

Jia Le (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 8 May 2019 5:23 PM
To: Jia Le (LKK Auto)
Cc: Hsiao Tong (LKKAuto); Admin A
Subject: RE: (Seek Mandate) Our Ref: 18/19/19/VC05/021526 Survey for vehicle No : GBH4233C TP Claim [External General]

Lonpac External - General

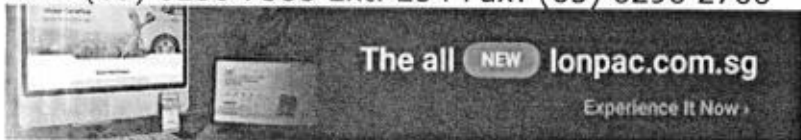
Dear Jia Le

Please proceed.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

From: Jia Le (LKK Auto) [mailto:JiaLe@lkkauto.com]
Sent: Tuesday, 30 April, 2019 1:11 PM
To: ONG LI LI
Cc: Hsiao Tong (LKKAuto); Admin A
Subject: RE:(Seek Mandate) Our Ref: 18/19/19/VC05/021526 Survey for vehicle No : GBH4233C TP Claim [External General]

Lonpac Ref: **18/19/19/VC05/021526**

LKK Ref: CC4/LPC19005457/Upb3s2

Dear Sirs/Madam,

We refer to the above matter.

We have highlighted to your good office on 28/03/2019 of Third-Party's request to do Direct Settlement with our Principal, Lonpac Insurance Bhd.

The accident occurred while OI was overtaking from the right side and BOLA 33 was applicable. Liability is not in our driver's favour.

Summary to offer to third party repairer, "ETHOZ GROUP LTD" is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair (w/GST)	\$ 8,601.88	\$ 4,815.00
2. Loss of Use (4days x \$120.00)(w/GST)	\$ 480.00	\$ 400.00(4days x \$100.00)
3. LTA/ GIA Search Fee	\$ 2.00	\$ 2.00
Total	\$ 9,083.88	\$ 5,217.00

***04days recommendation for repair

Relevant supporting claim documents are attached herewith for your perusal and reference.

The above is for your approval.

Best Regards,

Carlör Chan | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: Jiale@lkkauto.com | fax: 6741-4108

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

From: ONG LI LI <llong@lonpac.com>

Sent: Thursday, 18 April 2019 10:07 AM

To: Shu Pei (LKKAuto) <shupeil@lkkauto.com>

Cc: MT_Claim_SG <mt_claim@lonpac.com>; Admin A <admin-a@lkkauto.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>

Subject: RE: Our Ref: 18/19/19/VC05/021526 Survey for vehicle No : GBH4233C TP Claim [External General]

Lonpac External - General

Hi Shu Pei/Hsiao Tong

Please see attached for TP documents.

Did you inform workshops to send all correspondences to your office instead?

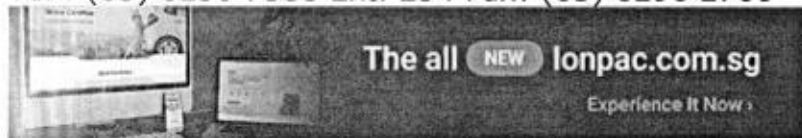
Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

From: ONG LI LI

Sent: Friday, 29 March, 2019 4:23 PM

To: Shu Pei (LKKAuto)

Cc: MT_Claim_SG; Admin A; Hsiao Tong (LKKAuto)

Subject: RE: Our Ref: 18/19/19/VC05/021526 Survey for vehicle No : GBH4233C TP Claim [External General]

Lonpac External - General

Dear Shu Pei

Please see attached.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

Final Settlement

Your Ref : 18/19/19/UC03/021526
Our Ref : OCR/13032019/TP-10169

Date : 16/05/2019

LONPAC INSURANCE BHD.
BLK 100 BEACH ROAD
-#19-00 SHAW TOWER
Singapore - 189702

Attn : MOTOR CLAIMS DEPARTMENT

Subject : ACCIDENT INVOLVING VEHICLE NUM: GBH-4233-C, GBE9888X ON
13/03/2019 AT HARRISON RD T-JUNCTION

Dear Sir/Madam,

We refer to the above matter.

Enclosed herewith duly signed Discharge Voucher, Letter of Authorization & Final Invoice for your necessary action. Kindly forward your cheque amount of **\$5,217.00** made payable to **ETHOZ Group Ltd** being full and final settlement.

Thank you.

