

Assigned By: Wilson

ASSIGNMENT (Office)

From (Person): Janice Goh

of ECICS

Date/Time: 7/11/17 @ 11:30am

Estimated Cost:

Bill to:

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SKT9426K

Insured: SGZ 6395 B

at Workshop in: Eclipse Auto

Tel: 8128 8789

of 155 Kaki Bukit Avenue 1, Shun Li Ind Park Level 1 & 2, 1416012

Policy No:

Claim No: DMPL1700625H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A: 3/11/2017

CA / REV / REP: / REV 24 HRS 'wp'

R.O.D. Endorsement:

Date/Time: 11:44am @ 7/11/17

Person Contacted: Frankie

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	SKT9426K-X
	SGZ 6395B-CC6/AXA14015361/Kry3w2-D.O.A: 7/08/2014
	Dismantle Part: 08-11-2017
	After repair: 10-11-2017

ASSIGNMENT

From _____ Date _____

Estimated Cost: _____

QD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No. SKT 9426 K

at Workshop no. Eclipse Autos

of ISS Keki, Bakti Ave 1

Insured _____

Policy No. _____

Claims No. _____

Sum Insured _____ Excess _____

(Client's Record) _____

Make of Vehicle _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Ball. or Market Value			
JDAC Accident Rpt.		Consistent? : Yes or No	
GIA / PR. Seen		Consistent? : Yes or No	
Est. Repairs	days	Res. : Yes or No	
Lum. Sum.	\$	3 Val. : Yes or No	

CA / REV / REP. / 24 HRS

Date	Person Contacted
------	------------------

Vehicle: IN / OUT

Veh No: SKT9426 K
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota ALT 3 cc 1598
Colour: Red Insured / Std / NI / NA
Sp. Reading: 209995 T. Rate: Insured / Std / NI / NA
Eng No:
C.No: MRO53ZEE186118891
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Model: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: 195/65R15

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
TOYO/YOKO or Ha: Da (F)/(CR)

Front		Rear	
R/Bal	3 mm	R/Bal	2 mm
L/Bal	3 mm	L/Bal	2 mm
DOA	3/11	DOA	7/11/20.7C
Survey held at	Eclipse Auto		2.04pm

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or
Right Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
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\$3,000 - \$3,500

~~\$1,900 - \$500~~

V. Days Repair

RECEIVED 04 APR 2010

Date Time File Size

03042018

2000年12月15日

☐ : Prelim. Report
☐ : Final Report

Days Of Repair

Resurvey No. of Trip:

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

DISCUSSION

100

Report Format: PR9.

Lump Sum / I.B.t: /\$

Add Fee:	<input type="text"/>	Site Insp	\$
	<input type="text"/>	Inter. ex.	\$
	<input type="text"/>	Tech. Insp	\$
	<input type="text"/>	Weekend	\$

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
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(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
ECICS LTD		Ref : CS3/ICS17021225/Wb	
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987 		Date : 07-11-2017	
		Code : ICS	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SGZ 6395B	Veh. Inspected	SKT 9426K
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	07/11/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	03/11/2017	Inspection Date	07/11/2017
Survey held at	ECLIPSE AUTO PTE LTD 155 KAKI BUKIT AVENUE 1 #01-00 SHUN LI INDUSTRIAL PARK SINGAPORE 416012		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

Nivitha (LKK Auto)

From: Janice Goh Siew Geok (ECICS, Claims) <Janice_Goh@ecics.com.sg>
Sent: Tuesday, 7 November, 2017 11:30 AM
To: 'assignments'
Subject: FW: OUR REF: CP/PRI/SKT9426/17.SC (SF) YOUR REF: SGZ 6395B NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 3RD NOVEMBER 2017 INVOLVING MOTOR VEHICLE NO. SKT 9426K AND SGZ 6395B ALONG AYE TOWARDS CITY AFTER CLEMENTI AVENUE 2 AT ABOUT 2345 HOURS
Attachments: PRI-SKT9426 form 3.pdf

Regards,
Janice Goh
Claims Division
DID: +65 6303 0182
FAX: +65 6338 9267

ECICS Limited
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.

From: ECICS Claims
Sent: Tuesday, 7 November, 2017 11:29 AM
To: 'PRI Cpaglar'; ECICS Claims
Cc: Constance Paglar
Subject: RE: OUR REF: CP/PRI/SKT9426/17.SC (SF) YOUR REF: SGZ 6395B NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 3RD NOVEMBER 2017 INVOLVING MOTOR VEHICLE NO. SKT 9426K AND SGZ 6395B ALONG AYE TOWARDS CITY AFTER CLEMENTI AVENUE 2 AT ABOUT 2345 HOURS

Without Prejudice

Thanks Sherie

Aside to LKK

Please refer to the attachment.
Thank you.

Regards,
Janice Goh
Claims Division
DID: +65 6303 0182
FAX: +65 6338 9267

ECICS Limited
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.

From: PRI Cpaglar [mailto:pri@cpaglar.com.sg]

Sent: Tuesday, 7 November, 2017 11:15 AM

To: ECICS Claims

Cc: Constance Paglar

Subject: Re: OUR REF: CP/PRI/SKT9426/17.SC (SF) YOUR REF: SGZ 6395B NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 3RD NOVEMBER 2017 INVOLVING MOTOR VEHICLE NO. SKT 9426K AND SGZ 6395B ALONG AYE TOWARDS CITY AFTER CLEMENTI AVENUE 2 AT ABOUT 2345 HOURS

Dear Sir,

We refer to your email dated 7 November 2017.

Kindly refer to our Form 3 attached.

Regards,



Sherie



For and on behalf of
Messrs C Paglar & Co
50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874
Tel: 6536 5456
Fax: 6536 8706
GST Registration Number: M90371275E

On Tue, Nov 7, 2017 at 10:33 AM, ECICS Claims <claims@ecics.com.sg> wrote:

Our Ref No. DMPC1700625H

Without Prejudice

Dear Sherie

Thank you for your email with attachment.

We are not agreed with your list of surveyor and we will appoint LKK Auto for PRI.

Please provide the name of workshop, address and PIC contact number.

Aside to LKK

Please arrange PRI of the above vehicle.

Thank you.

Regards,

Janice Goh

Claims Division

DID: +65 6303 0182

FAX: +65 6338 9267

ECICS Limited

7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.

From: PRI Cpaglar [<mailto:pri@cpaglar.com.sg>]

Sent: Tuesday, 7 November, 2017 9:51 AM

To: ECICS Claims

Cc: Constance Paglar

Subject: Re: OUR REF: CP/PRI/SKT9426/17.SC (SF) YOUR REF: SGZ 6395B NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 3RD NOVEMBER 2017 INVOLVING MOTOR VEHICLE NO. SKT 9426K AND SGZ 6395B ALONG AYE TOWARDS CITY AFTER CLEMENTI AVENUE 2 AT ABOUT 2345 HOURS

Dear Sir,

We refer to your email dated 7 November 2017.

Kindly find our attached letter together with our list of surveyors.



Regards,

Sherie

For and on behalf of
Messrs C Paglar & Co
50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874
Tel: 6536 5456
Fax: 6536 8706

On Mon, Nov 6, 2017 at 5:59 PM, ECICS Claims <claims@ecics.com.sg> wrote:

Without prejudice

Dear Shu Fong

We refer to your email below.

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client's workshop. We propose to use one of the motor surveyors named in the list below to conduct the joint pre-repair survey as a single joint expert:

1. LKK
2. JP knight
3. Formteam
4. Appraisal Associates
5. Autoprobe
6. Raleigh
7. In-House Surveyor, Lionel

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

Thank you.

Regards,

Janice Goh

Claims Division

DID: +65 6303 0182

FAX: +65 6338 9267

ECICS Limited

7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.

From: PRI Cpaglar [<mailto:pri@cpaglar.com.sg>]

Sent: Monday, 6 November, 2017 5:46 PM

To: ECICS Claims

Cc: Constance Paglar

Subject: OUR REF: CP/PRI/SKT9426/17.SC (SF) YOUR REF: SGZ 6395B NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 3RD NOVEMBER 2017 INVOLVING MOTOR VEHICLE NO. SKT 9426K AND SGZ 6395B ALONG AYE TOWARDS CITY AFTER CLEMENTI AVENUE 2 AT ABOUT 2345 HOURS....

Dear Sirs,

Enclosed is a copy of our letter dated 6th November 2017 for your necessary action.

Regards,

Shu Fong

For and on behalf of
Messrs C Paglar & Co
50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874
Tel: 6536 5456
Fax: 6536 8706

GST Registration Number: M90371275E

		
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CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS

UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874

Telephone: (65) 6536 5456

Facsimile: (65) 6836 2195

Email: pri@cpaglar.com.sg

SERVICE OF COURT DOCUMENTS BY FACSIMILE
WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: SGZ 6395B

Our Reference: CP/PRI/SKT9426/17.sc

Date : 7th November 2017

ECICS LIMITED
ATTN: MOTOR CLAIMS DEPT

BY EMAIL

Dear Sirs,

CORRESPONDENCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We refer to your email/ fax dated 7th November 2017.

Please note that the said vehicle can be inspected at:

ECLISPE AUTO PTE LTD
155 Kaki Bukit Avenue 1
Shun Li Industrial Park Level 1 & 2
Singapore 416012
Contact No.: 8128 8789

KINDLY REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

Please note that the vehicle will only be available for the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without any further notice or reference to you. All our client's rights are expressly reserved.

Yours faithfully,



C PAGLAR & CO

cc. [Client by Fax 6748 3762 Only] – (SKT 9426K)

FOR SURVEYOR

Please initial here after completion of pre-repair inspection.
Thank you

.....
Appointed Surveyor (Name & Signature)

.....
Date & Time of Inspection

Form 3

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/11/2017 15:02
Date Of Accident	03/11/2017 23:45
Exact Location Of Accident	AYE TOWARDS CITY AFTER CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9426K
Insured/Policyholder	
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Co Reg No	0
Email Address	DREAMCARRENTALSG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67489747

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000151
Cover Note Number	

Driver

Name of Driver	CHUA WEI LOON
NRIC No	S8516178D
Date Of Birth	23/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2012
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97253535
Fax Number	
Contact Number	
Email Address	CHUAWL1985@GMAIL.COM

Address	BLK 274C JURONG WEST ST 25 #04-37
Postcode	643274
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRED
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ6395B
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Name of Driver	MAGDALENE HENG BAO MI
NRIC/Passport Number	S9623768E
Contact Number	97918903
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	CHUA WEI LOON
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SKT9426K

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.




Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

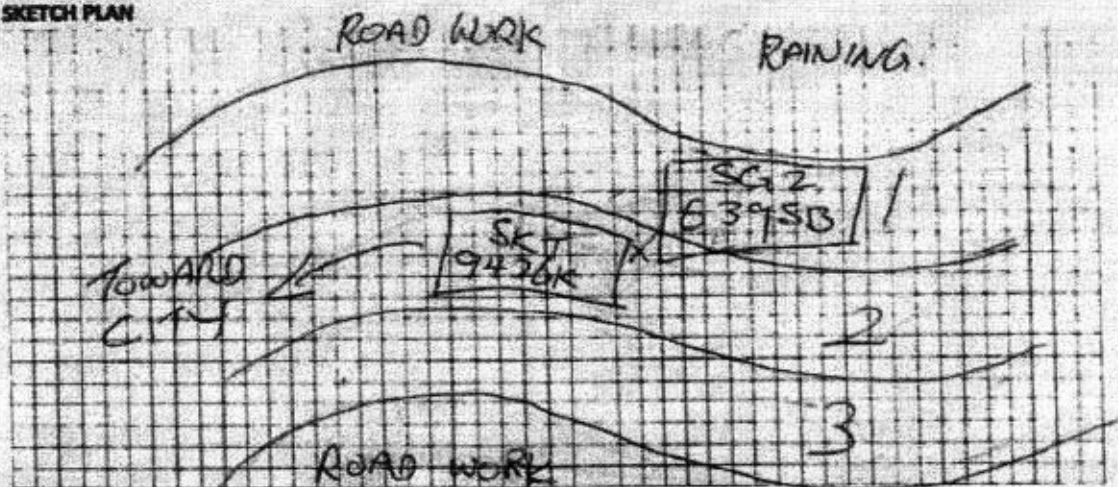



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

BEND AFTER CLEMENTI AVE 2 EXIT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I was driving on the middle lane of 3 lane

- I saw an accident about 200 m ahead so i slow down and ~~had~~ ^{met} a car bump me from behind and we drove to the side ~~to~~ and park and she admit she is the wrong.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No. 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT

ECICS LTD

Ref: CS3/ICS17021225/Wbs2

7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER
ONE SINGAPORE 038987

Date: 10-04-2018



Code: ICS

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SGZ 6395B	Veh. Inspected	SKT 9426K
Policy No.		Coverage (\$)	0.00
Claim No.	DMPC1700625H	Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	07/11/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA ALTIS	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.	MR053ZEE106118891	Colour	RED
Odometer	209995 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	HAIDA	3 mm
L/H Front Tyre	195/65R15	HAIDA	3 mm
R/H Rear Tyre	195/65R15	HAIDA	2 mm
L/H Rear Tyre	195/65R15	HAIDA	2 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.

**5. General Information**

Accident Date	03/11/2017	Inspect Date / Time	07/11/2017 (02:04 PM)
Survey held at	ECLIPSE AUTO PTE LTD 155 KAKI BUKIT AVENUE 1 #01 00 SHUN LI INDUSTRIAL PARK SINGAPORE 416012		

5a. Remarks

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000.00 - \$3,500

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 5 Working Days

Report Ref No. CS3/ICS17021225/Wbs2

Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K. LAU CPT (RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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