

Letter of Demand

Your Ref : SGZ - 7551 - K
Our Ref : OCR/28122017/TP-9864
Date : 06/07/2018

AXA INSURANCE PTE LTD
8 SHENTON WAY #27-01
AXA TOWER
Singapore - 068811

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : YP-6967-R, SGZ7551K ON 28/12/2017
AT CAR PARK ENTRANCE TO BLK 258 BISHAN ST 22

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	856.00
2. Loss Of Use (2 days)	240.00
3. Miscellaneous - GIA fee	2.00

TOTAL 1,098.00

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,

Ashley Nguyen

CLAIM DEPARTMENT

DID : 66547920

FAX : 6654 - 7540

EMAIL : ashley.nguyen@ethozgroup.com

Date :

To :

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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. : YP6967R

ACCIDENT DATE : 28/12/2017

LOCATION : CAR PARK ENTRANCE TO BLK 258 BISHAN ST 22

OTHER VEHICLE (S) : SGZ7551K
(IF ANY)

1. I¹ 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



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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.



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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: 30 BUKIT BATOK CRESCENT S658075

Jackson TEO

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



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGZ 7551K (Insd veh)	Model: ISUZU NMR85UH5A(2999cc)
	YP 6967R (TP veh)	
Date of Accident/ Time:	28/12/2017	

Repair Estimate	: \$	2,953.20	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum (Global Sum)	: \$	500.00	
Payee Name: ETHOZ GROUP LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes / No BOLA Scenario No: <u>NIL</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>50</u> (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

  Signature of workshop representative / Workshop stamp Name of Representative: <u>Gavin Tan</u> Date: <u>11/12/2020</u>	  Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Joyce Choo</u> Date: <u>11/12/2020</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>14/12/2020</u>	

*** 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

GROUND INSTRUMENTATION & ENGINEERING PTE. LTD.
62 UBI ROAD 1
#01-32 OXLEY BIZHUB 2
SINGAPORE - 408734

Tax Invoice : WS 1807/OFM0306
Invoice Date : 06-Jul-2018
Ref. No. : 17121370
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : YP -6967-R

MAKE & MODEL : ISUZU NMR85UH5A 3.0 Y (M) EURO 5

ACCIDENT DATE : 28/12/2017

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			800.00
7 % GST			56.00

Total (S\$) **856.00**

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CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ GROUP LTD

No receipt will be issued.

Computer generated document! no signature required.

CONTACT : ASHLEY NGUYEN
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 : GROUND INSTRUMENTATION & ENGINEERING PTE. LTD.
Reference. No. : 17121370
Tax Invoice : WS 1807/OFM0306
Invoice Date : 06-Jul-2018
Invoice Amount : S\$ 856.00
Payment Due Date : 06-Jul-2018
Cheque No. : _____

ETHOZ GROUP 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

Third Party Insurer Enquiry

Our Ref No: GR-18-094715
Date of Request: 21/06/2018

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Enquiry Date: 21/06/2018
Enquiry By: JACKSON TEO Ban Chye
TP Vehicle No.: SGZ7551K
Accident Date: 28/12/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGZ7551K	AXA Insurance Pte Ltd	16/11/2017-15/11/2018	6338 7288

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
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Operating Hours: Monday to Friday 9am to 5pm
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TAX INVOICE

Our Ref No: GR-18-094715
Date of Request: 21/06/2018

Your Ref No: Online Purchase

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Enquiry Date: 21/06/2018
Enquiry By: JACKSON TEO Ban Chye
TP Vehicle No.: SGZ7551K
Accident Date: 28/12/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque