

Letter of Demand

Your Ref : SGS2574P
Our Ref : OPR/02082021/TP-10829 - SLF9968A
Date : 28/10/2021

LONPAC INSURANCE BHD.

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

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SLF-9968-A, SGS2574P ON 02/08/2021
AT TOWARD UPPER BUKIT TIMAH ROAD JUNCTION

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	2,461.00
2. Loss Of Rental (4 days)	997.24
3. Miscellaneous - GIA Search Invoice	2.00

TOTAL **3,460.24**

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,

Lim Ai Lee 

CLAIM DEPARTMENT

DID : 66547920

FAX :

EMAIL : ailee.lim@ethozgroup.com

TAX INVOICE

NG HIN PAK
BLK 50 TOH TUCK ROAD
#09-08
SINGAPORE - 596741

Tax Invoice : WS 2110/OPR0992
Invoice Date : 28-Oct-2021
Ref. No. : 21080930
GST No. : M2-0057587-3

VEHICLE NO. : SLF-9968-A
ACCIDENT DATE : 02/08/2021

MAKE & MODEL : NISSAN QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R

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Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			2,300.00
7 % GST			161.00

Total (S\$)	2,461.00
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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 : LIM AI LEE
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 : NG HIN PAK
Reference. No. : 21080930
Tax Invoice : WS 2110/OPR0992
Invoice Date : 28-Oct-2021
Invoice Amount : S\$ 2,461.00
Payment Due Date : 28-Oct-2021
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



ETHOZ Auto Leasing Ltd.

GST NUM : 201613943G
UEN : 201613943G

ETHOZ
HA NUM : HA-300322

HIRING AGREEMENT

Vehicle No. : SLS-8857-A Make & Model : NISSAN X-TRAIL 2.0 (A) ALL MODE 4X4

Hirer : NG HIN PAK
NRIC : ****434I
DOB : 02/02/1960
Address : BLK 50 TOH TUCK ROAD
#09-08
SINGAPORE - 596741
Email :

ERP Num : 1127957728
Nationality : SG
Home :
Office :
HP : 96641283
Fax :

RENTAL RATE	No of days : 4 Start : 04/10/2021 Return : 08/10/2021	CHARGES
Daily : S\$233.00 / Day	DEPOSIT	Rental Payable : S\$932.00
CDW : NIL	Amount : S\$1,500.00 Payment Mode :	
PAI : NIL		
	RENTAL PAYMENT	
EXCESS SINGAPORE : S\$3,000.00	Mode :	GST @7% : S\$65.24
FUEL Full tank premium grade fuel upon return.		Amount Due : S\$997.24
Otherwise, ETHOZ rates apply.	Delivery : SELF COLLECT @ HQ 04/10/2021	
Signature <i>04/10/21 11.05</i>	Collection : SELF RETURN @ HQ 08/10/2021	
Remarks : ACC VEH : SLF-9968-A/STRICTLY SINGAPORE USE. An additional Excess of S\$1,000 on top of the stipulated excess for driver under 21 years or above 60 years of age. If in the reasonable opinion of the Owner, the driving behavior of Hirer and/or authorized driver of the vehicle is deemed undesirable, the Owner may thereupon by notice in writing to the Hirer forthwith terminate this Agreement. The termination of the Hire shall not affect the rights of the Owner or liabilities of the Hirer subsisting at the date of termination.		
DRIVER DETAILS		
Name : NG HIN PAK	NRIC : ****434I	DOB : 02/02/1960
Address : BLK 50 TOH TUCK ROAD #09-08	Nationality : SG	596741 (S)
Contact No : 96641283(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 SLS-8857-A NISSAN X-TRAIL 2.0 (A) ALL MODE 4X4 within the day. Failing which, daily rental rate of \$233 will apply from the day of notification.

Authorised Signatory & Company Stamp

Name, Designation

Date :

For ETHOZ Auto Leasing Ltd.
RAKESWARAN ANAND
Prepared By : Felina Chin
TEL : 66547984
FAX : 66547545


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SGS2574P

Date of Accident

02/08/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **08/03/2021 - 07/03/2022**Requested By **Rakesh Anand (ETHOZ PROTE...**Requested Date **19/08/2021 14:42****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**

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	03/08/2021 16:22 (SGT)
Date of Accident	02/08/2021 18:21 (SGT)
Exact Location of Accident	Dairy Farm Rd, Singapore
Additional Location Information	TOWARD UPPER BUKIT TIMAH ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9968A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG HIN PAK
NRIC No	SXXXX434I
Email Address	PAULNG1434@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96641243
Alternative Phone No	+65-96641243

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5098326110-03
Cover Note Number	-

DRIVER

Name of Driver	NG HIN PAK
NRIC No	SXXXX434I

Date Of Birth	02/02/1960
Occupation	Indoor
Date Of Driving Pass	08/01/1979
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96641243
Alt. Phone Number	+65-96641243
Email Address	PAULNG1434@YAHOO.COM.SG
Address	50 toh tuck road #09-08
Address complement	-
Postcode	596741
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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
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

AS PER 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	SGS2574P
Vehicle Manufacturer	-

Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	ALFRED KOH HOCK CHUAN
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 2

Vehicle Registration Number	SJH4191U
Vehicle Manufacturer	
Vehicle Model	
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)	

Describe Circumstances of the Accident

I slowed down my vehicle (I was travelling along Daisy Farm Rd toward Upper Bukit Timah) as the traffic light turned red at the junction. Suddenly vehicle SG52574 P collided on to the rear of my vehicle.

Upon alighting from my vehicle I noticed that vehicle SJH4191U had collided on to the rear of vehicle SG52574 P.

Declaration

We declare the foregoing particulars are true in every respect.

(Signature) 03/08/21
2:30 pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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 willful 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 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

6 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

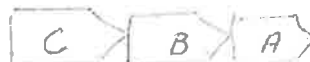
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Daisy Farm Rd (towards) Upper Bukit Timah Rd junction



A: SLF 4468A

B: SGS 2574P

C: SJH 4191U