

Letter of Demand

Your Ref : SH8964Z
Our Ref : OCR/17122020/TP-10625 - SMT3768P
Date : 12/01/2021

INDIA INTERNATIONAL INSURANCE PTE LTD

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

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SMT-3768-P, SH8964Z ON 17/12/2020
AT JLN BOON LAY > JLN AHMAD IBRAHIM

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	3,729.67
2. Loss Of Use (7 days) - 1 weekend & 1 PM	560.00
3. Miscellaneous - GIA Fee	29.00

TOTAL 4,318.66

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



Date : 18/12/2020

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. : SMT3768P

ACCIDENT DATE : 17/12/2020 16:45

LOCATION : Jln Boon Lay > Jln Ahmad Ibrahim

OTHER VEHICLE (S) : SH8964Z
 (IF ANY)

1. 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 poliryholder.

* 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.
5. 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 |
6. 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.
7. 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.
8. 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.:

Designation:

Address:

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: MCT20120332
Claimant Ref: SMT 3768P

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\$ 4,150.00 (GLOBAL SUM) (~~of~~ ~~acc/rental~~), ~~SG~~ (~~Search fee~~), vehicle no. SMT 3768P that was damaged pursuant to the accident which occurred on 17/12/2020 (date) at JALAN BOON LAY TURN LEFT TO JLN AHMAD IBRAHIM (location) involving vehicle no. SH 8964Z (insured vehicle). This is pursuant to the inspection conducted on 23/12/2020 (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. SMT 3768P 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 SMT 3768P (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\$ 4,150.00 to ETHOZ GROUP LTD.

Dated this 26 day of March 20 21

CLAIMANT:

Signature:



[Handwritten Signature]

Signed by "the workshop" (with chop)

Name:

ETHOZ GROUP LTD

NRIC:

198104531H

Address:

30 BUKIT BATOK CRESCENT
SINGAPORE 658075

Nationality:

Occupation:

WITNESS:

Signature:



[Handwritten 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:

TAX INVOICE

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

Tax Invoice : WS 2103/OFM0083
Invoice Date : 26-Mar-2021
Ref. No. : 20120918
GST No. : M2-0057587-3

VEHICLE NO. : SMT-3768-P

MAKE & MODEL : KIA CERATO L 1.6 (A)

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ACCIDENT DATE : 17/12/2020

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SMT-3768-P ACCIDENT ON 17/12/2020 AS FOLLOWS :-			
REPAIR COST			3,485.67
LOSS OF USE			391.33
GIA SEARCH FEE			27.10
7 % GST			245.90

Total (S\$)

4,150.00

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 : LIM AI LEE
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. : 20120918
Tax Invoice : WS 2103/OFM0083
Invoice Date : 26-Mar-2021
Invoice Amount : S\$ 4,150.00
Payment Due Date : 26-Mar-2021
Cheque No. : _____

ETHOZ GROUP LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075





RECORD MANAGEMENT CENTRE

**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

Date of Request: 18/12/2020

Your Ref No: 940425

Dear Sir/Madam,

Date of Accident: 17/12/2020 00:00 (SGT)

Vehicle No: SMT3768P

Place of Accident: Jln Boon Lay, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH8964Z	Jln Boon Lay, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

Thank you.

This is a computer generated document and requires no signature.

View Received Message

This mail is associated with :

***SMT3768P (MCT20120332)**
[SH8964Z]
TP
ETHOZ GROUP LTD
Dec 17 2020 4:00PM
[-]
Ethoz Group Ltd

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From India International Insurance Pte Ltd (HQ) (III_SG), sent on **24/03/2021 19:33 PM.**
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$4318.67) - SMT3768P - Claim Handler: Bhargavi Purushothaman Dhanya

Approved:4318.67:

DOCUMENTS SUMMARY
There are no documents.