

ASS. REC. BY:

REF: CS3/ICS18000333/ R1 d3 22/

Special Instruction:

range & days

claim

Supervisor:

Rusul

ASSIGNMENT (Office)

From (Person):

Janice Goh

of

ECICS

Date/Time:

24/12/17 @ 11:40am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKM 3460 L

Insured:

SLH 3999 P

at Workshop m/s

Yap Lee Motor

Tel:

6844 1555

of

1 kaki Bkt Ave 6 # 01-26 Autobay

Policy No:

Claim No:

Sum Insured:

Excess:

DMPUI7006624

Make of Veh:

D.O.A.

22/12/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

2:57pm @ 5/01/2018

Person Contacted:

Shirley

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SKM 3460 L - X

SLH 3999 P - X

Dismantle: 9/1/2018

727

Nivitha (LKK Auto)

From: motorsurvey <motorsurvey@ecics.com.sg>
Sent: Friday, 29 December, 2017 11:40 AM
To: ct-admin@visionlawllc.com; assignments
Cc: annatan@visionlawllc.com
Subject: FW: Scan Image Your ref AKN-atv-INS-Y41-SKM3460L-2017 ;
ECICS SLH3999P
Attachments: 4095_001.pdf

Without Prejudice

Dear Sirs

Thank you for your email with attachment.

We are not agreeable with your list of surveyor.

We will arrange LKK for the PRI.

Thank you.

Aside to LKK

Please arrange PRI for TP's 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: ct-admin@visionlawllc.com [mailto:ct-admin@visionlawllc.com]
Sent: Friday, 29 December, 2017 11:25 AM
To: motorsurvey
Subject: Scan Image

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insurance
corporation

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VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths

Agents for Trade Marks

(Incorporated with limited liability)

Company Registration No. 200721148H

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI DIO MUNIANDY
SEGA PARAM
TIWARY ANURADHA
ONG BOCK KEE
DIANE ANG KIM NOI
RAVENDRA KRISHNASAMY
TAY HAO RAN
JANICE HAN JIA LIN
TAN YINGXIAN SELWYN

Head Office:

133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch:

490 Toa Payoh Lorong 6
#03-11 HDB Hub
Singapore 310490

HEAD OFFICE:

TEL : 65342811 (Hunting)
FAX : 65356802 (General)

E-MAIL: annatan@visionlawllc.com

BRANCH

TEL : 63580703
FAX : 63580448(conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to HEAD OFFICE for this matter

OUR REF: AKN-atv-INS-Y41-SKM3460L-2017 - [please reply to: annatan@visionlawllc.com](mailto:annatan@visionlawllc.com)
YOUR REF: SLH 3999 P

29 December 2017

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

BY FAX 6338-9267 & EMAIL:
motorsurvey@ecics.com.sg

Dear Sirs

NAME OF CLAIMANT: TJOENG TJIAP KHIN ALBERT
VEHICLE NUMBER: SKM 3460 L
YOUR INSURED VEHICLE NUMBER: SLH 3999 P
ACCIDENT AT JUNCTION OF DUNMAN ROAD AND HAIG ROAD ON 22 DECEMBER 2017 AT ABOUT 1830HOURS

We refer to your email dated 27 December 2017 wherein there is no agreement to the appointment of Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at:

YAP LEE MOTOR
1 KAKI BUKIT AVENUE 6
#01-26 AUTOBAY @ KAKI BUKIT
SINGAPORE 417883

Contact Person: TEL: 6844-1555 (Shirley)

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully

(Head Office)

cc. SKM 3460 L - By fax 6844 1311 only

FOR SURVEYOR

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

Appointed surveyor :
(Name & Signature) :

Date & Time of Inspection :

CONFIDENTIALITY

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MSME17169290 / SME Motor Pte Ltd - Keld Bukit
 ENTRY DATE & TIME: 26/12/2017 14:58
 SUBMITTED BY: Pei Ying

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 27/12/2017 09:55

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	26/12/2017 14:58
Date Of Accident	22/12/2017 18:30
Exact Location Of Accident	DUNMAN RD & HAIG RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM3460L
Insured/Policyholder	
Name Of Registered Owner	TJOENG TJIAP KHIN ALBERT
NRIC No	S72380811
Email Address	ALBERT.TJOENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96464347
Alternative Phone No	OFFICE-96464347

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100365360
Cover Note Number	

Driver

Name of Driver	TJOENG TJIAP KHIN ALBERT
NRIC No	S72380811
Date Of Birth	22/10/1972
Occupation	INDOOR
Date Of Driving Pass	10/09/2002
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96464347
Fax Number	
Contact Number	OFFICE-96464347
Email Address	ALBERT.TJOENG@GMAIL.COM

Address BLK 507 HOUGANG AVE 8 #11-652
 Postcode 530507
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 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
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 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) 4
 Passenger 1

NAME: HENG SOK HIA SHAWNNA
 GENDER: FEMALE

Passenger 2

NAME: TJOENG YU XUAN ZACHARY
 GENDER: MALE

Passenger 3

NAME: TJOENG YU XIANG TIMOTHY
 GENDER: MALE

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

I WAS APPROACHING THE JUNCTION OF DUNMAN HAIG ROAD AND SLOWED DOWN AS THE TRAFFIC LIGHT TURNED RED. THAT WAS WHEN VEHICLE B COLLIDED INTO THE REAR OF MY VEHICLE.

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 SLH3999P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number 97414807

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 willful 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 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.
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.



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A SKM 3460L
B SLH 3449P

YAP LEO

Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

I was approaching the junction of Dunman
y Haig Road and slowed down as the
traffic light ~~was~~ turned red.

That was when vehicle B collided into
the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

28/12/17

Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

26/12/17 5:11 PM

Witnessed by Reporting Centre
Personnel

**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/ICS18000333/R1d3e2

7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER Date: 20-04-2018
ONE SINGAPORE 038987

Code: ICS

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SLH 3999P	Veh. Inspected	SKM 3460L
Policy No.		Coverage (\$)	0.00
Claim No.	DMPU1700662H	Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	29/12/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA CORROLA ALTIS 1.6	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	MR053REH104000519	Colour	GREY
Odometer	79395 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55Z R16	MICHELIN	6 mm
L/H Front Tyre	205/55Z R16	MICHELIN	6 mm
R/H Rear Tyre	205/55Z R16	MICHELIN	6 mm
L/H Rear Tyre	205/55Z R16	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

**5. General Information**

Accident Date	22/12/2017	Inspect Date / Time	09/01/2018 (02:32 PM)
Survey held at	YAP LEE MOTOR		
	BLK 1 KAKI BUKIT AVE 6 #01-26 AUTOBAY@KAKI BUKIT SINGAPORE 417883		

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 \$2,500-\$3,000

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 2 Working Days

Report Ref No. CS3/ICS18000333/R1d3e2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

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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