

D/S CASE OWNER:

CC 4, 111 1900 64 JS, 11/4/19

IDAC:

Surveyor:

Marius

DOI:

ASSIGNMENT

11/4/19

Date / Time:

11/4/2019

Registered in Merimen:

11/4/19

Pre-assign / CCU / FTE

SAD 31155



Insured Vehicle No.:

CTPL

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 8/4/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: % Final ? Yes / No

SMD 7610 T



INSRS:

WSP:

Tel:

Liability:

RMKS:

Etnoz



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

11/5

opu

SMD 7610 T - x.
SMD 31155 - 04/11/19 12:00 / 11/4/19 12:00

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

P/P

SS

600.00

(2 days)

Reduction:

\$524.48

%

81

Confirm by:

Marius

Email

Call

FINAL SETTLEMENT

Date/Time:

26/7/19

3:20pm

Confirm with:

Joyce

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

15

IF NO or B 28, Ass. Lin:

Repair Cost:

(W/L/S)

SS

642.00

OI change lane to TP

Loss of Rental (LOR):

SS

-

(days)

Loss of Use (LOU):

SS

100.00

(360 x 2 days)

Loss of Income (LOI):

SS

-

(3 x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

29.00

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

790.00

Global Sum SS:

790.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

790.00

Name 1:

Etnoz Protect Pte Ltd.

Payee 2: (Strike if N.A.)

SS

-

Name 2:

Payee 3: (Strike if P.A.)

SS

-

Name 3:

PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Ng Boon Kai
CLAIM DEPARTMENT
DID : 6654 7617
FAX :

Date : 10/04/2019

To : INDIA INTERNATIONAL INSURANCE PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : HO YUET FOON

: AXA INSURANCE PTE LTD

Certificate No : VPA/P2812185

Accident Date : 08/04/2019

Vehicle No : SMD-7610-T

Make & Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS) 1

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

1	REAR BUMPER	587.40	X
10	REAR BUMPER CLIPS	55.00	X
1	REAR BUMPER SIDE RETAINER RH	65.10	X
1	REAR BUMPER SIDE RETAINER LH	65.10	X
1	REAR FENDER RH	1,345.50	X
Sub Total		2118.10	
Discount 20% On Parts		(423.62)	

Labour & Misc

LABOUR TO FACILITATE REPAIR	800.00	200
LABOUR TO SPRAY PAINT AFFECTED AREAS	600.00	400

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Date : 10/04/2019

To : INDIA INTERNATIONAL INSURANCE PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : HO YUET FOON

: AXA INSURANCE PTE LTD

Certificate No : VPA/P2812185

Accident Date : 08/04/2019

Vehicle No : SMD-7610-T

Make & Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS) 1

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	11 30.00	X
	Sub Total	1430.00	

LHH Auto Consultants hence notify the Repairer of the following:

- To remain active during survey
- To discuss and agree on the survey
- Repairs must be carried out on a "Without Prejudice" basis
- No other work is allowed
- Supplemental work must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

3,124.48

Remarks:

not added

SUB TOTAL

GST 7.0 % 218.71

TOTAL 3,343.19

Surveyor's name:

Verica LHH

Principal's name: HO YUET FOON

11p 600 2dy.

Survey Date & Time:

The phs At the repair 22/4/19

PAGE : 2

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 2347I

Vehicle Details

Vehicle No.: SMD7610T

Vehicle to be Exported: No

Intended Deregistration Date: 22 Apr 2019

Vehicle Make: HYUNDAI

Vehicle Model: ELANTRA AD 1.6 GLS AT (AMS)

Primary Colour: Silver

Manufacturing Year: 2018

Engine No.: G4FGJU238292

Chassis No.: KMHD841CMJU729792

Maximum Power Output: 93.8 kW (125 bhp)

Open Market Value: \$10,942.00

Original Registration Date: 01 Sep 2018

First Registration Date: 01 Sep 2018

Transfer Count: 0

Actual ARF Paid: \$10,942.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 31 Aug 2028

PARF Rebate Amount: \$8,206.00

Intended COE Rebate Details

COE Expiry Date: 31 Aug 2028

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$31,997.00

COE Rebate Amount: \$29,941.00

Total Rebate Amount: \$38,147.00

The information contained herein is correct as at 22 Apr 2019

OK

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Thursday, 11 April 2019 9:11 AM
To: Ng Boon Kai; 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Manivel Priyadarshini
Subject: RE: Survey for vehicle No SMD-7610-T TP CLAIMS
Attachments: 0167_001.pdf

10:27am @ 11/4/19
Boon Kai
VNI
Arrive on 11/4/19

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SMD7610T and let us have your report urgently.

This claim will be handled by Ms Priya.

*Kindly upload this survey request email to merimen.

Thank You.

Best Regards,
Gabriel Wee



64 Cecil Street; #05 - IOB Building
Singapore 049711
Tel: 6347 6100, Ext - 248

From: Ng Boon Kai [mailto:BoonKai.Ng@ethozgroup.com]
Sent: 10 April, 2019 4:26 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: C Meenachi - III <Meenachi@iii.com.sg>; Jimmy Goh <jimmy.gohkl@ethozgroup.com>; Suhelmi Bin Suharman <Suhelmi.Suharman@ethozgroup.com>
Subject: RE: Survey for vehicle No SMD-7610-T TP CLAIMS

Hi Gabriel,

We would like to choose LKK Auto for survey.

Thanks,

Best regards,

Boon Kai
Executive
Motor Claims Operation



ETHOZ GROUP LTD

22 Tampines Street 92 Singapore 528876

DID: 6654 7617 | Fax: 6654 7648

Website: www.ethozgroup.com



From: Motor Claim - III [<mailto:motorclaim@iii.com.sg>]

Sent: Wednesday, April 10, 2019 4:13 PM

To: Ng Boon Kai <BoonKai.Ng@ethozgroup.com>

Cc: C Meenachi - III <Meenachi@iii.com.sg>; Jimmy Goh <jimmy.gohkl@ethozgroup.com>

Subject: RE: Survey for vehicle No SMD-7610-T TP CLAIMS

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,

Gabriel Wee



64 Cecil Street; #05 - IOB Building

Singapore 049711

Tel: 6347 6100, Ext - 248

From: Ng Boon Kai [<mailto:BoonKai.Ng@ethozgroup.com>]

Sent: 10 April, 2019 2:28 PM

To: Motor Claim - III <motorclaim@iii.com.sg>

Cc: C Meenachi - III <Meenachi@iii.com.sg>; Jimmy Goh <jimmy.gohkl@ethozgroup.com>

Subject: Survey for vehicle No SMD-7610-T TP CLAIMS

Hi,

Appreciate if you could arrange survey for the above mentioned vehicle .

Your insured:SHD-3115-S

DOA: 08/04/2019

Thanks,

Best regards,

Boon Kai
Executive
Motor Claims Operation



22 Tampines Street 92 Singapore 528876

DID: 6654 7617 | Fax: 6654 7648

Website: www.ethozgroup.com



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India International Insurance Pte Ltd.

Registration No. 198703792-K

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Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

Print Received Message

This mail is associated with :

***SMD7610T (MCT19040212)**
[SHD3115S]

TP

HO YUET FOON
Apr 8 2019 8:00AM

Ethoz Group Ltd - Tampines

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 09/05/2019 10:42 AM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$0.00) - SMD7610T - Claim Handler: Priya

Approved:0.00.

Print Received Message

This mail is associated with :

***SMD7610T (MCT19040212)**
[SHD3115S]

TP

HO YUET FOON

Apr 8 2019 8:00AM

[-]

Ethoz Group Ltd - Tampines

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 09/05/2019 10:42 AM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$0.00) - SMD7610T - Claim Handler: Priya

Approved:0.00.

Print Received Message

This mail is associated with :

***SMD7610T (MCT19040212)**
[SHD3115S]
TP
HO YUET FOON
Apr 8 2019 8:00AM
[-]
Ethoz Group Ltd - Tampines

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 10/06/2019 17:12 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$791.00) - SMD7610T - Claim Handler: Priya

Approved:791.00:Please upload TP photos

Letter of Demand

Your Ref : SHD3115S
Our Ref : OPR/08042019/TP-10193 - SMD7610T
Date : 02/05/2019

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

Attn : Motor Claim Department
Subject : ACCIDENT INVOLVING VEHICLE NUM : SMD-7610-T, SHD3115S ON
08/04/2019 AT BOON LAY WAY

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	642.00
2. Loss Of Use (2 days)	160.00
3. Miscellaneous - GIA Fee	29.00

TOTAL **831.00**

Enclosed : Copies of Repair Cost Invoice, GIA Search Fee & 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,

Joyce Choo

CLAIM DEPARTMENT

DID : 66547920

FAX : 66547940

EMAIL : joyce.choo@ethozgroup.com

Date : 09/04/2019

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

From : HO YUET FOON

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

CLAIM VEHICLE NO. : SMD7610T

ACCIDENT DATE : 08/04/2019 0850HRS

LOCATION : ALONG BOON LAY WAY

OTHER VEHICLE (S) : SHD3115S
(IF ANY)