Yours faithfully,


Yee Jing Yeu
CLAIM DEPARTMENT
DID : 6654_7562
FAX : 6654 7540
EMAIL : jingyeu.yee@ethozgroup.com

Date : 23/03/2019 13:59

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

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

CLAIM VEHICLE NO. : GBH4233C

ACCIDENT DATE : 13/03/2019 08:15

LOCATION : HARRISON ROAD T-JUNCTION

OTHER VEHICLE (S) : GBE9888X
(IF ANY)

1. I¹ hereby authorise **ETHOZ GROUP 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;

¹ 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.

Page 1 of 3

*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 **

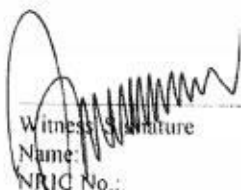
Authorising Party's Signature/Company Stamp (if applicable)

Name: ETHOZ GROUP LTD

NRIC No.: 198104531H

Designation:

Address: BT BATOK CRESCENT SINGAPORE 658075



Witness Signature

Name:

NRIC No.:

Designation: MOTOR CLAIMS SALES EXECUTIVE

Address: C/O 30 BT BATOK CRESCENT SINGAPORE 658075



LONPAC INSURANCE BHD

CLAIM NO : 18/19/19/VC05/021526
DATE : 03 JUNE 2019

DISCHARGE VOUCHER

I/We, ETHOZ GROUP LTD confirmed acceptance from M/s LONPAC INSURANCE BHD and/or owner of GBE 9888X the sum of Singapore Dollar Five Thousand Two Hundred and Seventeen Only (\$5,217.00) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s LONPAC INSURANCE BHD in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving GBE 9888X and GBH 4233C on 13 March 2019 along HARRISON ROAD T-JUNCTION.

I /We hereby agree to indemnify and keep indemnify (LONPAC INSURANCE BHD/SWK DEMOLITION WORKS AND/OR SUNDARAM KAMAL) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to ETHOZ GROUP LTD.

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.



Signature of vehicle owner/Date

Ethoz Group Ltd 06/06/2019

Name of vehicle owner /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

LONPAC INSURANCE BHD.
BLK 100 BEACH ROAD
-#19-00 SHAW TOWER
SINGAPORE - 189702

Tax Invoice : WS 1905/OFM0529
Invoice Date : 16-May-2019
Ref. No. : 19031269
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : GBH-4233-C
ACCIDENT DATE : 13/03/2019

MAKE & MODEL : TOYOTA DYNA 150 (EURO 6) 3.0 DIESEL G (M)

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. GBH-4233-C			
ACCIDENT ON 13/03/2019 AS FOLLOWS :-			
REPAIR COSTS			4,500.00
LOSS OF USE			400.00
GIA FEE			1.87
7 % GST			315.13

Total (S\$) 5,217.00

E & O E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ GROUP 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 : LONPAC INSURANCE BHD.
Reference. No. : 19031269
Tax Invoice : WS 1905/OFM0529
Invoice Date : 16-May-2019
Invoice Amount : S\$ 5,217.00
Payment Due Date : 16-May-2019
Cheque No. : _____

ETHOZ GROUP LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



18/19/19/VCS/021526

ETHOZ

WITHOUT PREJUDICE

Letter of Demand

Your Ref : *GBE9888X*
Our Ref : **OCR/13032019/TP-10169**
Date : 12/04/2019



LONPAC INSURANCE BHD.

BLK 100 BEACH ROAD

-#19-00 SHAW TOWER

Singapore - 189702

Attn : **Motor Claim Department**

Subject : **ACCIDENT INVOLVING VEHICLE NUM : GBH-4233-C, GBE9888X ON
13/03/2019 AT HARRISON RD T-JUNCTION**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	4,815.00
2. Loss Of Use (4 days)	480.00
3. Miscellaneous <i>GIA Fee</i>	2.00

TOTAL 5,297.00

Enclosed : Copies of Repair Cost Invoice, GIA Fee 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,

Yee Jing Yeu *[Signature]*

CLAIM DEPARTMENT

DID : 6654_7562

FAX : *6654 7540*

EMAIL : jingyeu.yee@ethozgroup.com



RECORDS 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

Third Party Insurer Enquiry

Our Ref No: GR-19-045779

Date of Request: 25/03/2019

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Enquiry Date 25/03/2019
Enquiry By Hasbullah Bin Maspot
TP Vehicle No. GBE9888X
Accident Date 13/03/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBE9888X	Lonpac Insurance Bhd	27/11/2018-26/11/2019	+65 62507388

Thank You.

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.

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RECORDS 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

Our Ref No: GR-19-045779

Date of Request: 25/03/2019

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Enquiry Date 25/03/2019
Enquiry By Hasbullah Bin Maspot
TP Vehicle No. GBE9888X
Accident Date 13/03/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque