

Letter of Demand

Your Ref : *SHA4015G*
Our Ref : **OPR/07122019/TP-10470** — *SLR23562*
Date : 17/04/2020

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET, #04 / #05
IOB BUILDING
Singapore - 049711

Attn : Motor Claim Department
Subject : ACCIDENT INVOLVING VEHICLE NUM : SLR-2356-Z, SHA4015G ON
07/12/2019 AT HDB HUB TOA PAYOH

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	2,431.81
2. Loss Of Rental (3 days)	385.20
3. Miscellaneous <i>GIA Fees</i>	29.00

TOTAL **2,846.01**

Enclosed : Copies of Repair Cost Invoice, Hiring Agreement, 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

MR. TAN GIM KUAY
- 49 HINDHEDE WALK #03-11
SINGAPORE - 587976

Tax Invoice : WS 2004/OPR0170
Invoice Date : 17-Apr-2020
Ref. No. : 19120373
GST No. : M2-0057587-3

VEHICLE NO. : SLR-2356-Z
ACCIDENT DATE : 07/12/2019

MAKE & MODEL : HYUNDAI ELANTRA AD 1.6 GLS AT

Page 1

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			2,272.72
7 % GST			159.09

Total (S\$)	2,431.81
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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 : MR. TAN GIM KUAY
Reference. No. : 19120373
Tax Invoice : WS 2004/OPR0170
Invoice Date : 17-Apr-2020
Invoice Amount : S\$ 2,431.81
Payment Due Date : 17-Apr-2020
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075





RECORDS MANAGEMENT CENTRE

**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-19-202313

Date of Request: 09/12/2019

Your Ref No: RAKESWARAN ANAND (BUKIT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 07/12/2019

Place of Accident: HDB HUB TOA PAYOH

Client Vehicle No: SLR2356Z

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

ETHOZ Group Ltd GST NUM : M2-0057587-3 UEN : 198104531H	 ETHOZ HA NUM : HA-179153
HIRING AGREEMENT	
Vehicle No. : SKX-8390-P Make & Model : NISSAN SYLPHY 1.6 L PREMIUM (A)	

Hirer : TAN GIM KUAY
 NRIC : ****998G
 DOB : 17/07/1976
 Address : - 49 HINDHEDE WALK #03-11
 SINGAPORE - 587976
 Email :

ERP Num : 1126369255
 Nationality : SG
 Home :
 Office :
 HP : 97809548
 Fax :

RENTAL RATE	No of days : 4 Start : 02/01/2020 Return : 06/01/2020	CHARGES
Daily : S\$133.00 / Day	DEPOSIT	Rental Payable : S\$532.00
CDW : NIL	Amount : S\$1,000.00 Payment Mode :	
EXCESS SINGAPORE : S\$2,000.00	RENTAL PAYMENT	
FUEL Full tank premium grade fuel upon return. Otherwise, ETHOZ rates apply.	Mode :	GST @7% : S\$37.24
Signature	Delivery : DRIVE OUT @ HQ ON 02/01/2020	Amount Due : S\$569.24
PAI : NIL	Collection : SELF RETURN @ HQ ON 06/01/2020	
	Remarks : Accident Vehicle No.: SLR-2356-Z STRICTLY SINGAPORE USE. An additional Excess of S\$1,000 on top of the stipulated excess for drivers with less than 2 years driving experience or above 60 years of age	

DRIVER DETAILS			
Name : TAN GIM KUAY	NRIC : ****998G	DOB : 17/07/1976	
Address : - 49 HINDHEDE WALK #03-11	Nationality : SG		
	587976 (S)		
Contact No : 97809548(HP)			

HIRER'S DECLARATION

I/We agree to the terms and conditions above and as set out overleaf.

If I/We opt to pay by credit/charge card, my/our signature here is

deemed to have been made on the applicable credit card charge slip.

Upon notification that your vehicle is ready for collection, you are to return SKX-8390-P NISSAN SYLPHY 1.6 L PREMIUM (A) within the day. Failing which, daily rental rate of \$133 will apply from the day of notification.

Authorised Signatory & Company Stamp

Tan Gim Kuay
 Name, Designation

Date : 2/1/2020

For ETHOZ Group Ltd
 RAKESWARAN ANAND
 Prepared By : Toh Yi Xin
 TEL : 66547892
 FAX : 66547545

**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-19-202936

Date of Request: 09/12/2019

Your Ref No: RAKESWARAN ANAND (BUKIT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Date of Accident: 07/12/2019
Vehicle No: SLR2356Z
Place of Accident: HDB HUB TOA PAYOH
Involving Vehicle No: SHA4015G

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\$)
SHA4015G	HDB HUB TOA PAYOH	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 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	07/12/2019 12:19
Date Of Accident	07/12/2019 10:25
Exact Location Of Accident	HDB HUB SERVICE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4015G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	ONG MIN SING
NRIC No	S0034675F
Address	175D 07-537 PUNGGOL FIELD

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2

Circumstances of Accident

SEE ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLR2356Z

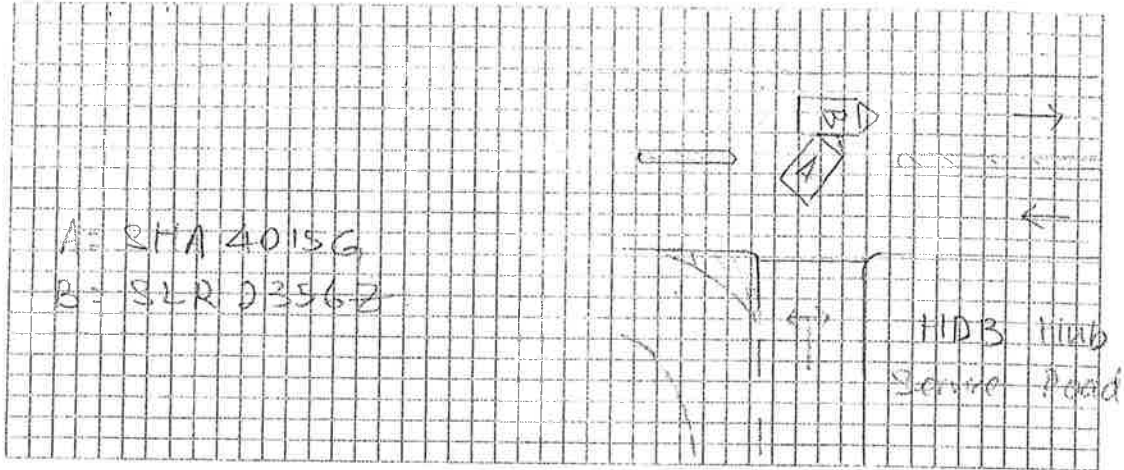
Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/12/19 at about 10:25 hrs, I Veh A turning right at above said location after I checked traffic is clear. In the process, Veh B come out from my left hand side came into collision with my taxi. Veh B right rear portion grazed onto the front left portion of my taxi. 01 female passenger in my taxi. No injury reported in this accident.

DECLARATION

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

PORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

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.:

Loke Wei Yieng

Sketch Plan Pg. 2

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.

UMFORD TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	07/12/2019 13:04
Date Of Accident	07/12/2019 10:10
Exact Location Of Accident	HDB HUB TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2356Z
Insured/Policyholder	
Name Of Registered Owner	TAN GIM KUAY
NRIC No	S7609998G
Email Address	SUNQX@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97809548
Alternative Phone No	OFFICE-97809548

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00009711-01
Cover Note Number	07/08/2019-06/08/2020

Driver

Name of Driver	TAN GIM KUAY
NRIC No	S7609998G
Date Of Birth	04/04/1976
Occupation	INDOOR
Date Of Driving Pass	03/01/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-97809548
Fax Number	
Contact Number	OFFICE-97809548
EEmail Address	SUNQX@HOTMAIL.COM

Address	49 HINDHEDE WALK #03-11
Postcode	587976
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	SHA4015G
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG MIN SING
NRIC/Passport Number	S0034675F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE


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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:

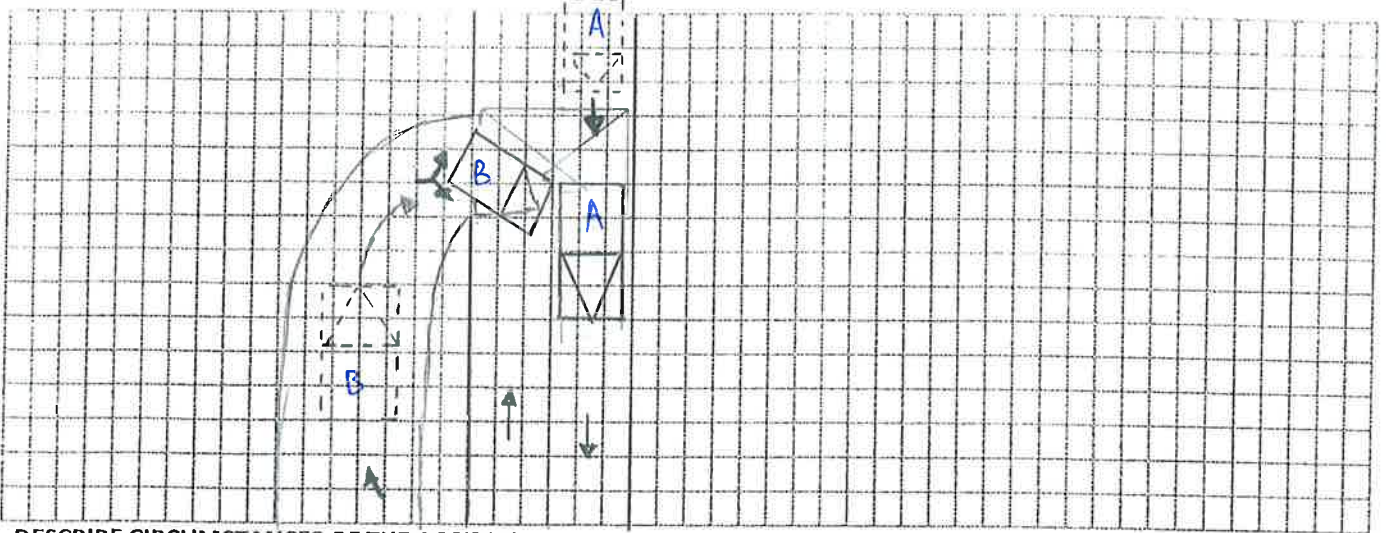
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Rajeswaran. Amand.
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of Campus towards main road, a taxi went to exit and accidentally hit my rear door (right side)

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.

[Signature]

Policyholder's signature
Date & Time

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

[Signature]

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