

**Letter of Demand**

Your Ref : SMC 8395M  
Our Ref : **OCR/06092021/TP-10825 - SLD 9473X**  
Date : 21/10/2021

**LKK AUTO CONSULTANTS PTE LTD (CENTRAL NARCOTICS BUREAU)**  
51 UBI AVE 1, #01-25  
PAYA UBI INDUSTRIAL PARK  
Singapore - 408933

**Attn : Motor Claim Department**  
**Subject : ACCIDENT INVOLVING VEHICLE NUM : SLD-9473-X, SMC8395M ON**  
**06/09/2021 AT 624 EDGEFIELD WALK S(850624)**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	2,417.86
2. Loss Of Use ( 5 days ) - 1 weekend	400.00


**TOTAL** **2,817.86**

**Enclosed :** Copies of Repair Cost 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

DUFT PTE. LTD.  
56 KALLANG PUDDING ROAD  
#06-06 HH @ KALLANG  
SINGAPORE - 349328

Tax Invoice : WS 2110/OFM0044  
Invoice Date : 21-Oct-2021  
Ref. No. : 21090366  
GST No. : M2-0057587-3

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VEHICLE NO. : SLD-9473-X  
ACCIDENT DATE : 06/09/2021

MAKE & MODEL : MAZDA 3 1.5 (A) SEDAN STANDARD

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			2,259.68
7 % GST			158.18



Total (S\$)	2,417.86
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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 : 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 : DUFT PTE. LTD.  
Reference. No. : 21090366  
Tax Invoice : WS 2110/OFM0044  
Invoice Date : 21-Oct-2021  
Invoice Amount : S\$ 2,417.86  
Payment Due Date : 21-Oct-2021  
Cheque No. : \_\_\_\_\_

ETHOZ GROUP LTD  
30 BUKIT BATOK CRESCENT  
SINGAPORE 658075



# 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	07/09/2021 12:54 (SGT)
Date of Accident	06/09/2021 15:15 (SGT)
Exact Location of Accident	624 Edgefield Walk, Singapore 820665
Additional Location Information	624 EDGEFIELD WALK S(850624)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9473X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXXX943G
Email Address	jackson.teo@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	+65-66547777

## VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1500

## INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

## DRIVER

Name of Driver	EZZAD BIN ZAINI
NRIC No	SXXXX535C

Date Of Birth	06/09/1987
Occupation	Outdoor
Date Of Driving Pass	23/05/2013
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88176911
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 621A EDGEFIELD WALK #09-11
Address complement	-
Postcode	S(821621)
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

#### 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Is notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO 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	SMC8395M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	DAVE
Contact Number	(Phone) +65-96789229
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

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.

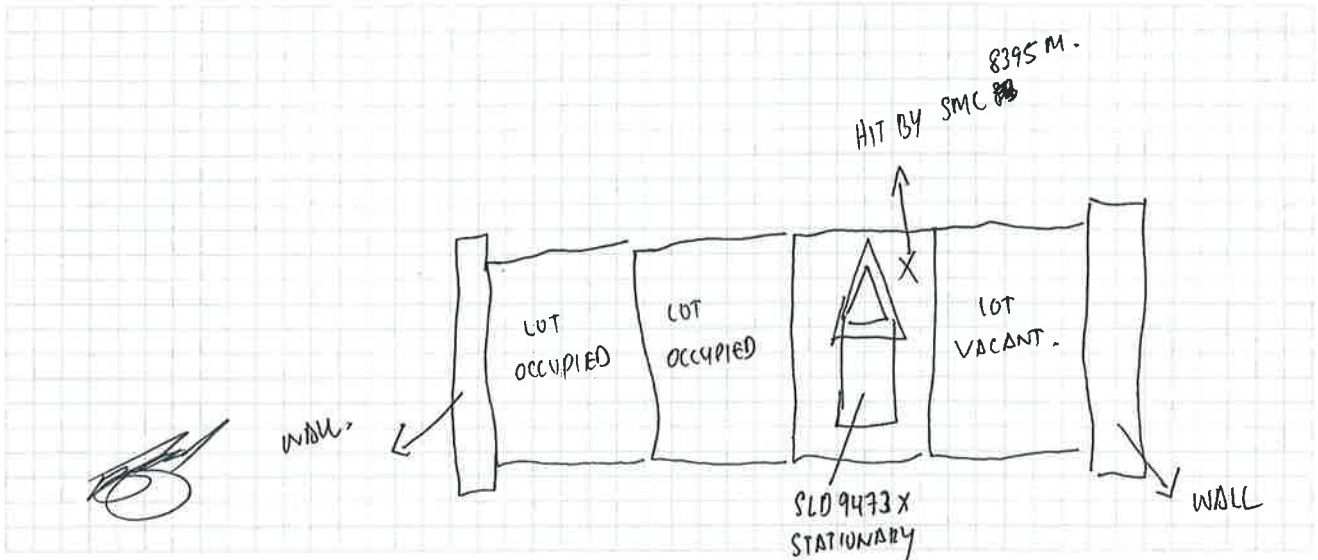


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 7/9/21

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

@ MY CAR WAS STATIONARY AT THE CARPARK AND I WAS AT HOME WHEN MY FRIEND CALLED ME SAY HE SAW A NOTE AND MY FRONT RIGHT WAS DAMAGED. HENCE I WENT DOWN TO CHECK ON IT AND GIVE ~~ASAL~~ A CALL TO THE NUMBER PROVIDED BY THE THIRD PARTY. HE CLAIMS HE ACCIDENTALLY HIT MY CAR WHILE REVERSING. I WASNT AT THE LOCATION DURING THE ACCIDENT.

*[Signature]*

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	<input checked="" type="checkbox"/> Claim TP
	Claim OD / TP at other workshop

**DECLARATION**  
 I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time:	Date & Time: 7/9/2021	Name:
		NRIC/FIN No.:

Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

Report No. T/20210910/2024

CONTINUATION OF REPORT

**Brief Details.**

On the above mentioned date and time, I had parked my vehicle (plate number: SLD9473X) in the said location. My vehicle is under lease from the company Ethoz since late January.

At 1715hrs, I received a call from my colleague informing me that there was a dent and some scratches at the right front side of my vehicle. There was also a cardboard note placed at the front of my vehicle screen which said, "Hi. I'm sorry that when I reverse my car and hit your front. Please contact me at 96789229. Dave, 06/09/2021 @1515hrs". I contacted the person and he informed me of his vehicle details and would also be proceeding with a report.





SINGAPORE  
POLICE FORCE



T/20210910/2024

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20210910/2024

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

F/

Sgt 2 TAN TING WEI COLETTE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Authentication Stamp

NP168



SN 158

SIGNATURE

Signature Of Informant:

Date/Time:

10/09/2021 11:43

Classification Of Case: