

Letter of Demand

Your Ref : SLE2300C
Our Ref : OPR/12082020/TP-10564 -SLS5009B
Date : 01/10/2020

EQ INSURANCE COMPANY LIMITED

22 GEMMILL LANE

Singapore - 069257

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SLS-5009-B, SLE2300C ON 12/08/2020
AT CHOACHU KANG WAY

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	7,898.27
2. Loss Of Use (8 days) - 1 weekend	960.00
3. Miscellaneous - GIA Fee	29.00

TOTAL 8,887.27

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

13/08/2020

Date : _____

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

From : GOO CHUON KWAN
(Name of Owner & Policyholder/Authorising Party**)

CLAIM VEHICLE NO.: SLS5009B

ACCIDENT DATE : 12/08/2020

LOCATION : CHOA CHU KANG WAY

OTHER VEHICLE (S): SLE2300C
(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 ~~which is not the Vehicle~~ 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.

SIGN HERE

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.
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.



SIGN HERE

Page 2 of 3

**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.

SIGN HERE

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

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

Name : GOO CHUON KWAN

NRIC No. : S6935818G

Designation: POLICYHOLDER

Address: BLK 632 CHOA CHU KANG NORTH 6 #14-211 S(680632)

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

*** 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

MR. GOO CHUON KWAN
BLK 632 CHOA CHU KANG NORTH 6
#14-211
SINGAPORE - 680632

Tax Invoice : WS 2010/OPR0095
Invoice Date : 01-Oct-2020
Ref. No. : 20080556
GST No. : M2-0057587-3

VEHICLE NO. : SLS-5009-B
ACCIDENT DATE : 12/08/2020

MAKE & MODEL : MAZDA MAZDA5 WAGON 2.0 AT EU6 1998

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Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			7,381.56
7 % GST			516.71

ETHOZ

Total (S\$)	7,898.27
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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 : MR. GOO CHUON KWAN
Reference. No. : 20080556
Tax Invoice : WS 2010/OPR0095
Invoice Date : 01-Oct-2020
Invoice Amount : S\$ 7,898.27
Payment Due Date : 01-Oct-2020
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



**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-20-094191

Date of Request: 13/08/2020

Your Ref No: JACKSON TEO (BT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 12/08/2020

Place of Accident: CHOA CHU KANG WAY

Client Vehicle No: SLS5009B

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
SLE2300C	No match found.	

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.

This is a computer generated document and requires no signature.

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Our Ref No: GR-20-094191
Date of Request: 13/08/2020

Your Ref No: JACKSON TEO (BT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 12/08/2020
Place of Accident: CHOA CHU KANG WAY
Client Vehicle No: SLS5009B

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:

☒ [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-20-094544
Date of Request: 14/08/2020

Your Ref No: JACKSON TEO (BT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Date of Accident: 12/08/2020
Vehicle No: SLS5009B
Place of Accident: CHOA CHU KANG WAY
Involving Vehicle No: SLE2300C

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\$)
SLE2300C	CHOA CHU KANG WAY	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/EQI20008574/R1pa3

19 AUG 2020

SANWAH CONSTRUCTION PTE LTD

28 SIN MING LANE
#08-147 MIDVIEW CITY
SINGAPORE 573972
Attn: The Management

Dear Sir/Madam,

**ACCIDENT INVOLVING SLE 2300C(EQ) AND SLS 5009B ALONG SLIP ROAD OF KJE
TOWARDS CHOA CHU KANG WAY ON 12/08/2020**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, EQ Insurance Company Ltd to deal with the third party claim against your policy.

We have received a claim from SLS 5009B against your insurance policy.

Based on the accident report and all the available information on hand, we are of the view that liability is not in your driver's favour as it is a head-to-rear collision. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please note that your No-Claim Discount (NCD) (if any) will be affected upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

"Please note EQ Insurance reserves all rights to seek recovery if the Insured and/or Authorized Driver is later found to be in breach of policy terms and conditions."

Please call us if you have further queries.

Yours faithfully,

CHEW HSIAO TONG
Case Handler
DID: 6742 3197
FAX: 6741 4108
EMAIL: chewht@lkkauto.com

c.c. *EQ INSURANCE COMPANY LIMITED
(Motor Claims Dept)*

Hsiao Tong (LKKAUTO)

From: Joyce Choo <Joyce.Choo@ethozgroup.com>
Sent: Wednesday, 21 October 2020 10:07 AM
To: Hsiao Tong (LKKAUTO)
Subject: RE: Your ref: SLE2300C Our ref: SLS5009B //LKK Ref: CC4/EQI20008574/R1pa3s2

Hi Hsiao Tong,

Kindly make payment to ETHOZ Protect Pte Ltd.

Bank details as follows:

Account Number : 0140129200 - SGD Account Name : ETHOZ PROTECT PTE. LTD. - 0140129200 - SGD
Product Type : SGD CURRENT ACCOUNT

Account Name	Ethoz Protect Pte Ltd
Account Number	014-012920-0
Bank Name	DBS Bank Ltd
Bank & Branch Code	7171-014

Thank you.

Best regards,
Joyce Choo
Claims Settlement



ETHOZ GROUP LTD

22 Tampines Street 92 Singapore 528876

DID: 6654 7920 | Fax: 6654 7540

Website: www.ethozgroup.com

