

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: TP / MCT19070673
Claimant Ref: SLH7252J

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\$ 4,280.00 (repair cost), S\$ 963.00 (loss of use/rental), S\$ 29.00 (search fee), vehicle no. SLH7252J that was damaged pursuant to the accident which occurred on 26/07/2019 (date) at JURONG WEST ST 52 (location) involving vehicle no. SHC1094L (insured vehicle). This is pursuant to the inspection conducted on 05/08/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CHONG LEE YEE ("the third party claimant") of vehicle no. SLH7252J 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 SLH7252J (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\$ 5,272.00 to ETHOZ PROTECT PTE LTD

Dated this 30th day of October 2019

CLAIMANT:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:

Signed by "the workshop" (with chop)

ETHOZ Protect Pte Ltd

30 Bukit Batok Crescent
S658075

WITNESS:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:

Signed by appointed Surveyor

LKK Auto Consultants Pte Ltd

199607198R

51 Ubi Avenue 1

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

*** 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.

26/07/2019

Date : _____

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

From : CHONG LEE YEE
(Name of Owner & Policyholder/Authorising Party**)

CLAIM VEHICLE NO.: SLH7252J

ACCIDENT DATE : 26/07/2019

LOCATION : JURONG WEST ST 52

OTHER VEHICLE (S): SHC1094L
(IF ANY)

1. I¹ 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 ~~maintained with my insurer~~ 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.

 

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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.
5. As the extent to which the Insurer/Third Party** will indemnify me or be liable is not conclusive, I agree to place a deposit of S\$_____ (excluding GST) for the Repair's costs (the "Deposit").
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.

X

Chong

SIGN HERE

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*Tick where applicable.
** Delete as appropriate.

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 discretion 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.

X



Owner & Policyholder's Signature/Company Stamp (if applicable); or**

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

Name : CHONG LEE YEE

NRIC No. : S8083493D

Designation: POLICYHOLDER

Address: BLK 440C BUKIT BATOK WEST AVE 8 #10-743 S653440)

Signed Without Prejudice For Any Personal Injury Claim



Witness' Signature

Name : JACKSON TEO

NRIC No. : S7316595D

Designation: MOTOR CLAIMS SALES EXECUTIVE

Address: C/O 30 BUKIT BATOK CRESCENT SINGAPORE 658075

TAX INVOICE

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

Tax Invoice : WS 1910/OPR0214
Invoice Date : 30-Oct-2019
Ref. No. : 19071516
GST No. : M2-0057587-3

VEHICLE NO. : SLH-7252-J
ACCIDENT DATE : 26/07/2019

MAKE & MODEL : TOYOTA LEXUS IS250 AUTO STANDARD HID ^{Page 1} **2500**

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SLH-7252-J			
ACCIDENT ON 26/07/2019 AS FOLLOWS :-			
REPAIR COSTS			4,000.00
LOSS OF RENTAL			900.00
GIA FEE			27.10
7 % GST			344.90

Total (S\$)	5,272.00
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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 : INDIA INTERNATIONAL INSURANCE PTE LTD
Reference. No. : 19071516
Tax Invoice : WS 1910/OPR0214
Invoice Date : 30-Oct-2019
Invoice Amount : S\$ 5,272.00
Payment Due Date : 30-Oct-2019
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075

