

**Vivian Lau (LKKAUTO)**

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**From:** Vivian Lau (LKKAUTO)  
**Sent:** Thursday, 12 September, 2019 10:35 AM  
**To:** jasonleong.tsm@gmail.com  
**Cc:** Admin A  
**Subject:** ACCIDENT INVOLVING GX 9555Y & SKQ 5159Z ALONG PASIR RIS DR 3 ON 20/02/2019

Dear Sir,

**OUR REF : CC4/ASM19003361/Uwb3**  
**YOUR REF : GZ 9555Y**

**ACCIDENT INVOLVING GX 9555Y & SKQ 5159Z ALONG PASIR RIS DR 3 ON 20/02/2019**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a third party claim(s) from ETHOZ GROUP LTD acting on behalf of the owner of SKQ 5159Z against your motor insurance policy.

Please be informed that our principal would like to request for the below following:

- **Authorization Letter for the Driver to drive the vehicle & Driver's driving license or foreign driving license**

Kindly forward to us the requested document for our further action.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

As Insurers, they shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to AXA Customer Care Centre.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6841 8625 or [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you

Best Regards,

**Vivian Lau** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-8625 | email: [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Date : 21/02/2019

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

From : GAN CHIN YEE

(Name of Owner & Policyholder/Authorising Party\*\*)

CLAIM VEHICLE NO. : SKQ5159Z

ACCIDENT DATE : 20/02/2019 17:00

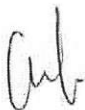
LOCATION : LOYANG AVE SLIP RD TO PASIR RIS DRIVE 3

OTHER VEHICLE (S) : GX9555Y  
(IF ANY)

1. I<sup>1</sup> 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;

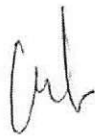
<sup>1</sup> Where authorising party is not vehicle owner and policyholder.

\* ☐ 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.



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 with any 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:

NRIC No.:

Designation:

Address:



Witness' Signature SUHELMI

Name:

S8717877C

NRIC No.:

Designation: MOTOR CLAIMS SALES EXECUTIVE

Address: C/O 30 BT BATOK CRESCENT SINGAPORE 658075



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GX 9555Y (Insd veh)	Model: HONDA FREED 1.5G
	SKQ 5159Z (TP veh)	
Date of Accident/ Time:	20/02/2019	

Repair Estimate	\$ 7,972.76	
Final Repair Cost (WITH GST)	\$ 7,443.97	
Loss of Use	\$ —	days at \$ per day
Rental (if any)	\$ 749.00	7 days at \$107.00 per day
LTA / GIA Search Fee	\$ —	
Others:	\$ —	
Final Settlement Sum	\$ 8,192.97	

Payee Name : ETHOZ PROTECT PTE LTD

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: 27
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		

Remarks:

#### NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp  
Name of Representative: *Ethoz Protect Pte Ltd*  
Date: *22/10/2019*

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: *Yee Jing Yen*  
Date: *22/10/2019*

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor / Representative:  
Date:

\*\*\* This Discharge Voucher applies only to be the claimant's Claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

## TAX INVOICE

AXA INSURANCE PTE LTD  
8 SHENTON WAY #27-01  
AXA TOWER  
SINGAPORE - 068811

Tax Invoice : WS 1910/OPR0192  
Invoice Date : 22-Oct-2019  
Ref. No. : 19020920  
GST No. : M2-0057587-3

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VEHICLE NO. : SKQ-5159-Z  
ACCIDENT DATE : 20/02/2019

MAKE & MODEL : HONDA FREED 1.5G A

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SKQ-5159-Z			
ACCIDENT ON 20/02/2019 AS FOLLOWS :-			
REPAIR COSTS			6,956.98
LOSS OF RENTAL			700.00
7 % GST			535.99

Total (S\$) 8,192.97

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 : YEE JING YEU  
DID : 6654 7622  
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 : AXA INSURANCE PTE LTD  
Reference. No. : 19020920  
Tax Invoice : WS 1910/OPR0192  
Invoice Date : 22-Oct-2019  
Invoice Amount : S\$ 8,192.97  
Payment Due Date : 22-Oct-2019  
Cheque No. : \_\_\_\_\_

ETHOZ PROTECT PTE LTD  
30 BUKIT BATOK CRESCENT  
SINGAPORE 658075



<b>ETHOZ Group Ltd</b>  GST NUM : M2-0057587-3 UEN : 198104531H	  HA NUM : HA-178041
<b>HIRING AGREEMENT</b>	
Vehicle No. : <b>SKT-2473-U</b> Make & Model : <b>MAZDA 3 1.5 (A) SEDAN STANDARD</b>	

Hirer : GAN CHIN YEE  
 NRIC : S7916449F  
 DOB :  
 Address : BLK 752 BEDOK RESERVOIR ROAD  
           #05-05  
           SINGAPORE - 479257  
 Email :

ERP Num : 1125820745  
 Nationality : SG  
 Home :  
 Office :  
 HP :  
 Fax :

RENTAL RATE	No of days : 7    Start : 25/02/2019    Return : 04/03/2019	CHARGES
Daily : S\$113.00 / Day	DEPOSIT	Rental Payable : S\$791.00
	Amount : S\$1,000.00    Payment Mode :	
CDW : NIL	RENTAL PAYMENT	
EXCESS SINGAPORE : S\$2,000.00	Mode :	GST @7% : S\$55.37
FUEL Full tank premium grade fuel upon return.		Amount Due : S\$846.37
Otherwise, ETHOZ rates apply.	Delivery : Collection :	
Signature	Remarks :	
PAI : NIL		

DRIVER DETAILS			
Name	: GAN CHIN YEE	NRIC	: S7916449F    DOB :
Address	: BLK 752 BEDOK RESERVOIR ROAD #05-05	Nationality	: SG 479257 (S)
Contact No	:		

**HIRER'S DECLARATION**

I/We agree to the terms and conditions above and as set out overleaf.  
 If I/We opt to pay by credit/charge card, my/our signature here is deemed to have been made on the applicable credit card charge slip.

Upon notification that your vehicle is ready for collection, you are to return SKT-2473-U MAZDA 3 1.5 (A) SEDAN STANDARD within the day. Failing which, daily rental rate of \$113 will apply from the day of notification.

Authorised Signatory & Company Stamp

Name, Designation

Date

For ETHOZ Group Ltd ON BEHALF  
 SUHELMI OF SUHELMI  
 Prepared By : Christine Nguyen  
 TEL :  
 FAX :