

Letter of Demand

Your Ref : SHC2723Z
Our Ref : OPR/15092019/TP-10357 - SLQ5623M
Date : 13/11/2019

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

Attn : Motor Claim Department
Subject : ACCIDENT INVOLVING VEHICLE NUM : SLQ-5623-M, SHC2723Z ON
15/09/2019 AT UPPER THOMSON ROAD SEMBAWANG HILL FOOD CENTER

Dear Sir / Madam,

We would like to append our losses as follows :-

	<u>AMOUNT (\$)</u>
1. Repair Cost	1,338.87
2. Loss Of Rental (2 days)	385.20
3. Miscellaneous	7.45

TOTAL **1,731.52**

Enclosed : Copies of Repair Cost Invoice, Hiring Agreement, LTA Search 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,

Joyce Choo 

CLAIM DEPARTMENT

DID : 66547920

FAX : 66547540

EMAIL : joyce.choo@ehtozgroup.com

Date : 18/09/2019
To : **ETHOZ PROTECT PTE LTD**
(/) 30, Bukit Batok Crescent, Singapore 658075
() 50, Gul Crescent, Singapore 629543
() 22, Tampines Street 92, Singapore 528876
From : **NEO SENG WEE**
(Name of Owner & Policyholder/Authorising Party**)

CLAIM VEHICLE NO. : SLQ5623M
ACCIDENT DATE : 15/09/2019
LOCATION : UPPER THOMSON ROAD SEMBAWANG HILL FOOD
OTHER VEHICLE (S) : SHC2723Z
(IF ANY)

1. 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;

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

> *Now*

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.

X

Neo

Owner & Policyholder's Signature/Company Stamp (if applicable); or **
Authorising Party's Signature/Company Stamp (if applicable)
Name: **NEO SENG WEE**
NRIC No.: **S7417126E**
Designation:
Address:

[Signature]



Witness' Signature **RAKESWARAN ANAND**
Name:
NRIC No.:
Designation: **MOTOR CLAIMS SALES EXECUTIVE**
Address: **C/O 30 BT BATOK CRESCENT SINGAPORE 658075**

TAX INVOICE

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

Tax Invoice : WS 1912/OPR0207
Invoice Date : 26-Dec-2019
Ref. No. : 19090814
GST No. : M2-0057587-3

VEHICLE NO. : SLQ-5623-M
ACCIDENT DATE : 15/09/2019

MAKE & MODEL : HONDA FREED 1.5L E AT

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Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SLQ-5623-M ACCIDENT ON 15/09/2019 AS FOLLOWS :-			
REPAIR COSTS			1,251.28
LOSS OF RENTAL			199.70
LTA FEE			6.96
7 % GST			102.06

Total (S\$)	1,560.00
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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. : 19090814
Tax Invoice : WS 1912/OPR0207
Invoice Date : 26-Dec-2019
Invoice Amount : S\$ 1,560.00
Payment Due Date : 26-Dec-2019
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



ETHOZ Group Ltd

GST NUM : M2-0057587-3
 UEN : 198104531H

ETHOZ
 HA NUM : HA-178926

HIRING AGREEMENT

Vehicle No. : **SKP-3153-H** Make & Model : **NISSAN SYLPHY 1.8 (A)**

Hirer : **NEO SENG WEE**
 NRIC : ******126E**
 DOB : **31/05/1974**
 Address : **BLK 289C BUKIT BATOK ST25**
#12-190
SINGAPORE - 652289

ERP Num : **1125388082**
 Nationality : **SG**
 Home :
 Office :
 HP : **81983740**
 Fax :

RENTAL RATE	No of days : 2 Start : 14/10/2019 Return : 16/10/2019	CHARGES
Daily : S\$133.00 / Day	DEPOSIT	Rental Payable : S\$266.00
	Amount : S\$1,500.00 Payment Mode :	
CDW : NIL	RENTAL PAYMENT	
EXCESS SINGAPORE : S\$3,000.00	Mode :	GST @7% : S\$18.62
FUEL Full tank premium grade fuel upon return. Otherwise, ETHOZ rates apply.		Amount Due : S\$284.62
 Signature	Delivery : DRIVE OUT @ HQ Collection : RETURN @ HQ	
PAI : NIL	Remarks : Accident Veh No.: SLQ-5623-M STRICTLY SINGAPORE USE.	

DRIVER DETAILS

Name : **NEO SENG WEE** NRIC : ******126E** DOB : **31/05/1974**
 Address : **BLK 289C BUKIT BATOK ST25** Nationality : **SG**
#12-190 **652289 (S)**
 Contact No : **81983740(HP)**

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 be my/our signature. Upon notification that your vehicle is ready for collection, you are to return SKP-3153-H NISSAN SYLPHY 1.8 (A) within the day. Failing which, daily rental rate of \$133 will apply from the day of notification.


 Authorised Signatory & Company Stamp



Name, Designation

Date : _____

For ETHOZ Group Ltd
KENNETH CORNELIUS
 Prepared By : **May Ong**
 TEL : **66547891**
 FAX : **66547543**

Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Print Date/Time : 20 Sep 2019 / 10:59:25

Receipt Date/Time : 20 Sep 2019 / 10:58:23

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190920-001010

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SHC2723Z As at 15 Sep 2019/09:55:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHC2723Z Enquiry Fee 20190920105406208849	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx8935		Credit Card: Visa /MasterCard	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.