

## Letter of Demand

Your Ref : SH8964Z  
Our Ref : OCR/17122020/TP-10625 - SMT3768P  
Date : 12/01/2021

### INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET, #04 / #05  
IOB BUILDING  
Singapore - 049711

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SMT-3768-P, SH8964Z ON 17/12/2020  
AT JLN BOON LAY > JLN AHMAD IBRAHIM

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	3,729.67
2. Loss Of Use ( 7 days ) - 1 weekend & 1 PH	560.00
3. Miscellaneous - GIA Fee	29.00

**TOTAL** 4,318.66

**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,

Joyce Choo



CLAIM DEPARTMENT

DID : 66547920

FAX : 66547540

EMAIL : joyce.choo@ethozgroup.com

## TAX INVOICE

**ETHOZ Group Ltd**  
30 BUKIT BATOK CRESCENT  
SINGAPORE - 658075

**Tax Invoice** : WS 2101/OFM0021  
**Invoice Date** : 12-Jan-2021  
**Ref. No.** : 20120918  
**GST No.** : M2-0057587-3

**VEHICLE NO. : SMT-3768-P**  
**ACCIDENT DATE : 17/12/2020**

**MAKE & MODEL : KIA CERATO L 1.6 (A)**

Page 1

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			3,485.67
7 % GST			244.00

<b>Total (S\$)</b>	<b>3,729.67</b>
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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 : JOYCE CHOO  
DID : 66547920  
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** : ETHOZ Group Ltd  
**Reference. No.** : 20120918  
**Tax Invoice** : WS 2101/OFM0021  
**Invoice Date** : 12-Jan-2021  
**Invoice Amount** : S\$ 3,729.67  
**Payment Due Date** : 12-Jan-2021  
**Cheque No.** : \_\_\_\_\_

**ETHOZ GROUP LTD**  
**30 BUKIT BATOK CRESCENT**  
**SINGAPORE 658075**





RECORD 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

Date of Request: 18/12/2020

Your Ref No: 940425

Dear Sir/Madam,

Date of Accident: 17/12/2020 00:00 (SGT)

Vehicle No: SMT3768P

Place of Accident: Jln Boon Lay, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH8964Z	Jln Boon Lay, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

## 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	18/12/2020 10:53 (SGT)
Date of Accident	17/12/2020 16:40 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	JALAN BOON LAY TURN LEFT TO JLN AHMAD IBRAHIM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8964Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Vehicle Category	Taxi

#### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

#### DRIVER

Name of Driver	KHOO KAH HUAT
NRIC No	SXXXX955J
Address	BLK 759 JURONG WEST STREET 74
Address complement	#05-110
Postcode	640759
Does Driver Own Other Vehicles?	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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Weather Conditions

DRIZZLING

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

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	SMT3768P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FOO FOONG KUAN
Insurance Company Name	-

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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)
  - (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, investigation, 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.

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199303821R

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

*ke*  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

*Shan 18/12/2020*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Shan Leong Teak*  
NRIC/Fin No.:

SKETCH PLAN

A SH 89642

B SMT 3768P

Jalan Boon Lay turn  
Left to Jln Ahmad  
Ibrahim

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/12/2020 @ about 1640 hrs. i was travelling along Jalan Boon Lay turn left to slip road towards Jln Ahmad Ibrahim with passenger onboard. Appro the slip road junction i kept an eye on my right side and i did not noticed that my front vehicle B (SMT3768P) was stationary at the junction. As a result i accidently collide into vehicle B rear portion. No one was injured at that time of accident. My passenger had alighten and took another transport. I had exchange particular with vehicle B and took photo of the scene.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 109302821H

Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name: Heng Leong Teo  
NRIC/Fin No:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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## ACCIDENT STATEMENT

Date of Submission	18/12/2020 11:52 (SGT)
Date of Accident	17/12/2020 16:45 (SGT)
Exact Location of Accident	Near 384 Jln. Ahmad Ibrahim, Singapore 629152
Additional Location Information	Jln Boon Lay > Jln Ahmad Ibrahim
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT3768P
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ GROUP LTD
Company Reg No	1XXXXX531H
Email Address	rakes.anand@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	+65-66547777

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTRENT000085
Cover Note Number	03/06/2020-02/06/2021

### DRIVER

Name of Driver	Foo Foong Kuan
NRIC No	SXXXX722A
Date Of Birth	16/08/1986
Occupation	Outdoor

Date Of Driving Pass	20/02/2016
Driving Experience	4 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94233456
Alt. Phone Number	-
Email Address	dr.foo@anticimex.com.sg
Address	3A INTERNATIONAL BUSINESS PARK #11-01/05
Address complement	-
Postcode	609935
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	Amy Low Kar Yin
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SH8964Z
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Khoo Kan Huat
NRIC No	SXXXX955J

Contact Number	(Phone) +65-98009545
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

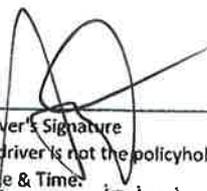
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  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with 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:
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  - (ii) for complying with requirements under any regulations, laws or court orders.



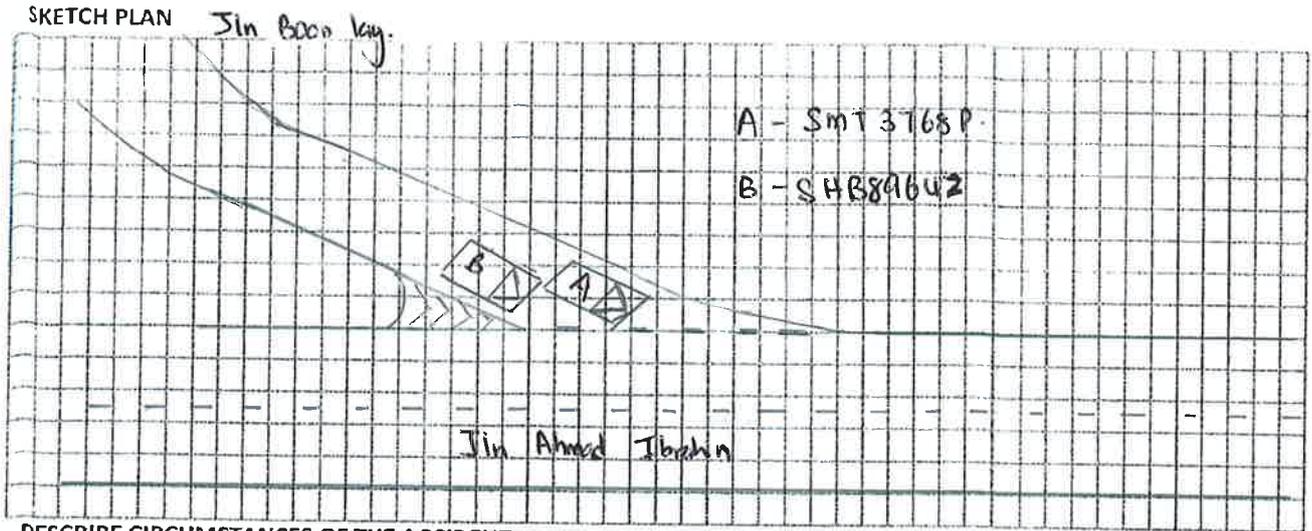
Policyholder's Signature  
Date & Time:

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

17/12/2020,  
05:45 PM

  
Reporting Centre Personnel's Signature  
Name: Rafiq Sultan Ahmad  
NRIC/FIN No.:

SKU6474



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping at junction of Jalan Ahmad Ibrahim heading to AYE (City) and Comfort Design cab (Hyundai, SH 89642) being my car from behind.

**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.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input checked="" type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- 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 17/12/2020,  
05:45pm

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