

Letter of Demand

Your Ref : **SKR1975E**
Our Ref : **OPR/05122020/TP-10646 — SLM66279**
Date : 01/02/2021

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET, #04 / #05

IOB BUILDING

Singapore - 049711

Attn : Motor Claim Department**Subject : ACCIDENT INVOLVING VEHICLE NUM : SLM-6627-S, SKR1975E, SHD6067C, SHD9045U, SLT4389E ON 05/12/2020 AT AYE TOWARDS MCE AT 9.5KM**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	16,050.00
2. Loss Of Use (20 days)	1,600.00
3. Medical Fees	123.40
4. Miscellaneous — GIA Fee	2.00

Handwritten notes:
3 weekends 13/12/2020, 20/12/2020, 27/12/2020
1 Holiday 25/12/2020

TOTAL 17,775.40

Enclosed : Copies of Repair Cost Invoice, GIA Search, GIA Report & Police Report for your perusal and kind attention.

Kindly look into the matter and revert to us as soon as possible.

Thank you,

Yours faithfully,

Yee Jing Yeu

CLAIM DEPARTMENT

DID : 6654 7562

FAX : 6654 7560

EMAIL : jingyeu.yee@ethozgroup.com

Date : 07/12/2020

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

From : **HASHIM BIN JAMID**
(Name of Owner & Policyholder/Authorising Party**)

CLAIM VEHICLE NO. : SLM6627S

ACCIDENT DATE : 05/12/2020 12:35

LOCATION : AYE TOWARDS ESP @ 9.5KM

OTHER VEHICLE (S) : SKR1975E
(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;

☐ Where authorising party is not vehicle owner and polirholder.

☐ 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.
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: HASHIM BIN JAMID

NRIC No.: S1811590E

Designation:

Address: BLK 980 JURONG WEST ST 93 #09-339 S(640980)



Witness' Signature RAKESWARAN ANAND

Name:

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: MPC2020D0002667
Claimant Ref: SLM 6627S

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\$ 16,050.00 (repair cost), S\$ 1,000.00 (loss of use/rental), S\$ 125.40 (Disbursement), vehicle no. SLM 6627S that was damaged pursuant to the accident which occurred on 05/12/2020 (date) at AYE(CITY) BEFORE NORTH BUONA VISTA RD (location) involving vehicle no. SKR 1975E (insured vehicle). This is pursuant to the inspection conducted on 10/12/2020 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner HASHIM BIN JAMID ("the third party claimant") of vehicle no. SLM 6627S 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 SLM 6627S (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\$ 17,175.40 to ETHOZ PROTECT PTE LTD.

Dated this 12 day of March 20 21.

CLAIMANT:

Signature:



Signed by "the workshop" (with chop)

Name:

ETHOZ Protect Pte Ltd

NRIC:

Address:

30 Bukit Batok Crescent
Singapore 65876

Nationality:

Occupation:

WITNESS:

Signature:



Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(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 2103/OPR0570
Invoice Date : 12-Mar-2021
Ref. No. : 20120380
GST No. : M2-0057587-3

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VEHICLE NO. : SLM-6627-S **MAKE & MODEL : MITSUBISHI LANCER EX 1.6 AT LED TAIL LAMP** **1590**
ACCIDENT DATE : 05/12/2020

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SLM-6627-S			
ACCIDENT ON 05/12/2020 AS FOLLOWS :-			
REPAIR COSTS			15,000.00
LOSS OF USE			1,000.00
MEDICAL FEE			123.40
GIA FEE			1.87
7 % GST			1,050.13

Total (S\$)	17,175.40
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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 : YEE JING YEU
 DID : 6654_7622
 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. : 20120380
Tax Invoice : WS 2103/OPR0570
Invoice Date : 12-Mar-2021
Invoice Amount : S\$ 17,175.40
Payment Due Date : 12-Mar-2021
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075





TO:

MDM. SITI JUMIAH BINTE RASIH
BLK 980 #09-339
JURONG WEST ST 93
SINGAPORE - 640980

MRN/NRIC : S1820952G
CASE NO : 1521257107B-00001
VISIT DATE : 05.12.2020 13:17
LOCATION : NCA&E
INVOICE DATE : 05.12.2020
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0069889-4

PATIENT NAME : SITI JUMIAH BINTE RASIH
LOCATION : EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE

AMOUNT

A&E Facility/Service Fee	242.00
Full Blood Count	26.40
Renal Panel 1 Ext	62.30
Troponin I, Quantitative	26.00
XR, CHEST, AP/PA	35.00
XR, SHOULDER, LEFT	50.00
KETOPROFEN 30MG PLAST (KEFENTECH) 7S/8S	2.40

Total Charges	444.10
Government Subsidy	320.70-
Total Amount Payable	123.40

PAYMENT:

SITI NURSYAFIAH (VISA - 05.12.2020 , RECEIPT #: N014526038) 123.40

TOTAL DUE AFTER PAYMENT

0.00

DUE FROM:

SITI JUMIAH BINTE RASIH 0.00

FOR INFORMATION

Total amount payable after GST is \$132.04.

Total GST for this bill at 7% is \$8.64 which is absorbed by the Government.


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SKR1975E

Date of Accident

05/12/2020 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance India International

Period of Insurance 11/05/2020 - 10/05/2021

Requested By Rakesh Anand (ETHOZ PROTE...)

Requested Date 07/12/2020 13:33

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

View Received Message

This mail is associated with :

*SLM6627S (MPC2020D0002667)

[SKR1975E]

TP

HASHIM BIN JAMID

Dec 5 2020 12:00AM

[~]

Ethoz Group Ltd

Reply

Reply All

Mark as Unread

Print Message

Delete Message

Forward

From

India International Insurance Pte Ltd (HQ) (III_SG), sent on 09/03/2021 16:02 PM.

To

LKK_HQ

Subject

Alert - Adj Mandate Approved (S\$17775.40) - SLM6627S - Claim Handler: Priya

Approved:17775.40.

DOCUMENTS SUMMARY

There are no documents.