

Letter of Demand

Your Ref : SKR2450X
Our Ref : OPR/28102024/TP-11531 - GBL5477M
Date : 08/01/2025

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET, #04 / #05

IOB BUILDING

Singapore - 049711

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : GBL-5477-M, SKR2450X ON
28/10/2024 AT PIE EXIT 4B TO SIMEI AVE

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	2,888.50
2. Loss Of Rental (7 days)	1,144.50
3. Miscellaneous - GIA Fee	33.18

TOTAL 4,066.18

Enclosed : Copies of Repair Invoice, Rental Invoice, GIA 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,

Jack See



CLAIM DEPARTMENT

DID : 6654 7713

FAX :

EMAIL : jack.see@ethozprotect.com

Date : 07/11/2024

To : **ETHOZ PROTECT PTE LTD**
() 30, Bukit Batok Crescent, Singapore 658075
() 50, Gul Crescent, Singapore 629543
(X) 22, Tampines Street 92, Singapore 528876

From : **ETHOZ AUTO LEASING LTD**
(Name of Owner & Policyholder/Authorising Party**)

CLAIM VEHICLE NO. : GBL5477M

ACCIDENT DATE : 28/10/2024 0745

LOCATION : PIE EXIT 4B TO SIMEI AVE

OTHER VEHICLE (S) : SKR2450X
(IF ANY)

1. I hereby authorise **ETHOZ PROTECT PTE LTD** ("ETHOZ") to : -
- a. proceed with the repairs (the "Repair") to the above accident (the "Accident") damaged vehicle (the "Vehicle"); and
- * ☐ b. act as sole and principal agent to claim (the "Claim") on my behalf for the damage to the Vehicle (the "Damage") from my insurer in question (the "Insurer") until the Claim is wholly completed, settled and/or resolved. [Claim against own insurer(s)].
- * ☒ b. act as sole and principal agent to claim (the "Claim") on my behalf for the damage to the Vehicle and/or ** bodily injury sustained as a result of the Accident (collectively known hereinafter as the " Damage ") from the Third Party and/or Third Party Insurer in question (collectively known as the " Third Party ") until the Claim is wholly completed, - settled and/or resolved. [Claim against Third Party].
2. I confirm that ETHOZ's authorisation shall include without limitation paying for all relevant reports/documents, corresponding and negotiating with the Insurer/Third Party** and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the Claim and any or all such other tasks concerning the settlement, resolution and/or completion of the Claim;

Where authorising party is not vehicle owner and polirholder.

* ☐ I am duly authorised by the owner and policyholder of the Vehicle to enter into this Agreement with ETHOZ on his behalf. Unless the context otherwise requires, any references to "me", "my", "I" and the like in this Agreement shall be taken to mean the vehicle owner and policyholder.



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*Tick where applicable.

** Delete as appropriate.

EXCEPT : -

- a. such matters or tasks that the Insurer/Third Party** and/or the law requires me to personally attend to; and
 - b. the due submission of the Claim to the Insurer (where applicable)
3. I understand if I submit a claim of whatever nature to my own insurer(s) FOURTEEN (14) days after the Accident (or such other time stipulated by my own insurer(s) and/or the law), such claim will not or may not be accepted by my own insurer.
4. I further confirm and accept that :-
- a. To the extent permitted by law :-
 - i. I will indemnify and keep ETHOZ indemnified in connection with or arising from the Claim; and
 - ii. That notwithstanding this Agreement or otherwise, under no circumstances will I (jointly or severally) in any manner hold ETHOZ liable for losses/damages of whatever nature arising from or in connection with the Claim.
 - b. ETHOZ does not guarantee and never represented that the Insurer/Third Party** will fully indemnify me for the Damage and/or the Repair's costs AND, that I shall be and continue to be liable to ETHOZ for the whole of the Repair's costs.
6. I agree and accept "ETHOZ's Deposit refund policy". If the final successful percentage of indemnity/contribution/liability from or of the Insurer/Third Party** in respect of the Repair's costs to me is: -
- | | | | |
|----|---------------|---|--------------------|
| a. | 50% and below | - | NO REFUND |
| b. | 100% | - | FULL REFUND |
7. I shall inform and forward to ETHOZ all correspondence and letters received by me from the Insurer/Third Party**, any other insurer, solicitors, governmental authorities and/or, any other relevant party.
8. I shall fully co-operate with and act expeditiously on any requests by ETHOZ, particularly the signing/endorsement/execution of any "Discharge Voucher", failing which I shall be liable to ETHOZ for the full repair costs and the expenses incurred (directly or indirectly) by ETHOZ in connection with the Claim.
9. I shall not: -
- a. respond to correspondence and letters; and
 - b. negotiate agree or accept any offer from the Insurer/Third Party** or any other relevant party; without consultation of and expressed approval from ETHOZ



10. In consideration hereof (including without limitation ETHOZ's agreeing to repair the Vehicle and defer demanding payment of the Repair's cost), I wholly assign to ETHOZ all proceeds of the Claim for: -


- a. the Repair's costs; and
- b. damage, compensation, interest, costs (including party-to-party legal costs on a full indemnity basis) and expenses in connection with the Accident, Repair and/or Claim;

which ETHOZ shall be further entitled to apportion in its absolute withany excess being paid by ETHOZ to me as it deems fit in its absolute discretion.

11. I further confirm that payment to ETHOZ or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good and effective discharge of the payment obligations by any party of the aforesaid proceeds of my Claim And that I shall not be authorised in law to receive payment.



Owner & Policyholder's Signature/Company Stamp (if applicable); or **
Authorising Party's Signature/Company Stamp (if applicable)
Name: ETHOZ AUTO LEASING LTD
NRIC No.: *
Designation:
Address: 30 BUKIT BATOK CRESCENT SINGAPORE 658075

Witness' Signature 
Name: SELAMATSHAHH ZAINAL
NRIC No.:
Designation: MOTOR CLAIMS SALES EXECUTIVE
Address: C/O 30 BT BATOK CRESCENT SINGAPORE 658075

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MPC2024D0013102
Claimant Ref: GBL5477M

We/I, ETHOZ PROTECT PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 2,888.50 (repair cost), S\$ 654.00 (loss of use/rental), S\$ 33.18 (search fee), vehicle no. GBL5477M that was damaged pursuant to the accident which occurred on 28/10/24 (date) at PIE EXIT 4B INTO SIMEI AVE (location) involving vehicle no. SKR2450X (insured vehicle). This is pursuant to the inspection conducted on 06/11/24 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner ETHOZ AUTO LEASING LTD ("the third party claimant") of vehicle no. GBL5477M to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to GBL5477M (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 3,575.68 to ETHOZ PROTECT PTE LTD.

Dated this 19 day of FEBRUARY 20 25

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

ETHOZ AUTO LEASING LTD

NRIC:

2016139438

Address:

30 BUKIT BATOK

CRESCENT, S658075

Nationality:

Occupation:

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:



TAX INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET, #04 / #05
IOB BUILDING
SINGAPORE - 049711

Tax Invoice : WS 2502/OPR0784
Invoice Date : 17-Feb-2025
Ref. No. : 24102157
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : GBL-5477-M

MAKE & MODEL : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO 6 5DR

ACCIDENT DATE : 28/10/2024

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. GBL-5477-M			
ACCIDENT ON 28/10/2024 AS FOLLOWS :-			
REPAIR COSTS			2,650.00
LOSS OF RENTAL			600.00
GIA FEE			30.44
9 % GST			295.24

Total (S\$) 3,575.68

E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ PROTECT PTE LTD

No receipt will be issued.

Computer generated document no signature required.

CONTACT : JACK SEE
DID :
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 : INDIA INTERNATIONAL INSURANCE PTE LTD
Reference. No. : 24102157
Tax Invoice : WS 2502/OPR0784
Invoice Date : 17-Feb-2025
Invoice Amount : S\$ 3,575.68
Payment Due Date : 17-Feb-2025

Pay To : ETHOZ PROTECT PTE LTD
UEN No. : 199100103N
Bill Ref. No. : 2502/OPR0784



SCAN TO PAY

Cheque No. : _____

** Please input 2502/OPR0784 as the Bill Reference No.

TAX INVOICE

NANHAI BUSINESS SOLUTIONS PTE. LTD.
2 CHANGI SOUTH AVENUE 2
#05-00
SINGAPORE - 486354

Tax Invoice : WS 2501/OPR0207
Invoice Date : 08-Jan-2025
Ref. No. : 24102157
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : GBL-5477-M
ACCIDENT DATE : 28/10/2024

MAKE & MODEL : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO 6 5DR

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			2,650.00
9 % GST			238.50



Total (S\$)	2,888.50
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E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ PROTECT PTE LTD

No receipt will be issued.

TERM OF PAYMENT STRICTLY 30 DAYS FROM DATE OF INVOICE.

Computer generated document no signature required.

CONTACT : JACK SEE
DID :
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 : NANHAI BUSINESS SOLUTIONS PTE. LTD.
Reference. No. : 24102157
Tax Invoice : WS 2501/OPR0207
Invoice Date : 08-Jan-2025
Invoice Amount : S\$ 2,888.50
Payment Due Date : 06-Feb-2025
Cheque No. : _____

Pay To : ETHOZ PROTECT PTE LTD
UEN No. : 199100103N
Bill Ref. No. : 2501/OPR0207



SCAN TO PAY

** Please input 2501/OPR0207 as the Bill Reference No.

TAX INVOICE

NANHAI BUSINESS SOLUTIONS PTE. LTD.
2 CHANGI SOUTH AVENUE 2
#05-00
SINGAPORE 486354

Tax Invoice : 2412EAL03366
Invoice Date : 31-Dec-2024
Ref. No. : HA-303500
GST No. : 201613943G

Description	Amount (S\$)
Being Rental Charge from 05/11/2024 To 12/11/2024 HA-303500 NISSAN NV350 PANEL VAN 2.5 DIESEL G (M) EURO 5 GBE-9158-U	1,050.00
9.00% GST on taxable amount S\$ 1,050.00	94.50

(Rental charge for accident vehicle GBL-5477-M, accident no.24102157)

Total (S\$)	1,144.50
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E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ Auto Leasing Ltd.
Interest will be charged at 0.0650% per day on overdue amount
No receipt will be issued
CREDIT PERIOD STRICTLY 0 DAYS FROM DUE DATE
Computer generated document printed in black, no signature required

Please contact the following personnel for invoice related queries:-

Name : EVE OH
DID : 66547891
E-Mail : Eve.Oh@ethozautolease.com
Fax : 66547543

Please contact the following personnel for payment related queries:-

Name : CHENG SOON KWANG
DID : 66547901
E-Mail : CreditControl@ethozgroup.com
Fax : 66547549

PLEASE DETACH AND ENCLOSE WITH PAYMENT

Customer's Copy

Please do not staple. Please write your Invoice No. on the back of your cheque.

Customer Name : NANHAI BUSINESS SOLUTIONS PTE. LTD.
Reference.No : HA-303500
Invoice No. : 2412EAL03366
Invoice Amount : S\$1,144.50
Due Date : 31/12/2024
Cheque No. : _____

Pay To : ETHOZ Auto Leasing Ltd.
UEN NO. : 201613943GEAL
Reference No. : 2412EAL03366



** Please input 2412EAL03366 as the Bill Reference No.

ETHOZ Auto Leasing Ltd.

30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SKR2450X

Date of Accident

28/10/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **India International Insurance ...**

Period of Insurance **24/06/2024 - 24/06/2025**

Requested By **Selamatshahh Zainal (ETHOZ ...**

Requested Date **29/10/2024 14:53**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



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

GST Registration: M400017735

TAX INVOICE

Date of Request: 29/10/2024

Your Ref No: 6654

Dear Sir/Madam,

Date of Accident: 28/10/2024 07:50 (SGT)

Vehicle No: GBL5477M

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\$)
SKR2450X	Singapore	(31.00)	1	(28.44)
GST Amount				(2.56)
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.

Claim Audit

AUDIT TRAIL				
No.	On	Audit	Remarks	By
1	05 Nov 2024 16:17	Clm Dtl Modified	Claimant's Name: -> ETHOZ AUTO LEASING LTD. Claimant's ID: -> 201613943G.	[A] HOW MEI KWAN
2	05 Nov 2024 16:17	Clm Veh Model Changed	(207514) TOYOTA HIACE 3.0 D TURBO 5DR MT (M).	[A] HOW MEI KWAN
3	05 Nov 2024 16:17	Clm Created	Reg No: GBL5477M. Acct Date: 2024/10/28. Claim Type: TP. Insurer: India International Insurance Pte Ltd (HQ). TP Insurer: SOMPO INSURANCE SINGAPORE PTE. LTD. (HQ). Workshop: ETHOZ Protect Pte Ltd (Bukit Batok)	[A] HOW MEI KWAN
4	05 Nov 2024 16:17	Adj Co Assigned	LKK Auto Consultants Pte Ltd (HQ):	[A] HOW MEI KWAN
5	05 Nov 2024 16:17	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2024/11/14	[A] HOW MEI KWAN
6	05 Nov 2024 16:17	Adj Mandate Set	Approved:0.00.Reinsp:Adj decides.	[A] HOW MEI KWAN
7	05 Nov 2024 16:18	Label Added	(30653):Direct Settlement.	[A] HOW MEI KWAN
8	05 Nov 2024 16:18	Adj Adjuster Assigned	[None] -> MOHD RASUL	[A] HOW MEI KWAN
9	20 Nov 2024 21:46	Adj Im. Advice Submitted	Next Rpt:Final Rpt.Due Date:2024/11/14	[A] HOW MEI KWAN
10	21 Nov 2024 15:10	Label Removed	(30650):Non-Reporting.	[A] HOW MEI KWAN
11	21 Nov 2024 15:10	Clm Dtl Modified	Insured Name: -> KHNG POH LENG, DOUGLAS. Insured ID: -> S8329355A.	[A] HOW MEI KWAN
12	22 Nov 2024 11:37	Adj Mandate Request	Cur Req:0.00:PODS Liability: 100% - BOLA 27 Remark: Insured rear-ended third party.	[A] NA MENG YAN
13	22 Nov 2024 12:20	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2024/11/14. Mandate Remarks: We are requesting for LR reason	[I] Gabriel Wee
14	22 Nov 2024 12:20	Adj Mandate Set	Maintained:We are requesting for LR reason	[I] Gabriel Wee
15	22 Nov 2024 14:15	Adj Next Rpt Changed	Cur Rpt:Final Rpt. Cur Due Date:2024/11/14. Mandate Remarks: Liability is clear. Please proceed with DS	[I] Gabriel Wee
16	22 Nov 2024 14:15	Adj Mandate Set	Approved:0.00:Liability is clear. Please proceed with DS	[I] Gabriel Wee
17	23 Jan 2025 13:52	Adj Rpt Initiated		[A] JOANNE LEE KHANG MIN
18	23 Jan 2025 13:52	Clm Dtl Modified	Claim Conclusion: -> 3.	[A] JOANNE LEE KHANG MIN
19	23 Jan 2025 13:52	Clm Dtl Modified	JPJ Reg. Date: -> 2021/10/04.	[A] JOANNE LEE KHANG MIN
20	23 Jan 2025 13:52	Clm Details Notified		[A] JOANNE LEE KHANG MIN
21	24 Jan 2025 16:15	Adj Mandate Request	Cur Req:3706.48:Liability: 100% *Quantum: \$ 3,706.48(all-in). Pls refer to adjuster report for details. *For your approval please.	[A] NA MENG YAN
22	27 Jan 2025 12:57	Adj Mandate Set	Approved:3706.48.	[I] Loganathan S/O Agoram

Date From   
 Date To   
 Audit Type 

ACTIVITY
No record

Merimen Billing for this case - Transaction History								
Bill Ref No	Bill Date	Bill Type	Acc Type	Acc Name	Co Name (Branch)	Ref 1	Ref 2	Amount
3267180	06 Nov 2024 09:07:09	TP Case (Insurer)	Motor	LKK Auto Consultants Pte Ltd	India International Insurance Pte Ltd (HQ)	GBL5477M	SKR2450X	12.00
3276418	20 Nov 2024 21:46:53	OD/TP Case (Adjuster)	Motor	LKK Auto Consultants Pte Ltd	LKK Auto Consultants Pte Ltd (HQ)	GBL5477M	SKR2450X	12.00