

Letter of Demand

Your Ref : *GBC1252T*
Our Ref : **OCR/16102020/TP-10605** — *GBK4395C*
Date : 30/11/2020

LONPAC INSURANCE BHD.

BLK 100 BEACH ROAD
-#19-00 SHAW TOWER
Singapore - 189702

Attn : **Motor Claim Department**

Subject : **ACCIDENT INVOLVING VEHICLE NUM : GBK-4395-C, GBC1252T ON
16/10/2020 AT CTE TOWARDS CITY BEFORE PIE EXIT**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	6,691.66
2. Loss Of Use (8 days) — <i>1 weekend</i>	960.00
3. Miscellaneous <i>GIA Fee</i>	2.00

TOTAL **7,653.66**

Enclosed : Copies of Repair Cost Invoice, GIA Search Invoice, GIA Report & Police 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 *[Signature]*

CLAIM DEPARTMENT

DID : 6654 *7562*

FAX : *6654 7540*

EMAIL : jingyeu.yee@ethozgroup.com

TAX INVOICE

PEST-PRO MANAGEMENT PTE. LTD.
3A INTERNATIONAL BUSINESS PARK
#11-05 ICON@IBP
SINGAPORE - 609935

Tax Invoice : WS 2011/OFM0053
Invoice Date : 30-Nov-2020
Ref. No. : 20100907
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : GBK-4395-C

MAKE & MODEL : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A) EURO 6

ACCIDENT DATE : 16/10/2020

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			6,253.89
7 % GST			437.77



Total (S\$)	6,691.66
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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 : PEST-PRO MANAGEMENT PTE. LTD.
Reference. No. : 20100907
Tax Invoice : WS 2011/OFM0053
Invoice Date : 30-Nov-2020
Invoice Amount : S\$ 6,691.66
Payment Due Date : 29-Dec-2020
Cheque No. : _____

ETHOZ GROUP 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

Third Party Insurer Enquiry

Our Ref No: GR-20-127002

Date of Request: 19/10/2020

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Enquiry Date 19/10/2020
Enquiry By JACKSON TEO Ban Chye
TP Vehicle No. GBC1252T
Accident Date 16/10/2020**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBC1252T	EQ Insurance Company Ltd	16/03/2020-18/05/2021	6223 9433
GBC1252T	Lonpac Insurance Bhd	19/03/2020-18/03/2021	+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.

This is a computer generated document and requires no signature.

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GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-127002

Date of Request: 19/10/2020

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Enquiry Date 19/10/2020
Enquiry By JACKSON TEO Ban Chye
TP Vehicle No. GBC1252T
Accident Date 16/10/2020

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	19/10/2020 09:51
Date Of Accident	16/10/2020 20:00
Exact Location Of Accident	CTE TOWARDS CITY BEFORE PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4395C
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	1XXXXX531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 DIESEL G (A) EURO 6
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D20MTHCVE001720
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NORMAN SAH BIN ABU BAKAR
NRIC No	SXXXX168H
Date Of Birth	06/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2015
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91870414
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 753 YISHUN ST 72 #03-492
Postcode	760753
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 - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT & 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	GBC1252T
Vehicle Make/Model/Colour	NISSAN URVAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KARRI VENKATESWARA REDDY
NRIC/Passport Number	GXXXXX821L
Contact Number	90353583
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

SKETCH PLAN

Sketch Plan details:

- Exit for leaving chain & bulldozer
- Exit for P/E Charge
- CTE Towards city.
- 3rd, 2nd, 1st
- X - Damaged parts
- B - Third party (ABC/252T)
- A - GBK 4295C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to police report attached.

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

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

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



SINGAPORE POLICE FORCE



T/20201017/2004

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

→ Report No. T/20201017/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2020 00:48		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: MOHAMMAD NORMAN SAH BIN ABU BAKAR			Address: APT BLK 753 YISHUN STREET 72 #03-492 SINGAPORE 760753		
ID Type / ID No.: NRIC NO / S7606168H			Contact No.: Home/Office: Mobile: 91870414		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 06/02/1976	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PEST CONTROL			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/10/2020 20:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1252T	Van					7
GBK4395C	Van	NISSAN	NV350 PANEL		Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201017/2004

2 of 3

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20201017/2004

CONTINUATION OF REPORT

Driver				
Name	MOHAMMAD NORMAN SAH BIN ABU BAKAR		ID No.	S7606168H
Related Vehicle	GBK4395C (Van)		Contact No.	91870414
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/10/2020	Date Discharge	16/10/2020	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	KARRI VENKATESWARA REDDY		ID No.	G7352821L
Related Vehicle	NIL		Contact No.	90353583
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 16/10/20 at about 2000hrs, I was driving my vehicle(GBK4395C) along CTE toward CTY on the third lane. Out of sudden, I felt and heard an impact on my front left passenger seat. I stopped and exited my vehicle and discovered GBC1252T had hit onto my vehicle. Subsequently AETOS came and we shifted our vehicle to settle the matter. The driver inform me he was driving on the fourth lane when the vehicle infront of him jammed break as such he turn his vehicle to my lane to avoid the collision with the car infront of him. No government property was damaged, no ambulance came and no traffic police came to scene. We exchanged particulars and left scene. I am lodging this report as at about 2300hrs I went to CENTRAL 24-HR CLINIC in Yishun as I felt some pains on my leg due to the accident. I was given 3 days Medical Certificate(MC NO.: 0000376228). I do have an in-car camera installed infront of my car.



**SINGAPORE
POLICE FORCE**



T/20201017/2004

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20201017/2004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

Sgt 2 MUHAMMAD RAIHAN BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/10/2020 00:48

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

SN 083

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force