

Letter of Demand

Your Ref : SMA 4955J
Our Ref : OCR/01052021/TP-10735 - GBJ 9147A
Date : 01/06/2021

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

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : GBJ-9147-A, SMA4955J ON
01/05/2021 AT STADIUM BOULEVARD

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	4,067.90
2. Loss Of Use (5 days) - 1 weekend	600.00
3. Miscellaneous - GIA Fee	29.00

TOTAL 4,696.90

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,

Lim Ai Lee *Yulei*

CLAIM DEPARTMENT

DID: 66547920

FAX: 6654 7540

EMAIL: ailee.lim@ethozgroup.com

Date : 04/05/2021

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. : GBJ9147A

ACCIDENT DATE : 01/05/2021

LOCATION : STADIUM BOULEVARD

OTHER VEHICLE (S) : SMA4955J
(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 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 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: ETHOZ GROUP LTD
NRIC No.: 198104531H
Designation:
Address: 30 BUKIT BATOK CRESCENT S(658075)

Witness' Signature JACKSON TEO
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: MFL2021D0002007
Claimant Ref: GBJ 9147A

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\$ 4,500.00 (GLOBAL SUM) (~~repair cost~~) (~~cost of~~ ~~accident~~), S\$ (~~search fee~~), vehicle no. GBJ 9147A that was damaged pursuant to the accident which occurred on 01/05/2021 (date) at STADIUM BOULEVARD (location) involving vehicle no. SMA 4955J (insured vehicle). This is pursuant to the inspection conducted on 06/05/2021 (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. GBJ 9147A 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 GBJ 9147A (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\$ 4,500.00 to ETHOZ GROUP LTD

Dated this 21 day of September, 20 21

CLAIMANT:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:


Signed by "the workshop" (with chop)



WITNESS:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:



Signed by appointed Surveyor

LKK Auto Consultants Pte Ltd

199607198R

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

TAX INVOICE

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

Tax Invoice : WS 2109/OFM0047
Invoice Date : 21-Sep-2021
Ref. No. : 21050054
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : GBJ-9147-A
ACCIDENT DATE : 01/05/2021

MAKE & MODEL : ISUZU NHR87AUE4AA 1.9 G (M) EURO 6

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING GLOBAL SETTLEMENT FOR VEH NO. GBJ-9147-A ACCIDENT ON 01/05/2021 AS FOLLOWS :-			
GLOBAL SUM (ALL IN)			4,205.61
7 % GST			294.39

Total (S\$)	4,500.00
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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 : 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. : 21050054
Tax Invoice : WS 2109/OFM0047
Invoice Date : 21-Sep-2021
Invoice Amount : S\$ 4,500.00
Payment Due Date : 21-Sep-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: 04/05/2021

Your Ref No: 668899

Dear Sir/Madam,

Date of Accident: 01/05/2021 00:00 (SGT)

Vehicle No: GBJ9147A

Place of Accident: Stadium Dr, 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\$)
SMA4955J	Stadium Dr, 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 :

*GBJ9147A (MFL2021D0002007)

[SMA4955J]

TP

ETHOZ GROUP LTD

May 1 2021 9:00AM

[-]

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 15/09/2021 14:50 PM.

To

LKK_HQ

Subject

Alert - Adj Mandate Approved (S\$4696.90) - GBJ9147A - Claim Handler: Priya

Approved:4696.90.

DOCUMENTS SUMMARY

There are no documents.