

**Final Settlement**

Your Ref : 18/19/19/UC05/021526  
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



## LONPAC INSURANCE BHD

CLAIM NO : 18/19/19/VC05/021526

DATE : 15 MAY 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/ ETHOZ GROUP LTD AND/OR MUHAMMAD THAQIB AJWAD BIN MOHAMED ALI) 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 16/05/2019*  
.....

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.

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. I 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;

☐ 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.

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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 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: 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

## 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

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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**