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;

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 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: **HO YUET FOON**

NRIC No.: **S0142347 I**

Designation:

Address:



Witness' Signature **SUHELMI**

Name:

S8717877C

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: MCT19040212
 Claimant Ref: SMD 7610T

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\$ 790.00 (global sum) ~~(S\$ 790.00)~~ ~~(S\$ 790.00)~~ ~~(S\$ 790.00)~~ vehicle no. SMD 7610T that was damaged pursuant to the accident which occurred on 08/04/2019 (date) at BOON LAY WAY (location) involving vehicle no. SMD 31155 (insured vehicle). This is pursuant to the inspection conducted on 22/04/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner HQ YUET FOON ("the third party claimant") of vehicle no. SMD 7610T 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 SMD 7610T (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\$ 790.00 to ETHOZ PROTECT PTE LTD

Dated this 29th day of July 20 19

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

ETHOZ Protect Pte Ltd

NRIC:

198104531H

Address:

30 Bukit Batok Crescent
Singapore 658075

Nationality:

Occupation:

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK AUTO CONSULTANTS PTE LTD

NRIC:

199607198R

Address:

31 UBI AVE 1, PAYA UBI INDUSTRIAL PARK

#02-25 SINGAPORE 408933

Nationality:

Occupation:

*** 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

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

Tax Invoice : WS 1907/OPR0267
Invoice Date : 29-Jul-2019
Ref. No. : 19040569
GST No. : M2-0057587-3

VEHICLE NO. : SMD-7610-T
ACCIDENT DATE : 08/04/2019

MAKE & MODEL : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS) Page 1
1591

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SMD-7610-T			
ACCIDENT ON 08/04/2019 AS FOLLOWS :-			
REPAIR COSTS			600.00
LOSS OF USE			119.00
GIA FEE			27.10
7 % GST			43.90

Total (S\$)	790.00
--------------------	---------------

E & O E

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

No receipt will be issued.

Computer generated document no signature required.

CONTACT : JOYCE CHOO
DID : 68547920
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. : 19040569
Tax Invoice : WS 1907/OPR0267
Invoice Date : 29-Jul-2019
Invoice Amount : S\$ 790.00
Payment Due Date : 29-Jul-2019
Cheque No. : _____

ETHOŽ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



TAX INVOICE

HO YUET FOON
BLK 237 TEMBELING ROAD
#04-04
SINGAPORE - 423721

Tax Invoice : WS 1905/OPR0148
Invoice Date : 02-May-2019
Ref. No. : 19040569
GST No. : M2-0057587-3

VEHICLE NO. : SMD-7610-T
ACCIDENT DATE : 08/04/2019

MAKE & MODEL : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS) Page 1
1591

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			600.00
7 % GST			42.00

ETHOZ

Total (S\$)	642.00
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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 : JOYCE CHOO
DID : 66547920
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 : HO YUET FOON
Reference. No. : 19040569
Tax Invoice : WS 1905/OPR0148
Invoice Date : 02-May-2019
Invoice Amount : S\$ 642.00
Payment Due Date : 02-May-2019
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075





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-19-055600
Date of Request: 09/04/2019

Your Ref No: SUHELMI TAMPINES

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 08/04/2019
Place of Accident: ALONG BOON LAY WAY
Client Vehicle No: SMD7610T

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



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-19-055603
Date of Request: 09/04/2019

Your Ref No: SUHELMI TAMPINES

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Date of Accident: 08/04/2019
Vehicle No: SMD7610T
Place of Accident: BOON LAY WAY
Involved Vehicle No: SHD3115S

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHD3115S	BOON LAY WAY	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

For GIARMC Official use:

Date:

☐ GIRO ☐ Cash ☐ Cheque

...CLAIM SUBFOLDER...(Pending for Survey Report)

Direct Settlement

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	11 Apr 2019 Edit Reg		11 Apr 2019 00:00 Edit Adj Rpt	\$5600.00 Edit Estimates	\$5600.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R								
Main Claimant:	HO YUET FOON , ID: S01423471								
Vehicle Reg. No.:	SMD7610T	Date of Loss:	08/04/2019 08:00 - :59 [7 Months and 7 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / MCT19040212	Policy/Cover Note No.:	MCOM0015						
Vehicle Reg. No. (Insured):	SHD31155	Policy No. (Claimant):	VPA/P2812185						
		Excess:							
Repairer:	Ethoz Protect Pte Ltd - Tampines (HQ) 22 Tampines St 92, 528875 Tampines - Tel:								
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Priya]								
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Final Rpt due 23/04/2019]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> III_SG (10/06/2019): Alert - Adj Mandate Approved (\$5791.00) - SMD7610T - Claim Handler: Priya III_SG (09/05/2019): Alert - Adj Mandate Approved (\$50.00) - SMD7610T - Claim Handler: Priya 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SMD7610T (MCT19040212)
[SHD3115S]
TP
HO YUET FOON
Apr 8 2019 8:00AM
[COMFORT TRANSPORTATION PTE LTD]
Ethoz Protect Pte Ltd - Tampines

