

Letter of Demand

Your Ref : **SKR1975E**
Our Ref : **OPR/05122020/TP-10646 — SLM66279**
Date : 01/02/2021

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET, #04 / #05

IOB BUILDING

Singapore - 049711

Attn : Motor Claim Department**Subject : ACCIDENT INVOLVING VEHICLE NUM : SLM-6627-S, SKR1975E, SHD6067C, SHD9045U, SLT4389E ON 05/12/2020 AT AYE TOWARDS MCE AT 9.5KM**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	16,050.00
2. Loss Of Use (20 days)	1,600.00
3. Medical Fees	123.40
4. Miscellaneous — GIA Fee	2.00

Handwritten notes:
3 weekends 13/12/2020, 20/12/2020, 27/12/2020
1 Holiday 25/12/2020

TOTAL 17,775.40

Enclosed : Copies of Repair Cost Invoice, GIA Search, 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 Yeu

CLAIM DEPARTMENT

DID : 6654 7562

FAX : 6654 7560

EMAIL : jingyeu.yee@ethozgroup.com

TAX INVOICE

Mr. ~~H~~ASHIM BIN JAMID
BLK ~~9~~80 JURONG WEST STREET 93
#09-~~3~~39
SINGAPORE - 640980

Tax Invoice : WS 2102/OPR0150
Invoice Date : 01-Feb-2021
Ref. No. : 20120380
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : SLM-6627-S

MAKE & MODEL : MITSUBISHI LANCER EX 1.6 AT LED TAIL LAMP 1590

ACCIDENT DATE : 05/12/2020

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			15,000.00
7 % GST			1,050.00



Total (S\$)	16,050.00
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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. HASHIM BIN JAMID
Reference. No. : 20120380
Tax Invoice : WS 2102/OPR0150
Invoice Date : 01-Feb-2021
Invoice Amount : S\$ 16,050.00
Payment Due Date : 01-Feb-2021
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075




INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SKR1975E

Date of Accident

05/12/2020 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance India International

Period of Insurance 11/05/2020 - 10/05/2021

Requested By Rakesh Anand (ETHOZ PROTE...)

Requested Date 07/12/2020 13:33

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



TO:

MDM. SITI JUMIAH BINTE RASIH
BLK 980 #09-339
JURONG WEST ST 93
SINGAPORE - 640980

MRN/NRIC : S1820952G
CASE NO : 1521257107B-00001
VISIT DATE : 05.12.2020 13:17
LOCATION : NCA&E
INVOICE DATE : 05.12.2020
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0069889-4

PATIENT NAME : SITI JUMIAH BINTE RASIH
LOCATION : EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE

AMOUNT

A&E Facility/Service Fee	242.00
Full Blood Count	26.40
Renal Panel 1 Ext	62.30
Troponin I, Quantitative	26.00
XR, CHEST, AP/PA	35.00
XR, SHOULDER, LEFT	50.00
KETOPROFEN 30MG PLAST (KEFENTECH) 7S/8S	2.40

Total Charges	444.10
Government Subsidy	320.70-
Total Amount Payable	123.40

PAYMENT:

SITI NURSYAFIAH (VISA - 05.12.2020 , RECEIPT #: N014526038) 123.40

TOTAL DUE AFTER PAYMENT

0.00

DUE FROM:

SITI JUMIAH BINTE RASIH 0.00

FOR INFORMATION

Total amount payable after GST is \$132.04.

Total GST for this bill at 7% is \$8.64 which is absorbed by the Government.

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 Submission	07/12/2020 17:41 (SGT)
Date of Accident	05/12/2020 12:35 (SGT)
Exact Location of Accident	Near Aft Jurong Town Hall Rd, Singapore
Additional Location Information	AYE TOWARDS MCE AT 9.5KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6627S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HASHIM BIN JAMID
NRIC No	SXXXX590E
Email Address	hash0841@gmail.com
Mobile Phone No	(Phone) +65-96487710
Alternative Phone No	(Home) +65-96487710

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTPV01004394
Cover Note Number	05/04/2020-04/04/2021

DRIVER

Name of Driver	HASHIM BIN JAMID
NRIC No	SXXXX590E
Date Of Birth	26/11/1967
Occupation	Indoor

Date Of Driving Pass	15/04/1996
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96487710
Alt. phone Number	(Home) +65-96487710
Email Address	hash0841@gmail.com
Address	BLK 980 JURONG WEST ST 93 #09-339
Address complement	-
Postcode	640980
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Siti Jumiah
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the 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	SKR1975E
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Amanda Tan
Contact Number	(Phone) +65-98456098
Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD6067C
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SMRT TAXI
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHD9045U
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLT4389E
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED₁

Name of injured person	Siti Jumiah Binte Rasih
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLM6627S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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. 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:

07 Dec 20 @ 1.15pm

Driver's Signature

(If driver is not the policyholder)

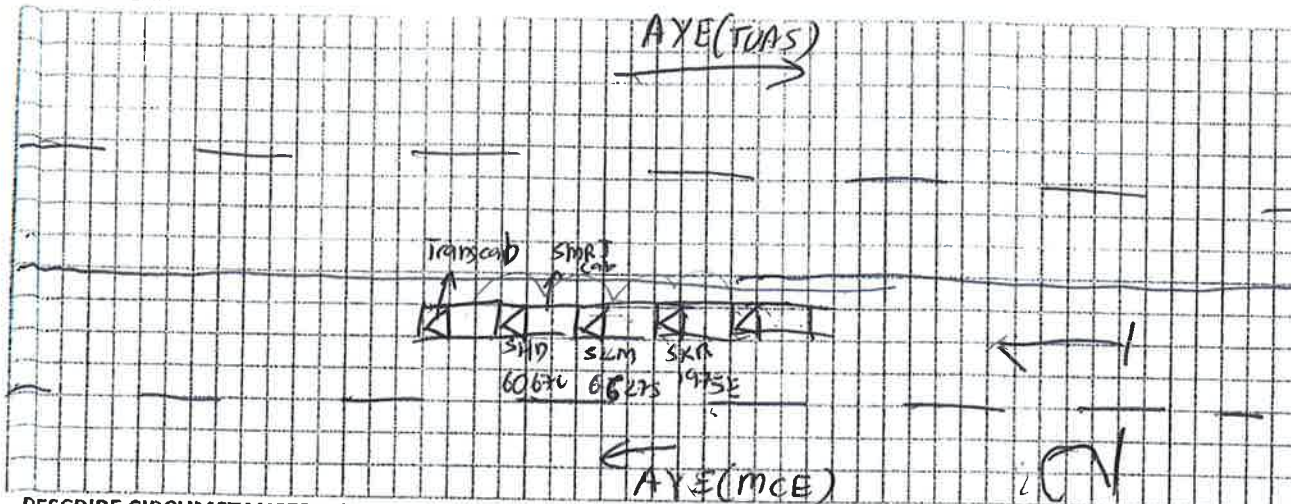
Date & Time:

Reporting Centre Personnel's Signature

Name: Rakesh Kumar Arora

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on the AYE (MCE) at 9.7km. The traffic was moderate. As I was driving, the taxi in front of us suddenly brake and we then proceed to brake as well. We managed to brake on time. However, we suddenly got hit by the car behind us followed by it's quickly with another bang of another car. This then carried us to crash onto the taxi in front of us (SHD 6067C). In total, 5 cars were ~~involved~~ involved including ours, which was right in the middle:

First Taxi - SHD 905PU

Second Taxi right in front of us - SHD 6067C

The car behind us - SKR 1975E

The last vehicle - SLT 4389E

The two taxis in front of us left the scene before the arrival of the traffic police and they did not want to exchange their particulars.

From the sudden impact, our airbag for both driver and passenger was inflated. My wife felt pain on her left chest and face due to the hard impact from the airbag. There was a slight cut on her left cheek. When the ambulance arrived, she was transported to A&E NUH and was discharged with 1 day MC after x-ray.

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

07 Dec 20 @ 1.15pm

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: Palesubram Anand

Nric/Fin No.



SINGAPORE POLICE FORCE



T/20201206/7001

1 of 4

Report No. T/20201206/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2020 00:36		Vide Report No.: D/20201205/0074		Station Diary No.:	
Informant's Particulars					
Name of Informant: HASHIM BIN JAMID			Address: APT BLK 980 JURONG WEST STREET 93 #09-339 SINGAPORE 640980		
ID Type / ID No.: NRIC NO / S1811590E			Contact No.: Home/Office: Mobile: 96487710		
Nationality: SINGAPORE CITIZEN			Email: hash0841@gmail.com		
Sex: Male	Age: 53	Date of Birth: 26/11/1967	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Senior Technician			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2020 12:35	Type of Location: Highway
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD6067C	Car	TOYOTA	Prius	Maroon	Slightly Damaged	4
SKR1975E	Car	HONDA		Silver	Seriously Damaged	0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLM6627S	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM6627S	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV0100439 4	05/04/2020	04/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SITI JUMIAH BINTE RASIH	ID No.	S1820952G
Related Vehicle	SLM6627S (Car)	Contact No.	96475677
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/12/2020	Date	05/12/2020
No. of Days granted Medical Leave	01	Degree of	Slight
Driver			
Name	HASHIM BIN JAMID	ID No.	S1811590E
Related Vehicle	SLM6627S (Car)	Contact No.	96487710
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

The accident happened on the AYE (MCE) at 9.7km.

The traffic was moderate. As I was driving, the taxi in front of us suddenly brake and we then proceed to brake as well.

We managed to brake on time. However, we suddenly got hit by the car behind us followed quickly with another bang of another car.

This then caused us to crash into the taxi in front of us (SHD6067C).

In total, 5 cars were involved including ours, which was right in the middle.



**SINGAPORE
POLICE FORCE**



T/20201206/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201206/7001

CONTINUATION OF REPORT

First Taxi - SHD9054U
Second Taxi right in front of us - SHD6067C
The car behind us - SKR1975E
The last vehicle - SLT4389E

The two taxis in front of us left the scene before the arrival of the traffic police and they did not want to exchange their particulars.

From the sudden impact, our airbags for both driver and passenger inflated.

My wife felt pain on her left chest and face due to the hard impact from the airbag. There was a slight cut on her left cheek.

When the ambulance arrived, she was transported off to the A&E at NUH.

My wife was discharged from A&E at around 4:13pm after being x-ray and reviewed by the doctor. She was given a day of medical leave.

The police on-site had retrieved our SD card from our car camera. We took photos of the crash site as well.



**SINGAPORE
POLICE FORCE**



T/20201206/7001

4 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tele No: 65470000

Report No. T/20201206/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/12/2020 00:36

Classification Of Case: