

## Letter of Demand

Your Ref : *XE3516Z*  
Our Ref : **OCR/07112018/TP-10172**  
Date : 15/04/2019

**ERGO INSURANCE PTE. LTD.**  
5 TEMASEK BOULEVARD  
#04-01 SUNTEC TOWER FIVE  
Singapore - 038985

**Attn : Motor Claim Department**

**Subject : ACCIDENT INVOLVING VEHICLE NUM : GBG-8577-P, XE3516Z ON 07/11/2018**  
**AT PIE TUAS MERGING LANE FROM TOH TUCK AVE**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	1,551.50
2. Loss Of Use ( 4 days ) - <i>1 weekend</i>	480.00
3. Miscellaneous <i>GIA Fee</i>	2.00

**TOTAL** **2,033.50**

**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   
CLAIM DEPARTMENT

DID : 6654 *7562*

FAX : *6654 7540*

EMAIL : jingyeu.yee@ethozgroup.com

## TAX INVOICE

STAMFORD TYRES INTERNATIONAL PTE LTD  
19 LOK YANG WAY  
SINGAPORE - 628635

Tax Invoice : WS 1904/OFM0523  
Invoice Date : 15-Apr-2019  
Ref. No. : 18110265  
GST No. : M2-0057587-3

VEHICLE NO. : GBG-8577-P  
ACCIDENT DATE : 07/11/2018

MAKE & MODEL : TOYOTA DYNA 150 (EURO 6) 3.0 DIESEL G (M)

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Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			1,450.00
7 % GST			101.50

Total (S\$)	1,551.50
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E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ GROUP LTD

No receipt will be issued.

TERM OF PAYMENT STRICTLY 30 DAYS FROM DATE OF INVOICE.

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 : STAMFORD TYRES INTERNATIONAL PTE LTD  
Reference. No. : 18110265  
Tax Invoice : WS 1904/OFM0523  
Invoice Date : 15-Apr-2019  
Invoice Amount : S\$ 1,551.50  
Payment Due Date : 14-May-2019  
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-18-171818

Date of Request: 07/11/2018

Your Ref No:

Online Purchase

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

Enquiry Date 07/11/2018  
Enquiry By Hasbullah Bin Maspot  
TP Vehicle No. XE3516Z  
Accident Date 07/11/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XE3516Z	ERGO Insurance Pte. Ltd.	02/10/2018-01/10/2019	6829 9199

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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**TAX INVOICE**

Our Ref No: GR-18-171818

Date of Request: 07/11/2018

Your Ref No:

Online Purchase

ETHOZ Protect Pte Ltd  
30 Bukit Batok Crescent  
Singapore 658075

Dear Sir/Madam,

Enquiry Date 07/11/2018  
Enquiry By Hasbullah Bin Maspot  
TP Vehicle No. XE3516Z  
Accident Date 07/11/2018

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

## 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 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 Report	07/11/2018 12:10
Date Of Accident	07/11/2018 11:00
Exact Location Of Accident	PIE TUAS MERGING LANE FROM TOH TUCK AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8577P
<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	TOYOTA
Model	DYNA 150 5MT
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	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MTHCVE000160
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD FAWWAZ BIN ABDUL RASHID
NRIC No	S9047432D
Date Of Birth	13/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91144154
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	30 BUKIT BATOK CRESENT SINGAPORE 658075
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	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	2
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)	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 SKETCH PLAN

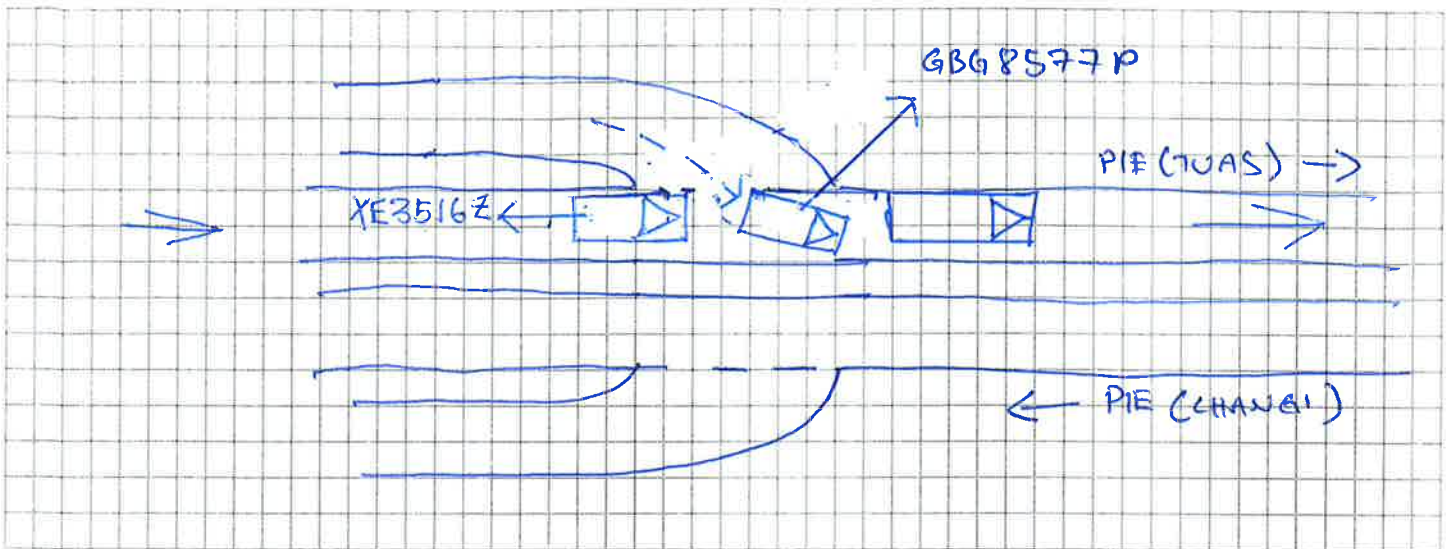
#### Attachment(s)

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	XE3516Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am merging into PIE (TUAS). The first truck didn't want to give <sup>way</sup> so I slowed down trying to merge behind him. ~~But~~ Behind was lorry XE3516Z he saw me coming yet he accelerated and hit my lorry. I had no more space if I didn't merge I will drive into the road shoulder.

### 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.

	- 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

*[Signature]*

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

*[Signature]*

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

## SKETCH PLAN

### IMPORTANT NOTICE

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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.: