--------------|
| 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-18-143290

Date of Request: 17/09/2018

Your Ref No: SUHELMI TAMPINES

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

Date of Accident: 15/09/2018

Vehicle No: SLJ4766C

Place of Accident: TEMBELING ROAD X KOON SENG ROAD

Involving Vehicle No: SJF8923J

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\$) |
|----------------------------------|---------------------------------|---------------|-----|--------------|
| SJF8923J                         | TEMBELING ROAD X KOON SENG ROAD | 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             | 17/09/2018 12:46            |
| Date Of Accident           | 15/09/2018 17:00            |
| Exact Location Of Accident | KOON SENG RD & TEMBELING RD |
| Country/State of Loss      | SINGAPORE                   |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SJF8923J                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | XIAO LIANGYU@ XIAO LIANG YI |
| <b>Vehicle Particulars</b>  |                             |
| Manufacturer                | HONDA                       |
| Model                       | CIVIC-1.8 L (A)             |
| Vehicle Category            | PRIVATE CAR                 |
| <b>Insurance Company</b>    |                             |
| Name of Insurance Company   | LONPAC INSURANCE BHD        |
| Type Of Coverage            | COMPREHENSIVE               |
| Fleet Policy                | NO                          |
| Policy Number               | Z18VP05018892               |
| Cover Note Number           |                             |

### Driver

|                |                                   |
|----------------|-----------------------------------|
| Name of Driver | XIAO LIANGYU@ XIAO LIANG YI       |
| NRIC No        | S2659378F                         |
| Address        | BLK 510B WELLINGTON CIRCLE #11-77 |

### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - HEAD ON COLLISION |
| Weather Conditions | CLEAR                         |

### 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

I CAN'T SEE TRAFFIC CLEAR. WHEN I CAME OUT FROM TEMBELING ROAD REACHING JUNCTION, SUDDENLY VEHICLE B COME TO HIT MY VEHICLE FRONT LH PORTION.

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLJ8766C

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



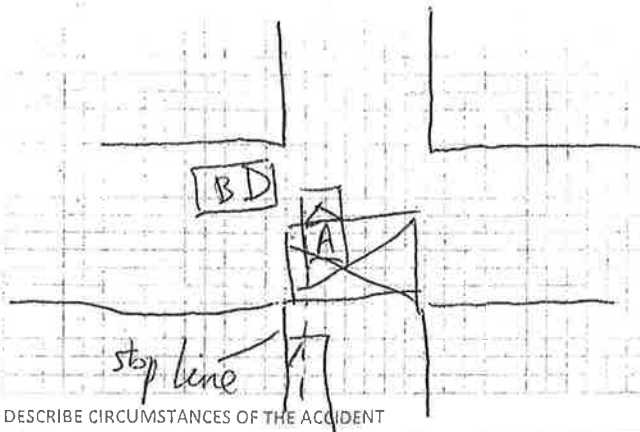
Policyholder's Signature  
Date & Time:

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

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

Save

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I can't see Traffic clear. went I come out from Tembeling Rd reach junction suddenly veh B come to hit my veh from LH prtion

*[Signature]*

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*  
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.:

61-04201200-00000000

## SINGAPORE ACCIDENT STATEMENT

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### ACCIDENT STATEMENT

|                            |                                 |
|----------------------------|---------------------------------|
| Date Of Report             | 17/09/2018 11:08                |
| Date Of Accident           | 15/09/2018 17:00                |
| Exact Location Of Accident | TEMBELING ROAD X KOON SENG ROAD |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLJ4766C        |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | ETHOZ GROUP LTD |
| Co Reg No                   | 198104531H      |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-66547777 |

### Vehicle Particulars

|  |                          |
|--|--------------------------|
| Manufacturer   | MAZDA                    |
| Model  | 3 1.5 (A) SEDAN STANDARD |
| 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 | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage          | THIRD PARTY                         |
| Fleet Policy              | NO                                  |
| Policy Number             | D17MTRENT000119                     |
| Cover Note Number         | 01/01/2018-31/12/2018               |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | TAN TAI LOONG PETER  |
| NRIC No              | S1641224D            |
| Date Of Birth        | 07/02/1964           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 19/07/1984           |
| Driving Experience   | 34 YEARS AND 1 MONTH |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-96150576 |
| Fax Number           |                      |
| Contact Number       |                      |
| EMail Address        | NOEMAIL              |

|   |                          |
|---|--------------------------|
| Address   | 114 SIMEI ST 1<br>08-616 |
| Postcode  | 520114                   |
| 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   | COLLISION - MAJOR/MINOR RD |
| 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?  | NO                                 |
| 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)   | 3                                  |
| Passenger 1   | NAME: : AN KIT<br>GENDER: : MALE   |
| Passenger 2   | NAME: : ELAINE<br>GENDER: : FEMALE |

#### 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 SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |               |
|-----------------------------|---------------|
| Vehicle Registration Number | SJF8923J      |
| Vehicle Make/Model/Colour   | HONDA CIVIC   |
| Details Of Properties       |               |
| Vehicle Category            | PRIVATE CAR   |
| Name of Driver              | XIAO LIANG YU |
| NRIC/Passport Number        | S2659378F     |
| Contact Number              | 98525325      |
| Address                     |               |
| Postcode                    |               |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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I understand, acknowledge, agree and consent that:

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  - (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.

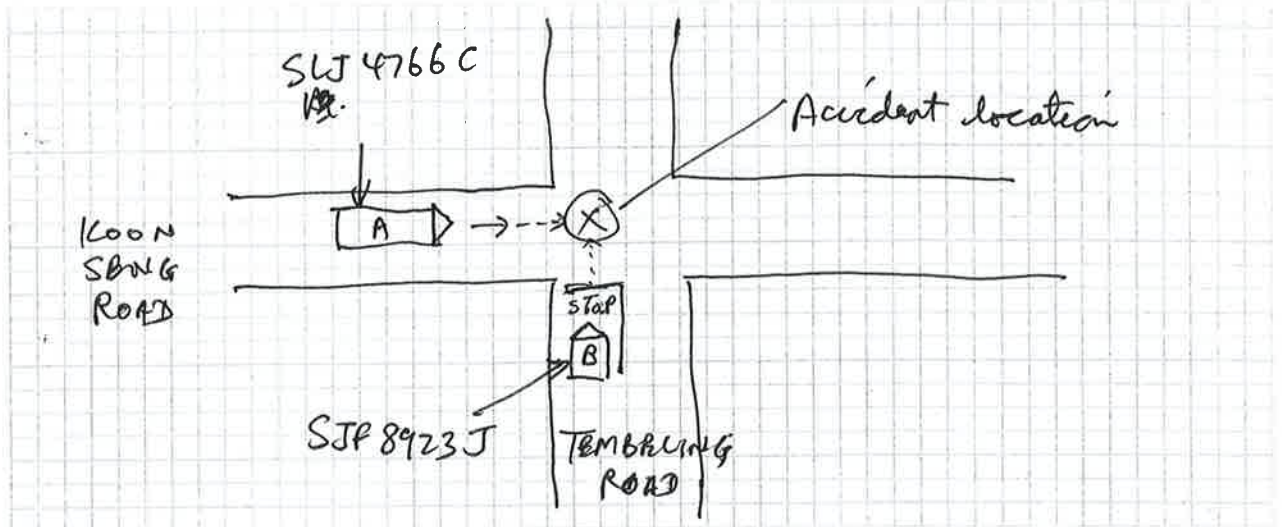


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE travelling along Koon Seng Road, nearing Tembeling Road junction, CAR (B) did not stop at the junction and drive straight across Koon Seng Road. Upon seeing CAR (B) moving across the junction, I immediately stepped brakes but it was ~~too~~ late. The ~~left~~ right front bumper hit the left side of Car (B).

Fortunately, nobody is injured.

It was clear CAR (B) failed to stop at the junction when he was trying to drive across the junction to the other side of Tembeling Road.

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

☐ 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: *Suhelmi*

NRIC/FIN No.: