

Letter of Demand

Your Ref : SMP 3374M
Our Ref : OCR/31082021/TP-10857 - GBJ 3726T
Date : 21/12/2021

INDIA INTERNATIONAL INSURANCE PTE LTD

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

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : GBJ-3726-T, SMP3374M ON
31/08/2021 AT ALONG BEDOK RESERVOIR RD (NEAR BEDOK NORTH RD)

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	1,658.50
2. Loss Of Use (3 days)	360.00
3. Miscellaneous - GIA Search Fee	29.00

TOTAL 2,047.50

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

PEST-PRO MANAGEMENT PTE. LTD.
3A INTERNATIONAL BUSINESS PARK
#11-01/05 ICON@IBP
SINGAPORE - 609935

Tax Invoice : WS 2112/OFM0034
Invoice Date : 21-Dec-2021
Ref. No. : 21090117
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : GBJ-3726-T

MAKE & MODEL : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A) EURO 6

ACCIDENT DATE : 31/08/2021

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			1,550.00
7 % GST			108.50



Total (S\$)	1,658.50
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E & O,E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ GROUP LTD

No receipt will be issued.

TERM OF PAYMENT STRICTLY 30 DAYS FROM DATE OF INVOICE.

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 : PEST-PRO MANAGEMENT PTE. LTD.
Reference. No. : 21090117
Tax Invoice : WS 2112/OFM0034
Invoice Date : 21-Dec-2021
Invoice Amount : S\$ 1,658.50
Payment Due Date : 19-Jan-2022
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: 02/09/2021

Your Ref No: 123456

Dear Sir/Madam,

Date of Accident: 31/08/2021 00:00 (SGT)

Vehicle No: GBJ3726T

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 (\$\$)	QTY	AMOUNT (\$\$)
SMP3374M	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	31/08/2021 16:12 (SGT)
Date of Accident	31/08/2021 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BEDOK RESERVOIR RD/ BEDOK NORTH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3374M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO DRIVING CENTRE PTE LTD

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000618_01
Cover Note Number	-

DRIVER

Name of Driver	ZHENG ZU PENG
NRIC No	SXXXX859A
Address	BLK 614 HOUGANG AVE 8 #06-410
Address complement	-
Postcode	530614
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
Weather Conditions Raining

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) 2

CIRCUMSTANCES OF ACCIDENT

ON 31 AUG 2021 AT ABOUT 945AM, I WAS STOPPING AT THE JUNCTION OF BEDOK RESERVOIR RD & BEDOK NORTH RD WHEN MY VEHICLE (SMP3374M) SUDDENLY COLLIDED INTO THE REAR OF A 3RD PARTY VEHICLE (GBJ3726T).

ATTACHMENT(S)

Are accident photos available for attachment? No
Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ3726T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver MUHAMMAD REDHUAN BIN MOHAMED MAJID
Insurance Company Name -

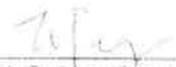
SKETCH PLAN

IMPORTANT NOTICE

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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.
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 other 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 the 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.

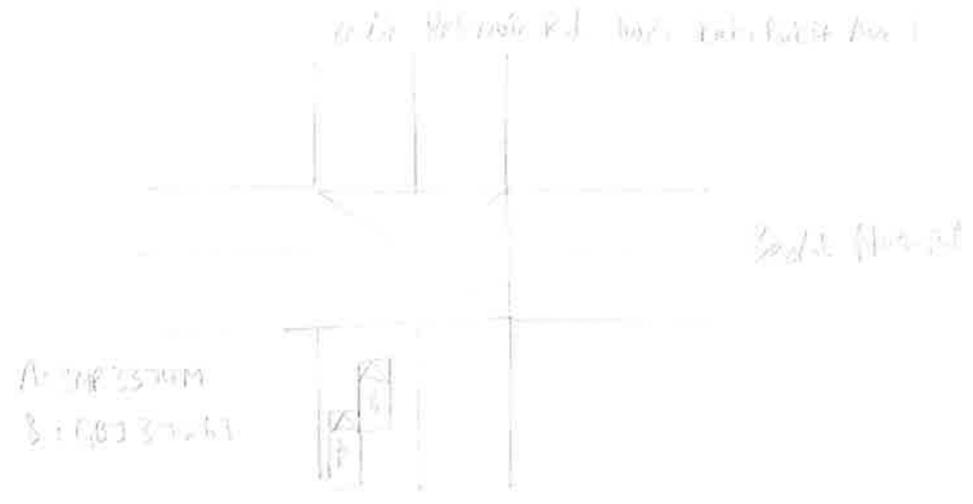


 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

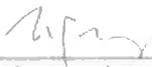
On 31 Aug 2021 at about 9.45am, I was stopping at the junction of Bedok Reservoir Rd and Bedok North Rd when my vehicle (SMP3374M) suddenly collided into the rear of a 3rd party vehicle (GBJ3726T).

NOTE PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Declaration

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date of Submission	01/09/2021 16:36 (SGT)
Date of Accident	31/08/2021 09:47 (SGT)
Exact Location of Accident	Near 531 Bedok Reservoir Rd, Singapore
Additional Location Information	Along Bedok Reservoir Rd (Near Bedok North Rd)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3726T
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	NV350 PANEL VAN 5DR 2.5 5AT
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	Commercial vehicle
Transmission	Auto
CC	2498

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	Muhammad Redhwan Bin Mohamed Majid
NRIC No	SXXXX824F

Date Of Birth	04/04/1991
Occupation	Outdoor
Date Of Driving Pass	15/02/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88175898
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	Blk 269B Yishun St 22 #02-537
Address complement	-
Postcode	762269
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

Kindly refer to the 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	SMP3374M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-87985936
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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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.

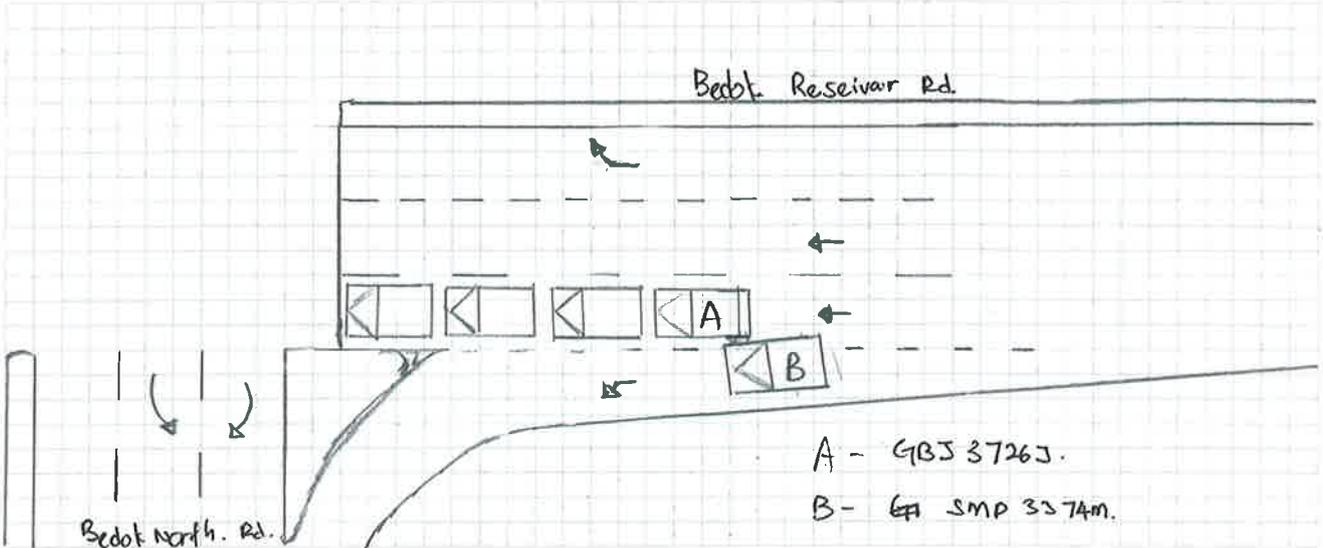


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the traffic light. Suddenly vehicle B side swept with my vehicle rear bumper.

<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
	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: *Rakeshwaran. Anand*
 NRIC/FIN No.: