

Claim Number	MT/1116279-002
Own Insured Vehicle Number	GBJ2983K
Date of Accident	28/04/2021
Third Party Vehicle Number	GBK410Y
Third Party Claimant Name	MOHAMMED HAFIZ BIN JURA
Third Party Claimant ID	SXXXX616B

WITHOUT PREJUDICE

Letter of Demand

Your Ref : MT/1116279-002
Our Ref : OCR/28042021/TP-10727 — GBK410Y
Date : 24/05/2021

NTUC INCOME INSURANCE CO-OPERATIVE LTD
BLK 75 BRAS BASAH ROAD
#06-00 NTUC INCOME CENTRE
Singapore - 189557

Attn : Motor Claim Department
Subject : ACCIDENT INVOLVING VEHICLE NUM : GBK-410-Y, GBJ2983K
ON 28/04/2021 AT SLIP ROAD OF UPPER THOMSON ROAD TO SLE (BKE)

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	5,628.80
2. Loss Of Use (5 days) — 1 weekend	600.00
3. LTA Search Fees <i>GIA Fees</i>	2.00
4. Miscellaneous <i>Towing Fees</i>	53.50

TOTAL 6,284.30

Enclosed : Copies of Repair Cost Invoive, Towing Slp, GIA Search & 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,

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	29/04/2021 12:25 (SGT)
Date of Accident	28/04/2021 15:40 (SGT)
Exact Location of Accident	Near Upper Thomson Rd, Singapore
Additional Location Information	SLIP ROAD OF UPPER THOMSON ROAD TO SLE (BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK410Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	OPAL AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	jerone.tan@opalgroup.com
Mobile Phone No	(Phone) +65-66238888
Alternative Phone No	(Office) +65-66238888

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1598

INSURANCE COMPANY

Name of Insurance Company	Sentra Insurance Singapore Pte.Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTHCVE001599
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMED HAFIZ BIN JURA
NRIC No	SXXXX616B

Date Of Birth	04/08/1988
Occupation	Indoor
Date Of Driving Pass	15/09/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83818011
Alt. Phone Number	-
Email Address	jarahafiz.mhe@outlook.com
Address	BLK 71B TELOK BLANGAH ST 82 #11-812
Address complement	-
Postcode	S(102071)
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	Collision - Head to Rear
Weather Conditions	Clear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material 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 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	GBJ2983K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	XU ZHANREN
NRIC No	SXXXX893Z
Contact Number	(Phone) +65-86328023
Address	-