

Letter of Demand

Your Ref : YP6763L
Our Ref : OCR/04082021/TP-10824 - SMZ8983U
Date : 21/10/2021

INDIA INTERNATIONAL INSURANCE PTE LTD

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

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SMZ-8983-U, YP6763L ON 04/08/2021
AT BLK 152 BUKIT BATOK ST 11 OPEN CAR PARK LOT 58

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	390.55
2. Loss Of Use (2 days)	160.00
3. Miscellaneous - LTA Search Fee	7.45

TOTAL **558.00**

Enclosed : Copies of Repair Cost Invoice, LTA 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 *Yuki*

CLAIM DEPARTMENT

DID : 66547920

FAX :

EMAIL : ailee.lim@ethozgroup.com

Date : 05/10/2021

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

From : **ETHOZ AUTO LEASING LTD**
(Name of Owner & Policyholder/Authorising Party**)

CLAIM VEHICLE NO. : SMZ8983U

ACCIDENT DATE : 04/08/2021 20:00

LOCATION : 152 BUKIT BATOK ST 11 OPEN CAR PARK LOT 58

OTHER VEHICLE (S) : YP6763L
(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)].

* ☒

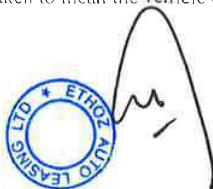
b. act as sole and principal agent to claim (the "Claim") on my behalf for the damage to the Vehicle and/or ** bodily injury sustained as a result of the Accident (collectively known hereinafter as the " Damage ") from the Third Party and/or Third Party Insurer in question (collectively known as the " 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;

I 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.



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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 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 AUTO LEASING LTD
NRIC No.: 201613943G
Designation:
Address: 30 BUKIT BATOK CRESCENT, SINGAPORE (658075)



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: MCV2021D0003781
Claimant Ref: SMZ 8983U

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\$ 390.55 (repair cost), S\$ 120.00 (loss of use/rental), S\$ 7.45 (search fee), vehicle no. SMZ 8983U that was damaged pursuant to the accident which occurred on 04/08/2021 (date) at 152 BUKIT BATOK ST 11 (location) involving vehicle no. YP 6763L (insured vehicle). This is pursuant to the inspection conducted on 06/10/2021 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner ETHOZ AUTO LEASING LTD ("the third party claimant") of vehicle no. SMZ 8983U 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 SMZ 8983U (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.

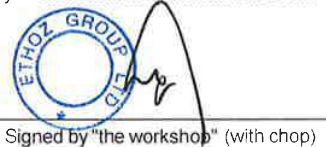
This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 518.00 to ETHOZ GROUP LTD

Dated this 15 day of February 20 22

CLAIMANT:

Signature:



Signed by "the workshop" (with chop)

Name:

ETHOZ Group Ltd

NRIC:

198104531H

Address:

30 Bukit Batok Crescent

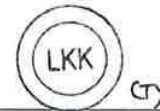
Singapore 658075

Nationality:

Occupation:

WITNESS:

Signature:



Signed by appointed Surveyor

Name:

LKK AUTO CONSULTANTS PTE LTD

NRIC:

199607198R

Address:

51 UBI AVE 1 #02-25

PAYA UBI INDUSTRIAL PARK S(408933)

Nationality:

Occupation:

TAX INVOICE

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

Tax Invoice : WS 2202/OFM0013
Invoice Date : 15-Feb-2022
Ref. No. : 21080390
GST No. : M2-0057587-3

VEHICLE NO. : SMZ-8983-U
ACCIDENT DATE : 04/08/2021

MAKE & MODEL : KIA CERATO L 1.6 (A)

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Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SMZ-8983-U ACCIDENT ON 04/08/2021 AS FOLLOWS :-			
REPAIR COSTS			365.00
LOSS OF USE			120.00
LTA SEARCH FEE			6.96
7 % GST			26.04

Total (S\$)	518.00
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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. : 21080390
Tax Invoice : WS 2202/OFM0013
Invoice Date : 15-Feb-2022
Invoice Amount : S\$ 518.00
Payment Due Date : 15-Feb-2022
Cheque No. : _____

ETHOZ GROUP LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 05 Oct 2021 / 12:12:22

Receipt Date/Time : 05 Oct 2021 / 12:12:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211005-001358

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - YP6763L

As at 04 Aug 2021/20:00:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - YP6763L

Enquiry Fee

20211005120916704549

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

20211005120942288

Direct Debit: eNETS Debit
(Internet Banking)

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Received Message

This mail is associated with :

***SMZ8983U (MCV2021D0003781)**
[YP6763L]

TP

ETHOZ AUTO LEASING LTD

Aug 4 2021 8:00PM

[DIAN HUANG ENTERPRISE PTE LTD]

ETHOZ Protect Pte Ltd

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 10/02/2022 18:58 PM.

To LKK_HQ

Subject Alert - Adj Mandate Approved (S\$518.00) - SMZ8983U - Claim Handler: Sundari Nagarajan

Approved:518.00:Request WS to raise Cost of repairs invoice in III's favour