

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MC20202010
Claimant Ref: GBF5171B

We/I, ETHOZ GROUP 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\$ 4,800.00(global sum) (repair cost), S\$ (loss of use/rental), S\$ (search fee), vehicle no. GBF5171B that was damaged pursuant to the accident which occurred on 14/01/2020 (date) at BRADDELL RD TWDS LORNIE VIADUCT (location) involving vehicle no. GBB4212U (insured vehicle). This is pursuant to the inspection conducted on 12/03/2020 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner ETHOZ GROUP LTD ("the third party claimant") of vehicle no. GBF5171B 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 GBF5171B (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\$ 4,800.00 to ETHOZ GROUP LTD

Dated this 30th day of June 2020

CLAIMANT:

Signature:


Signed by "the workshop" (with chop)

Name:

Ethoz Group Ltd

NRIC:

P18104531H

Address:

30 Bukit Batok Crescent
S658075

Nationality:

Occupation:

WITNESS:

Signature:



MTH

Signed by appointed Surveyor

Name:

LKK AUTO CONSULTANTS PTE LTD

NRIC:

199607198R

Address:

51 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.

Date : 14/01/2020

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. : GBF5171B

ACCIDENT DATE : 14/01/2020 11:50

LOCATION : ALONG BRADDELL RD > LORNIE VIADUCT

OTHER VEHICLE (S) : GBB4212U
(IF ANY)

I. 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;



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.

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:

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 2006/OFM1088
Invoice Date : 30-Jun-2020
Ref. No. : 20010726
GST No. : M2-0057587-3

VEHICLE NO. : GBF-5171-B
ACCIDENT DATE : 14/01/2020

MAKE & MODEL : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M) EURO

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Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. GBF-5171-B			
ACCIDENT ON 14/01/2020 AS FOLLOWS :-			
REPAIR COSTS			4,100.00
LOSS OF USE			384.00
GIA FEE			27.10
7 % GST			288.90

Total (S\$)	4,800.00
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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 : 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. : 20010726
Tax Invoice : WS 2006/OFM1088
Invoice Date : 30-Jun-2020
Invoice Amount : S\$ 4,800.00
Payment Due Date : 30-Jun-2020
Cheque No. : _____

ETHOZ GROUP LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



Print Received Message

This mail is associated with :

***GBF5171B (MC20202010)**
[GBB4212U]

TP
ETHOZ GROUP LTD
Jan 14 2020 11:00AM

[~]
Ethoz Group Ltd

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 29/06/2020 14:39 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$4836.00) - GBF5171B - Claim Handler: Lalitha Krishnan

Approved:4836.00:Can you offer \$60 per day for Loss of use as TPV is only a Van

Letter of Demand

Your Ref : GBB4212U
Our Ref : OCR/14012020/TP-10488 - GBF5171B
Date : 14/05/2020

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET, #04 / #05
IOB BUILDING
Singapore - 049711

Attn : Motor Claim Department

**Subject : ACCIDENT INVOLVING VEHICLE NUM : GBF-5171-B, GBB4212U ON
14/01/2020 AT ALONG BRADDELL RD > LORNIE VIADUCT**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	4,387.00
2. Loss Of Use (7 days) - 1 weekend	840.00
3. Miscellaneous - GIA Fee	29.00

TOTAL **5,256.00**

Enclosed : Copies of Repair Cost Invoice, GIA 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@ethozgroup.com

**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

SEARCH RESULTS

Our Ref No: GR-20-008305

Date of Request: 14/01/2020

Your Ref No: RAKESWARAN ANAND (BUKIT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 14/01/2020

Place of Accident: ALONG BRADDELL RD > LORNIE VIA

Client Vehicle No: GBF5171B

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
GBB4212U	BRADDELL ROAD FLYOVER	14/01/2020 11:50

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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**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-20-008305

Date of Request: 14/01/2020

Your Ref No:

RAKESWARAN ANAND (BUKIT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 14/01/2020

Place of Accident: ALONG BRADDELL RD > LORNIE VIA

Client Vehicle No: GBF5171B

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

Thank You.

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For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque



**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-20-009350

Date of Request: 16/01/2020

Your Ref No:

RAKESWARAN ANAND (BUKIT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Date of Accident: 14/01/2020

Vehicle No: GBF5171B

Place of Accident: ALONG BRADDELL RD > LORNIE VIADUCT

Involving Vehicle No: GBB4212U

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\$)
GBB4212U	ALONG BRADDELL RD > LORNIE VIADUCT	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Date:

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