



## LETTER OF DEMAND

Date : 25 May 2023

**LONPAC INSURANCE BERHAD**

300 Beach Road

#17-04/07 The Concourse

Singapore 199555

Attn : Claims Handler

Your Claim Ref. No.	:	NEW
CHENG AUTO Ref. No.	:	YN4308S / OJJ FOODS PTE LTD
Insured Name	:	OJJ FOODS PTE LTD
Date of Loss	:	25/10/2022
Our Vehicle No.	:	YN4308S
Involving Vehicle(s)	:	XD2756J XD2574S
Claiming Against	:	XD2756J / LONPAC INSURANCE BERHAD

Dear Sir/Madam,

**ACCIDENT INVOLVING VEHICLE NO.** YN4308S & XD2756J **ALONG**  
**ALONG AYE** **ON** 25/10/2022.

We are the authorised repair workshop for OJJ FOODS PTE LTD, the owner of motor vehicle no. YN4308S which was involved in the above-mentioned road traffic accident.

As the accident was caused by your insured driver's negligence in the driving and/or management of your insured vehicle, we are submitting this claim for your consideration:

1.	Cost of Repair (Inclusive of GST)	\$ 10,800.00
2.	Loss of Use (\$\$150.00 x 10DAYS)	\$ 1,500.00
3.	Third Party Report Fee	\$ 31.00
<b>Total Amount</b>		<b>\$ 12,331.00</b>



A copy of each of the following supporting documents is enclosed.

- \* CHENG AUTO ORIGINAL INVOICE
- \* GIA REPORT LODGED BY OUR CLIENT
- \* LETTER OF AUTHORIZATION
- \* COPY OF TP GIA SEARCH & REPORT FEE

If agreeable to the above, kindly forward discharge voucher for our acceptance. Payment to be made to 'CHENG AUTO BODYWORKS' directly.

We look forward to your prompt reply in this matter.

Thank you.

Yours faithfully,

**CHENG AUTO BODYWORKS**

Claims Department



### LONPAC INSURANCE BERHAD

300, BEACH ROAD  
#17-04/07, THE CONCOURSE  
SINGAPORE 199555  
Tel: 62507388

Attn: PERSON-IN-CHARGE (62507388)

**Inv No.** : INV23050120  
**Invoice Date** : 25 May 2023  
**Ref** : WJ2211062  
**Terms** : 10 Days  
**Veh. No.** : YN4308S

### Tax Invoice

#	Description	Qty	UOM	U/P	Disc	Amt
1	THIRD PARTY CLAIM	1.00		0.00	0.00	0.00
2	LUMPSUM REPAIR	1.00		10,000.00	0.00	10,000.00

Cheque should be crossed and made payable to  
"CHENG AUTO BODYWORKS".

#### PayNow UEN:

UEN: 53315238X  
CHENG AUTO BODYWORKS  
Payment Reference: **YOUR VEHICLE NO.**

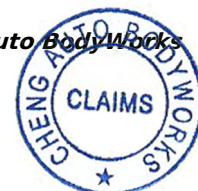
#### Bank Transfer :

OCBC CURRENT 552-852873-001

Subtotal : S\$ 10,000.00  
GST 8.0% : S\$ 800.00  
**Total : S\$ 10,800.00**

*I agree to the price as listed above and affirm  
that the goods are received in good condition.*

For **Cheng Auto Bodyworks**



(Customer's Signature and Company Stamp)

(Authorised 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 Actual 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 ..... 25/10/2022 12:31 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 25/10/2022 10:35 (SGT)  
Exact Location of Accident ..... Near 101 W Coast Vale, Singapore 126753  
Additional Location Information ..... ALONG AYE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN4308S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... OJJ FOODS PTE LTD  
Company Reg No ..... 2XXXXX554R  
Email Address ..... GAO.YANFENG@OJJFOODS.COM.SG  
Mobile Phone No ..... (Phone) +65-87336277  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR85UH5AC  
Variant ..... -  
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 ..... Manual  
CC ..... 2999

#### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 21-MW010756-R06

#### DRIVER

Name of Driver ..... LEONG CHAN HOW  
Passport No/FIN ..... GXXXX696N  
Date Of Birth ..... 09/03/1982  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/02/2012
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +60-11374998164
Alt. Phone Number .....	-
Email Address .....	GAO.YANFENG@OJJFOODS.COM.SG
Address .....	SINGAPORE
Address complement .....	-
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 .....	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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

On 25/10/2022 at about 1035hrs, I was travelling along AYE. The traffic flow was heavy and vehicles were all slow moving. As the vehicles in front of me came to a stop, I then also applied on my brakes. Suddenly, I felt an impact from the rear of my vehicle.

As I came down to check on my vehicle, Vehicle B (XD2756J) has collided onto the rear of my vehicle. Vehicle C (XD2574S) has also collided onto the rear of Vehicle B.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD2756J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

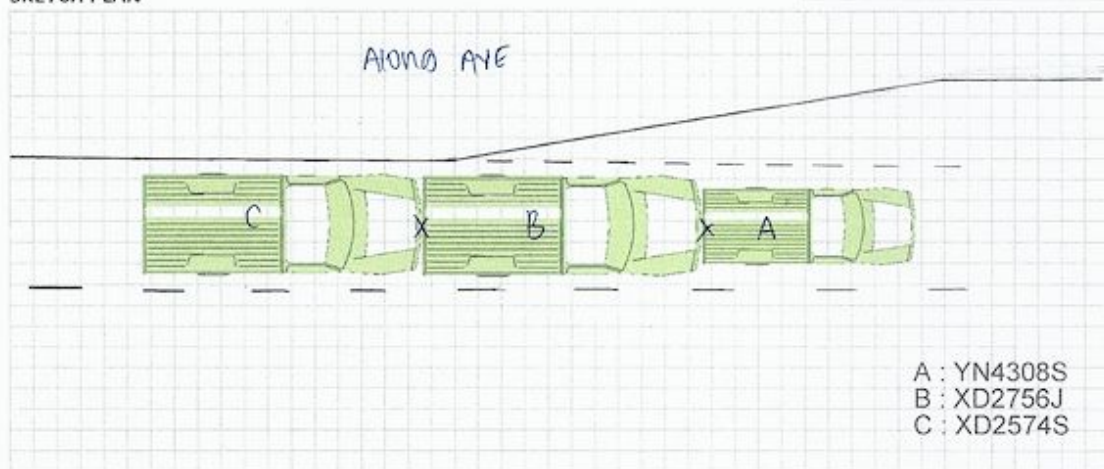
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LI XINZHONG
Passport No/FIN .....	GXXXX163X
Contact Number .....	(Phone) +65-83108065
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	XD2574S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LAI DAOHONG
Passport No/FIN .....	GXXXX943N
Contact Number .....	(Phone) +65-83857519
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

Date of Accident: 25/10/2022



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/2022 at about 1035hrs, I was travelling along AYE. The traffic flow was heavy and vehicles were all slow moving. As the vehicles in front of me came to a stop, I then also applied on my brakes. Suddenly, I felt an impact from the rear of my vehicle.

As I came down to check on my vehicle, Vehicle B (XD2756J) has collided onto the rear of my vehicle. Vehicle C (XD2574S) has also collided onto the rear of Vehicle B.

- ☐ Own Damage Claim  
☒ Third Party Claim  
☐ OD/TP Claim at another workshop :  
☐ Reporting Only

DECLARATION

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

Policyholder's Signature  
Date & Time:

GUANGSHI AUTO BODYWORKS

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

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





## 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 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 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

- PLEASE VIEW OVERLEAF -































## LETTER OF AUTHORIZATION

IN RESPECT OF ACCIDENT INVOLVING MY MOTOR VEHICLE NO. YN4308S  
AND XD2756J XD2574S  
AT ALONG AYE  
ON 25/10/2022 1035 HRS

I/we the registered owner of vehicle no. YN4308S hereby appoint **CHENG AUTO BODYWORKS** to be my/our agent and I/We authorize my/our said agent to give all instructions pertaining to the conduct of my/our claim including instructions to commence legal proceedings in court in my/our name against the third party driver and/or his employers, if applicable.

1. I/We authorize **CHENG AUTO BODYWORKS** to proceed with the repairs to my/our vehicle once 3rd party insurer had inspected my/our vehicle's damages or after the 2 days' grace period given to them had lapsed.
2. My/Our said agent also has my/our authority to decide on my/our behalf whether to accept any offer of settlement from the third party and/or his insurer.
3. I/We undertake to sign the Discharge Voucher issued by third party insurer. Otherwise, I/We shall be liable for all cost incurred by my/our agent.
4. I/We also authorize **CHENG AUTO BODYWORKS** to sign all discharge voucher /indemnity forms and all necessary documents on my/our behalf in connection with the abovementioned claim.
5. I/We also undertake not to accept any offer, settlement or monies from third party's insurer and/or third party's driver without first communicating with **CHENG AUTO BODYWORKS** in writing and also to inform **CHENG AUTO BODYWORKS** and/or the solicitor appointed by **CHENG AUTO BODYWORKS** on my/our behalf in the event the 3rd party insurer communicate with me/us directly by telephone or in writing.
6. In the event that third party insurer issued the Agreed Settlement Cheque to me/us, I/We undertake to either give the said cheque to **CHENG AUTO BODYWORKS** or bank into my/our account and re-issue the cheque amount to **CHENG AUTO BODYWORKS**.
7. I/We understand and accept that until I/We revoke my/our said agent's authority in writing to you, I/We am bound by all instructions given by my/our said agent.
8. I/We accept in the event that my/our liability for the incident has been concluded to be more than 0%, I/we will pay, within 30 days of notice, the propotion of the repair costs and car rental fees (if applicable) that is not borne by the Insurer.
9. In cases where events relating to the accident were not made known to the agent, either with malicious intention or otherwise and cost have been incurred by the agent, these costs are recoverable from me/us.
10. I/We will bear the car rental fees for the number of days exceeding the days of repair.
11. In case where lawyer's action is initiated due to my/our non-compliance to any of our terms and conditions, all cost incurred by the agent are recoverable from me/us.

Dated this 25 day of Oct Year 2022

Signature (Company Stamp where applicable)



Witness by;

Name: OJJ FOODS PTE LTD

NRIC No.: \_\_\_\_\_

Handphone No. : \_\_\_\_\_

Home/Office No. : \_\_\_\_\_



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B  
Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 08/11/2022

**Your Ref No:**

Dear Sir/Madam,

Date of Accident: 25/10/2022 00:00 (SGT)

Vehicle No: YN4308S

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 (\$)
<b>XD2756J</b>	Singapore	(31.00 )	1	(28.97 )
GST Amount				(2.03 )
Total Amount Due (GST Inclusive)				(31.00 )

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.