Upload Documents			Upload Photos			Compose New Letter			View View in Browser		
Photos/Images									3 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
2	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
3	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
4	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
5	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
6	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
7	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
8	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
9	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
10	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
11	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
12	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
13	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
14	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
15	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
16	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
17	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
18	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
19	11/06/19 10:38	General View						Load JPG	<input checked="" type="checkbox"/>		
Documentation									1 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	11/04/19 15:52	TP ESTIMATE + TP GIA REPORT						Load PDF			
2	11/04/19 15:52	ACKNOWLEDGEMENT EMAIL TO III DD 11.04.2019						Load PDF			
3	02/05/19 14:05	TP ESTIMATE - MARKED						Load PDF			
4	03/06/19 13:24	LOD						Load PDF			
5	03/06/19 13:24	GIA SEARCH						Load PDF			
6	30/08/19 12:14	WORKSHOP INVOICE						Load PDF			
7	30/08/19 12:14	AUTHORISATION TO ACT FORM						Load PDF			
8	30/08/19 12:14	DISCHARGE VOUCHER						Load PDF			
No	Finalized On	India International Insurance Pte Ltd (HQ)						Thumbnail	Print		
1	12/04/19 09:12	Singapore Accident Statement						Load PDF			

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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Show Remarks To: ☐ Handling InsurerNote: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co. Reg. No: 199607196R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC4/III19006475/UGA3Q2

Date: 30/08/2019

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No: MCOM0015

Claimant Vehicle No: SMD7610T

Insured Vehicle No: SHD3115S

Date of Loss: 08/04/2019

Nature of Claim: TP

Claim No: MCT19040212

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SMD7610T

Make & Model: HYUNDAI ELANTRA, 1.6 AD GLS (A)

Engine No: G4FGJU238292

Reg. Date: 01/09/2018 (Man. Year: 2018)

Chassis No: KMHD841CMJU729792

Colour: Silver

Odometer: 9140 km

Engine Capacity: 1591 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/65 R15

Rear Tyre Size: 195/65 R15

Front Left Side: Nexen 8 mm

Rear Left Side: Nexen 8 mm

Front Right Side: Nexen 8 mm

Rear Right Side: Nexen 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,694.48	0.00	1,694.48	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,430.00	600.00	830.00	58.04
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,124.48	600.00	2,524.48	80.80
+ GST 7.00/7.00% (S\$)	218.71	42.00	176.71	80.80
Nett Amount (S\$)	3,343.19	642.00	2,701.19	80.80
+ Loss of Use (2.0 x S\$60.00/day) (S\$)		120.00		
+ Doc/Search Fee (S\$)		29.00		
Nett Liability (S\$)		791.00		
Global Sum Settlement (S\$)		790.00		

INSPECTION

Date of Assignment: 11/04/2019

Date Inspected: 22/04/2019 Inspected At:

ETHOZ PROTECT PTE LTD
22 TAMPINES STREET 92
Singapore 528876

Estimated Period of Repair: 2.0 days

Adjuster: MARCUS CHUA**Manager:** Chong Pui Lin

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 03 Jun 2019)
Parts: 143	HYUNDAI ELANTRA 1.6 AD GLS (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SMD7610T)
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Repair	587.40 FL	*- FL
2	10		*REAR BUMPER CLIPS	Not Necessary	55.00 FL	*- FL
3	1		*REAR BUMPER SIDE RETAINER RH	Not Necessary	65.10 FL	*- FL
4	1		*REAR BUMPER SIDE RETAINER LH	Not Necessary	65.10 FL	*- FL
5	1		*REAR FENDER RH	Repair	1,345.50 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,118.10	0.00
- List Item Discount on L Items 20.00/20.00% (S\$)	423.62	0.00
Total Parts (S\$)	1,694.48	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	LABOUR TO FACILITATE REPAIR	New	800.00	200.00
2	LABOUR TO SPRAY PAINT AFFECTED AREAS	New	600.00	400.00
3	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	New	30.00	0.00
Gross Labour Cost (S\$)			1,430.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >