

Letter of Demand

Your Ref : ~~YN8778S~~
Our Ref : **OCR/12112021/TP-10848 - SLF 8581M**
Date : 01/12/2021

LONPAC INSURANCE BHD.

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

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SLF-8581-M, YN8778S ON 12/11/2021
AT 53 LENGKOK BAHRU CAR PARK LOT

Dear Sir / Madam,

We would like to append our losses as follows :-

| | AMOUNT (\$) |
|-----------------------------------|-------------|
| 1. Repair Cost | 2,247.00 |
| 2. Loss Of Use (4 days) | 320.00 |
| 3. Miscellaneous - GIA Search Fee | 31.00 |

TOTAL **2,598.00**

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,

Lim Ai Lee 
CLAIM DEPARTMENT

DID : 66547920

FAX :

EMAIL : ailee.lim@ethozgroup.com

TAX INVOICE

"K" LINE (SINGAPORE) PTE LTD
52/54/56 PECK SEAH STREET
HERITAGE COURT
SINGAPORE - 079319

Tax Invoice : WS 2112/OFM0001
Invoice Date : 01-Dec-2021
Ref. No. : 21110693
GST No. : M2-0057587-3

VEHICLE NO. : SLF-8581-M
ACCIDENT DATE : 12/11/2021

MAKE & MODEL : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

Page 1

| Description | Qty | Unit Price(S\$) | Amount (S\$) |
|---|-----|-----------------|--------------|
| BEING REPAIR COST FOR THE ABOVE VEHICLE | | | 2,100.00 |
| 7 % GST | | | 147.00 |



| | |
|-------------|----------|
| Total (S\$) | 2,247.00 |
|-------------|----------|

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 : "K" LINE (SINGAPORE) PTE LTD
Reference. No. : 21110693
Tax Invoice : WS 2112/OFM0001
Invoice Date : 01-Dec-2021
Invoice Amount : S\$ 2,247.00
Payment Due Date : 01-Dec-2021
Cheque No. : _____

ETHOZ GROUP LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075




INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

YN8778S

Date of Accident

12/11/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **22/05/2021 - 21/05/2022**Requested By **Chen Chee Kiong (ETHOZ PRO...**Requested Date **15/11/2021 15:44****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**



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: 17/11/2021

Your Ref No: 7607

Dear Sir/Madam,

Date of Accident: 12/11/2021 00:00 (SGT)

Vehicle No: SLF8581M

Place of Accident: 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\$) |
|----------------------------------|-------------------|---------------|-----|--------------|
| YN8778S | 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 | 15/11/2021 17:30 (SGT) |
| Date of Accident | 12/11/2021 19:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BLK 58 LENGKOK BAHRU CAR PARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | YN8778S |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | Yes |
| Name Of Registered Owner | W & Y ELECTRICAL TRADING |

VEHICLE PARTICULARS

| | |
|------------------|--------------------|
| Manufacturer | Isuzu |
| Model | NNR85UH4A |
| Variant | - |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2999 |

INSURANCE COMPANY

| | |
|---------------------------|----------------------|
| Name of Insurance Company | Lonpac Insurance Bhd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | Z/21/VC00/110692 |
| Cover Note Number | 22/05/21 - 21/05/22 |

DRIVER

| | |
|---------------------------------|----------------------|
| Name of Driver | CHOKKALIAH RAJA |
| Passport No/FIN | GXXXX631X |
| Address | C/O WEI HUAT TRADING |
| Address complement | - |
| Postcode | - |
| Does Driver Own Other Vehicles? | No |

GENERAL INFORMATION OF THE ACCIDENT



| | |
|--------------------|------------------------------|
| Type of Accident | Collided into Parked Vehicle |
| Weather Conditions | Clear |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Was anybody injured in the Accident? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH ATTACHED.

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 | SLF8581M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Insurance Company Name | - |

SKETCH PLAN

1 VEHICLE INVOLVED IN 2 VEH
2 INSURER CODE 000000
3 ACCIDENT
DATE & TIME 3-1-83 10:15

IMPORTANT NOTICE

DATE: _____

1. This form must be completed by the Policyholder and/or the Authorized Broker

2. The information must be truthful and accurate as possible. Any false or misleading information may constitute a breach of the policy and may result in the policy being voided.

3. The information must be provided to the insurer in a timely manner.

4. Any false or misleading information may constitute a breach of the policy and may result in the policy being voided.

5. Any false reporting may be referred to the Police for investigation.

6. The report will be forwarded to the insurers of the General Insurance Association of Singapore (GIAS) for their use and may be used for any purpose.

7. By the completion of this report, the insured hereby agrees to the inclusion of this report in the public and/or private files of the insurer.

8. Consent under the Personal Data Protection Act (PDPA)

I, the undersigned, do hereby give my consent that

(a) the insurer, its working and the General Insurance Association of Singapore ("GIAS") may use, process, collect, store, disclose and transfer my personal data for the purposes set out in this form and any other personal information provided by me or disclosed to me, in connection with the "Personal Information" and may use and transfer such Personal Information to all insurers who have insured vehicles involved in the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers, Lawyers, Police, the Monetary Authority of Singapore, and any relevant government agency/authority (such as the police) for the purposes set out in this form.

(b) in processing, handling and/or using any my claim, including the settlement of the claim and any other services relating to the claim, my investigating the extent and/or outcome.

(c) in carrying out and/or dealing with my, or my family or my property or my interests by me.

(d) in administering my claim, including the making of correspondence, statements, notices, reports or notices to me, which would involve disclosure of certain personal information to be used for the delivery of the services with an appropriate level of security and/or packaging, and/or

(e) in complying with applicable law, in administering, processing, handling and/or dealing with my claim.

(collectively the "Purposes")

(f) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers, Lawyers, Police, may be permitted to collect, use, process and/or transfer my Personal Information for any or more of the above Purposes, and

(g) my Personal Information may be disclosed by any of the Insurers and/or GIAS to their third party service providers or Agents, including their lawyers, law firms, which may be based outside of Singapore, for any or more of the above Purposes.

 Executive's Signature / Last &
 First

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

Witnessed by: Forgetting Centre
Personnel: 1/1/0

Sketch Plan

PLEASE
TURN
OVER

Sketch Plan

6.1.57 Sunday 10.1.11
 1st Floor

6.1.57
 6.1.57
 (Parked)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the car when the car parked on the right side of the road and suddenly moved into the front right of parked car. I was not in the car when the car moved but the driver of the car was in the car and he did not stop. I was in the car and I was not in the car when the car moved.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time

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

Reporting Centre Personnel's Signature
 Name
 NRIC/ID No

☐ Claim Own Policy ☐ Claim Third Party ☒ Reporting Only
☐ Claim OD/TP at other workshop ()



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 | 15/11/2021 15:42 (SGT) |
| Date of Accident | 12/11/2021 19:15 (SGT) |
| Exact Location of Accident | 53 Lengkok Bahru, Singapore 150053 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLF8581M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ETHOZ AUTO LEASING LTD |
| Company Reg No | 2XXXXX943G |
| Email Address | CheeKiong.Chen@ethozgroup.com |
| Mobile Phone No | (Phone) +65-66547777 |
| Alternative Phone No | (Office) +65-66547777 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| Variant | ALTIS |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1598 |

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 | TOH THYE YEE |
| Passport No/FIN | GXXXX098Q |



| | |
|--|-------------------------------|
| Date Of Birth | 10/07/1991 |
| Occupation | Outdoor |
| Date Of Driving Pass | 20/09/2018 |
| Driving experience | 3 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81007352 |
| Alt. Phone Number | - |
| Email Address | CheeKiong.Chen@ethozgroup.com |
| Address | BLK 916 JURONG WEST ST 91 |
| Address complement | #08-174 |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH 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 | YN8778S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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) | | - |

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.



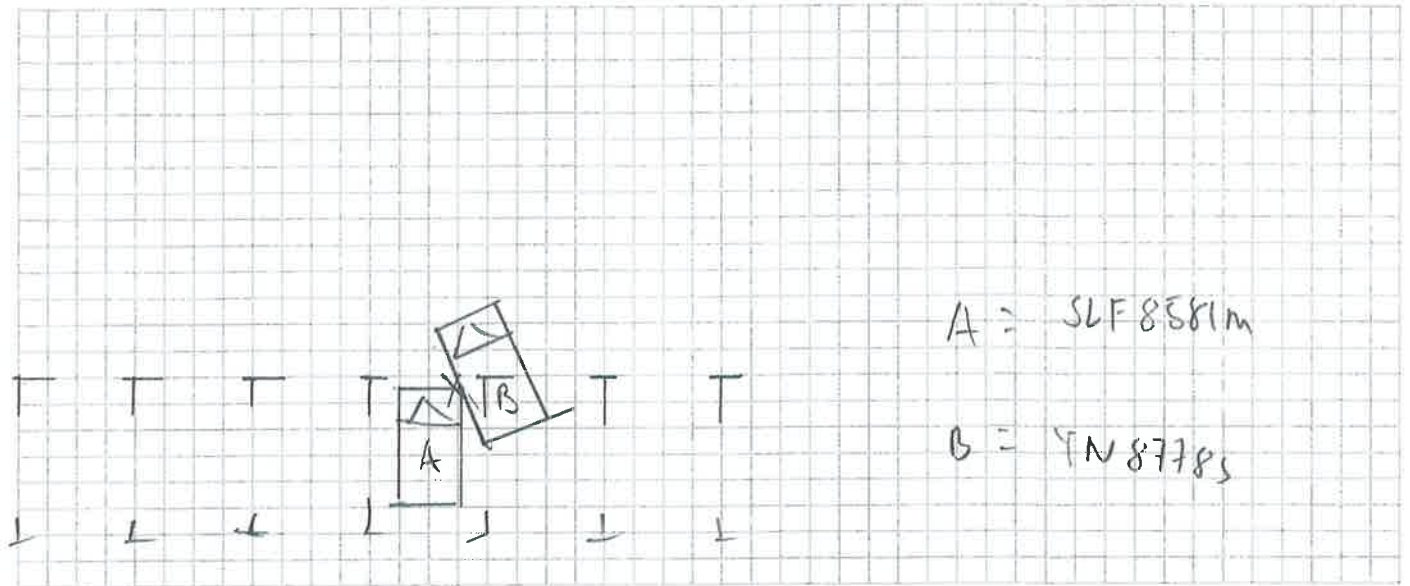
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



On 12/11/21 Around 7:15PM

I'm was coming to Carpark lot to collect my vehicle SLF 8581M, As A same time was saw YN 8778S which parked beside was coming out of the Carpark lot and hit on my vehicle right Portion.

| | |
|---|--|
| <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 Fourteen (14) days clause 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 Date & Time: |  Driver's Signature (If driver is not the policyholder) Date & Time: |  Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |
|---|--|---|