## **Mutual Settlement Form**

When involved in a motor accident, you can choose to enter into a private settlement with the **OWNER** of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor
- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each other.

It is a legally binding agreement.

| 1.  | Details of the Accident:- Date (dd/mm/yyyy): 26/04/2021 Time : 18:10 Location: 190 Toa Payoh Central  |
|-----|---|
| 2a. | Vehicle registration no. SJN 3668L driven by ABDUL RAHMAN BIN HASBIALLAH (Name & Nric no) and owned by ABDUL RAHMAN BIN HASBIALLAH (Name & Nric no)   |
| 2b. | Vehicle registration no. SLG 5718B driven by LOW KOK ONN (Name & Nric no) and owned by GRAB RENTALS PTE LTD (Name & Nric no)  |
| 3.  | The parties have agreed to settle this matter amicably as follows: *delete a or b as applicable.  |
|     | *a. Neither party shall be liable to compensate the other party for any loss or damages incurred or<br>To be incurred as a result of the accident.  |
|     | *b. Without any admission of liability, GRAB RENTALS PTE LTD (party paying compensation has paid a sum of \$ _2,114.50 which _ETHOZ PROTECT PTE LTD (owner receiving compensation) hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident. |
| 4.  | There are no personal injuries to the undersigned parties.  |

5.

|                     | Vehicle A no.: SJN 3668L                                 | Vehicle B no.: SLG 5718B |
|---------------------|--|--------------------------|
| Name                | ABOUL RAYMAN BIN HASBIALLAH                              |                          |
| NRIC no.            | 583396406  |                          |
| Address             | BLDCIC 65, TEBAN GMEDIENS FORMS<br>#12-615 5'PORE 600065 |                          |
| Tel no.             | 97666242   |                          |
| Signature<br>& Date | hu 09 10/07/21   |                          |

Date

27/04/2021

To ; ; ( , , ) ; ( , , , )

## ETHOZ PROTECT PTE LTD

30, Bukit Batok Crescent, Singapore 658075

50, Gul Crescent, Singapore 629543

22, Tampines Street 92, Singapore 528876

From

ABDUL RAHMAN BIN HASBIALLAH

(Name of Owner & Policyholder/Authorising Party\*\*)

CLAIM VEHICLE NO.; SJN3668L

ACCIDENT DATE:

26/04/2021 1811HRS

LOCATION:

183 TOA PAYOH CENTRAL CARPARK

OTHER VEHICLE (S): SLG5718B

(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)].



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].

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 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 Afreement shall be taken to mean the vehicle owner and policyholder.

Page | of 3 \*Tick where applicable.

\*\* Delete as appropriate.

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## 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)
- 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 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.
- 5. 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

- 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.
- 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.
  - l 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

for

9.

- 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 <u>with</u>any excess being paid by ETHOZ to me as it deems fit in its absolute discretion.

If 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 <a href="And">And</a> 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:

NRIC No.: Designation:

Witness' Signature

Name: NRIC No.:

Designation: MOTOR CLAIMS SALES EXECUTIVE

Address: C/O 30 BT BATOK CRESCENT SINGAPORE 658075



## TAX INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET, #04 / #05

**IOB BUILDING** 

SINGAPORE - 049711

: WS 2107/OPR0709 Tax Invoice

Invoice Date : 21-Jul-2021

Ref. No.

: 21050078

GST No.

: M2-0057587-3

**VEHICLE NO.: SJN-3668-L** 

MAKE & MODEL: TOYOTA COROLLA ALTIS 1.6 (A)

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117.40

**ACCIDENT DATE: 26/04/2021** 

| Description   | Qty | Unit Price(S\$) | Amount (S\$) |
|---|-----|-----------------|--------------|
| BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SJN-3668-L |     |                 |              |
| ACCIDENT ON 26/04/2021 AS FOLLOWS :-                |     |                 |              |
| REPAIR COSTS  |     |                 | 1,650.00     |
| LOSS OF USE   |     |                 | 320.00       |
| GIA SEARCH FEE                                      |     | 2               | 27.10        |
|   |     |                 |              |

|  | Total (S\$) | 2,114.50 |
|--|-------------|----------|

E & O.E

7 % GST

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ PROTECT PTE LTD

No receipt will be issued.

Computer generated document no signature required.

PLEASE DETACH AND ENCLOSED WITH PAYMENT

CONTACT: LIM AI LEE 66547920 63198000

DID

Main

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.

Tax Invoice

: 21050078

Invoice Date Invoice Amount : WS 2107/OPR0709 : 21-Jul-2021

: S\$ 2,114.50 Payment Due Date : 21-Jul-2021

Cheque No. \

ETHOZ PROTECT PTE LTD **30 BUKIT BATOK CRESCENT SINGAPORE 658075** 

