

Letter of Demand

Your Ref : SHC 8601C
Our Ref : OCR/22052020/TP-10520 — SML 4816U
Date : 14/07/2020

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

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SML-4816-U, SHC8601C ON
22/05/2020 AT WOODLANDS AVE 12

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	3,691.50
2. Loss Of Use (6 days) — 1 weekend	480.00
3. Miscellaneous GIA Fee	29.00

TOTAL 4,200.50

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 7502

FAX : 6654 7540

EMAIL : jingyeu.yee@ethozgroup.com

TAX INVOICE

DOKA FORMWORK PTE LTD
25 INTERNATIONAL BUSINESS PARK
#02-128 GERMAN CENTRE
SINGAPORE - 609916

Tax Invoice : WS 2007/OFM0128
Invoice Date : 14-Jul-2020
Ref. No. : 20050580
GST No. : M2-0057587-3

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VEHICLE NO. : SML-4816-U
ACCIDENT DATE : 22/05/2020

MAKE & MODEL : HONDA VEZEL 1.5 (A) X

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			3,450.00
7 % GST			241.50

Total (S\$)	3,691.50
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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 : 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 : DOKA FORMWORK PTE LTD
Reference. No. : 20050580
Tax Invoice : WS 2007/OFM0128
Invoice Date : 14-Jul-2020
Invoice Amount : S\$ 3,691.50
Payment Due Date : 14-Jul-2020
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

TAX INVOICE

Our Ref No: GR-20-065799
Date of Request: 26/05/2020

Your Ref No: JACKSON TEO (BB)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 22/05/2020
Place of Accident: WOODLANDS AVE 12
Client Vehicle No: SML4816U

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-20-065806
Date of Request: 26/05/2020

Your Ref No: JACKSON TEO (BB)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Date of Accident: 22/05/2020
Vehicle No: SML4816U
Place of Accident: WOODLANDS AVE 12
Involving Vehicle No: SHC8601C

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\$)
SHC8601C	WOODLANDS AVE 12	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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque