

ASS. EC. BY:

REF:

CS3 / ICS18000169 / W b/z

Special Instruction:

range &amp; days

Surveyor:

Wilson.

ASSIGNMENT (Office)From (Person): Janice Goh of ICS Date/Time: 11/2/2017 11:01am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / ~~TP~~ WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLD 1884C Insured: SJA 71608at Workshop m/s Thiam Heng Huat Tel: 6263 6295of 176 Sin Ming Drive #05-14Policy No: \_\_\_\_\_ Claim No: DMPCL1700732H

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 02.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS' WP: 04.01.2018 H.O.D. Endorsement: \_\_\_\_\_Date/Time: 11/2/2017 Person Contacted: Steven Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	SLD 1884C - X
	Dismantle Part: 04.01.2018
	After repair: 09.01.2018

PRS

REF: TOS

Bing, Wilson

## ASSIGNMENT

From: Date: 04/01/2018

Estimated Cost:

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

To inspect Vehicle No: SLQ 1884C

at Workshop m/s

Thiam Heng Huat

of 176 Sin Ming Drive #05-14

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLQ 1884C Page: 29/6/2017.

Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Dashqray cc 1197

Colour: Dark Blue Insured / Std / NI / NA

Sp. Reading: 10649 T. Radio: Insured / Std / NI / NA

Eng/No:

C/No: SINFEA31141959378

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD-A/Rim or

Tyre Size: F: 215/60R17.

R: 215/60R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal: 3 mm R/Bal: 3 mm

L/Bal: 3 mm L/Bal: 3 mm

D.O.A: 2/12/2017 D.O.I: 4/1/2018

Survey held at: As Above @ 4pm

Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop or 12/15

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

4/1/2018. No Accidental Report Given.

Range \$5900 - \$6900

5 Days Repair.

RECEIVED 09 APR 2018

Date/Time: File Pass to?

09/04/2018



Preli. Report



Final Report

Date/Time: File Return to?

2

Report Format:

PRS

Lump Sum / I.B.I. (\$) :

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

3 - 99 \$

Excess:

Others:

Add Fee:



Site Insp. (\$)



Interview (\$)



Tech. Insp. (\$)



Weekend (\$)

Total:

Signature

9/4/2018




# 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/ICS18000169/Wb		
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 03-01-2018		
		Code : ICS		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SJA 7160B	Veh. Inspected	SLQ 1884C	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	JANICE GOH	Assign Date	11/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	02/12/2017	Inspection Date	04/01/2018	
Survey held at	THIAM HENG HUAT PTE LTD 176 SIN MING DRIVE #05-14 SINGAPORE 575721			
<b>5a. Remarks</b>				
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.				

Catherine Chong (LKK Auto)

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**From:** ECICS Claims <claims@ecics.com.sg>  
**Sent:** Monday, 11 December, 2017 11:01 AM  
**To:** Lheny; 'assignments'  
**Cc:** ECICS Claims  
**Subject:** RE: Accident Involving SJA7160B, SLQ1884C and SGJ5937D on 02.12.2017 ;  
Your ref CY.SLQ1884C.17.THH(HW).wp(Lh) ; Our ref TBA

**Without Prejudice**

Hi Lheny

Thank you for your email.

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

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

Aside to LKK

Please assist and arrange for PRI.

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](mailto: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.\*\****

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**From:** Lheny [mailto:lheny@yoga-legal.com]  
**Sent:** Monday, 11 December, 2017 10:45 AM  
**To:** Janice Goh Siew Geok (ECICS, Claims)  
**Cc:** ECICS Claims  
**Subject:** RE: Accident Involving SJA7160B, SLQ1884C and SGJ5937D on 02.12.2017 ; Your ref CY.SLQ1884C.17.THH(HW).wp(Lh) ; Our ref TBA

Dear Sirs

We refer to your email on 08 December 2017.

Please be informed that we are not agreeable to your proposed motor surveyors. Instead we propose you choose a surveyor from our list of surveyors as appended below:-

1. Winson Goh

2. Amas Ong Poh Meng
3. Ong Ah Keng, Kent

Please be informed that if we do not hear from you **within 2 working days** from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors you will be deemed to have agreed to the any of the above motor surveyors as a "single joint expert".

We will accordingly inform you who the "single joint expert" is to facilitate your conduct of a pre-repair survey.

Best regards,

Lheny

M/s C YOGARAJAH LLC  
883 North Bridge Road  
#19-05 Southbank  
Singapore 198785

Tel: 6292 5838  
Fax: 6292 5938

Email: [lheny@yoga-legal.com](mailto:lheny@yoga-legal.com)

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**From:** Janice Goh Siew Geok (ECICS, Claims) [[mailto:Janice\\_Goh@ecics.com.sg](mailto:Janice_Goh@ecics.com.sg)]

**Sent:** Friday, 8 December, 2017 4:17 PM

**To:** [lheny@yoga-legal.com](mailto:lheny@yoga-legal.com)

**Cc:** ECICS Claims

**Subject:** Accident Involving SJA7160B, SLQ1884C and SGJ5937D on 02.12.2017 ; Your ref CY.SLQ1884C.17.THH(HW).wp(Lh) ; Our ref TBA

**Without prejudice**

Dear Lheny

We refer to your fax letter dated 07.12.2017.

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

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](mailto: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.\*\**



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# 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 (Modl)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

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

## (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:

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Case Handler

Date

\*C: Critical \*N: Non-Critical

21/05/2014

(Draft)

MLHM17160352 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming  
ENTRY DATE & TIME: 05/12/2017 15:45

## SINGAPORE ACCIDENT STATEMENT

G.I.A.  
Accident  
Report

## 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 05/12/2017 15:45  
Date Of Accident 02/12/2017 10:00  
Exact Location Of Accident T-JUNCTION OF JALAN LANGGAR AT ALOR STAR  
Country/State of Loss MALAYSIA/KEDAH DARUL AMAN

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ1884C  
**Insured/Policyholder**  
Name Of Registered Owner SEAH SEOW ENG  
NRIC No S1376023C  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-90058810  
Alternative Phone No Others-90058810

## Vehicle Particulars

Manufacturer NISSAN  
Model QASHQAI  
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE  
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 CAR

## Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number  
Cover Note Number 1700022639

## Driver

Name of Driver LEE WEI LE CLARENCE  
NRIC No S9226202B  
Date Of Birth 23/07/1992  
Occupation INDOOR  
Date Of Driving Pass 12/04/2011



NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SGJ5937D

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address


## 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 fact 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: 05 DEC 2017 15:45hrs

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05 DEC 2017 15:45hrs

  
Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A

**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/ICS18000169/Wbe2

7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER Date: 10-04-2018  
ONESINGAPORE 038987

Code: ICS

1.

**Policy Particulars :- (THIRD PARTY CLAIM)**

Insured Veh.	SJA 7160B	Veh. Inspected	SLQ 1884C
Policy No.		Coverage (\$)	0.00
Claim No.	DMPC1700732H	Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	11/12/2017

2.

**Vehicle Particulars & Condition**

Make & Model	NISSAN QASHQAI	c.c	1197
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	SJNFEAJ11U1959378	Colour	DARK BLUE
Odometer	10649 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3.

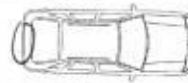
**Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	215/60 R17	GOODYEAR	3 mm
L/H Front Tyre	215/60 R17	GOODYEAR	3 mm
R/H Rear Tyre	215/60 R17	GOODYEAR	3 mm
L/H Rear Tyre	215/60 R17	GOODYEAR	3 mm

4.

**Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.



5.

**General Information**

Accident Date	02/12/2017	Inspect Date / Time	04/01/2018 ( 12:15 PM )
Survey held at	THIAM HENG HUAT PTE LTD 176 SIN MING DRIVE #05-14 SINGAPORE 575721		

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 \$5,900-\$6,900

5b.

**Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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Report Ref No. CS3/ICS18000169/Wbe2

Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K. LAU CPT (RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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