

23/05/2002

ASS. REC. BY:

REF:

CS3 / ICS 18002044 / WB

Special Instruction:

range 2 days

Survivor

ASSIGNMENT (Office)

From (Person):

Janice Goh

of

ICS

Date/Time:

01/02/2018 10:43am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBL 4929H

Insured:

SJX 9298D

at Workshop m/s

Equator Brotherhood

Tel:

6384 6939

of

25 Kaki Bukit Road 4 #03-79

Policy No:

Claim No:

DMPC1800037H / LC

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26012018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time:

01/02/2018 4:35pm

Person Contacted:

Sharon

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

FBL 4929H - X

SJX 9298D - CS / ICS 16018399 / Kbn2

DUA: 23/09/2016

3/1/18

PRS

TCS

Wilson

ASSIGNMENT

From: Date:

Estimated Cost:

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

To inspect Vehicle No: **FBL 4929 H**
at Workshop No: **Equator Brothers**
of: **25 Kals, Bukit Rd 4 # 23-19**
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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: **4** 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: **FBL 4929 H** Reg: **1/5/2016**

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

Truck / Trailer or

Make: **Honda** (RF/000A) or **998**

Colour: **white** 40 Insured / Std / NI / NA

Sp Reading: **36938** T Read: Insured / Std / NI / NA

Eng No:

C No: **JH28D04B5GK007413**

Gen Cond: Good / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Mod: **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: **90/90/12**
R: **150/170/18**

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

TOYO / YOKO or **Shinko**

Front:

Rear:

R/Bal: **3** mm R/Bal: **4** mm

L/Bal: mm L/Bal: mm

D.O.A: DO: **1/3/2018**

Survey held at: **Abaya** 9/11/18

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

1/3/18 No Accident Report Given

Range \$5000 - \$6000

John To 9/4/2018

RECEIVED 11 APR 2018

Date Time File Pass to: **10.04.2018**
Date Time File Return to:

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transcription:

1/1/18-1/1/18

Add Fee: ☐ Site Insp. \$

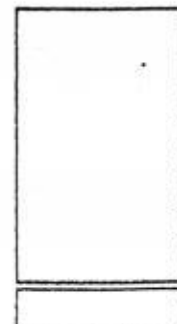
☐ Interview \$

☐ Tech. Insp. \$

☐ Weekend \$

Report Format: **PRS**

Lump Sum / I.B. \$:



Catherine Chong (LKK Auto)

From: ECICS Claims <claims@ecics.com.sg>
Sent: Thursday, 1 February, 2018 10:43 AM
To: Riaz LLC; assignments
Cc: 'Equator Brotherhood'; ECICS Claims
Subject: RE: ***SPAM*** RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: FBL 4929H AND SJX 9298D ON 26.01.2018 ; Our ref DMPC1800037H/LC
Attachments: 31012018155507.pdf

Without Prejudice

Dear Huiling

Thank you for your email.
We will appoint LKK for the PRI.

Aside to LKK

Please assist to arrange for TP PRI.

Thank you.

**Please note that this case is handled by our Lionel Chua and our claim ref DMPC1800037H/LC*.*

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: Riaz LLC [mailto:riaz@justice.com.sg]
Sent: Thursday, 1 February, 2018 10:27 AM
To: ECICS Claims
Cc: 'Equator Brotherhood'
Subject: RE: ***SPAM*** RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: FBL 4929H AND SJX 9298D ON 26.01.2018 ; Our ref DMPC1800037H/LC

WITHOUT PREJUDICE

Dear Janice,

We refer to your below email.

We disagree your list of surveyor and shall proceed with appoint independent surveyor for this matter.

Please ask the surveyor appointed by your side to liaise directly with the repairer who is copied in this email.

Thanks

Regards,
HUILING

From: ECICS Claims [<mailto:claims@ecics.com.sg>]
Sent: Thursday, 1 February 2018 9:48 AM
To: Huiling <riaz@justice.com.sg>
Cc: 'Equator Brotherhood' <equator.brotherhood@gmail.com>; ECICS Claims <claims@ecics.com.sg>
Subject: ***SPAM*** RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: FBL 4929H AND SJX 9298D ON 26.01.2018 ;
Our ref DMPC1800037H/LC

Without prejudice

Dear Huiling

Thank you for your email with the attachment.

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

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: Huiling [<mailto:riaz@justice.com.sg>]
Sent: Wednesday, 31 January, 2018 4:00 PM
To: ECICS Claims; Phoebe Jay Xie (ECICS, Claims); Janice Goh Siew Geok (ECICS, Claims)
Cc: 'Equator Brotherhood'
Subject: ACCIDENT INVOLVING MOTOR VEHICLES NO: FBL 4929H AND SJX 9298D ON 26.01.2018

WITHOUT PREJUDICE

Dear sirs,

We refer to the above captioned matter.

Please find the enclosed notice of accident for your immediate action

Thanks and Best Regards,

HUI LING

RIAZ LLC

133 NEW BRIDGE ROAD

09-09 CHINATOWN POINT

SINGAPORE 059413

TEL : 6534-0110 FAX : 6534-0220

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RIAZ

L.L.C

ADVOCATES AND SOLICITORS
COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER : 200911678H

31/01/2018

Our Ref: FBL 4929H (V) EQUATOR

Your Ref: SJX 9298D

TO: ECICS Limited
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987
Attn: Motor Claims Department

RIAZ QAYYUM (LLB HONS) NUS
(DIRECTOR)

TAN KOK SIANG (LLB HONS) LON
(ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS
(ASSOCIATE)

MUHD RIDHWAN ABDUL BY REMAIL (LLB HONS) LEEDS
(ASSOCIATE)

NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to *notify* you of a road traffic accident on 26 January 2018 at about 2315 hours along AMK St 53 involving our client's vehicle registration number FBL 4929H and vehicle registration number SJX 9298D driven by you or your authorized driver at the material time. A copy of Singapore accident statement / traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client /we shall proceed to repair the vehicle without further reference to you.

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

Name of workshop : EQUATOR BROTHERHOOD
Address : 25 KAKI BUKIT ROAD 4
#03-79 SYNERGY @ KB
SINGAPORE 417800
Telephone no. : 6384 6939/9011 3391 (Wille)

Please let us hear from you by the stipulated time.

Yours faithfully

encs

cc 1. Client;

FOR SURVEYOR

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

Appointed surveyor
(Name & signature)

Date & time of inspection

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 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 27/01/2018 16:21
 Date Of Accident 26/01/2018 23:15
 Exact Location Of Accident ANG MO KIO ST 53 SERVICE ROAD IN FRONT OF BLK 505
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL4929H
 Insured/Policyholder
 Name Of Registered Owner ALBERS MARK GERARD
 NRIC No S8270700Z
 Email Address M_G_ALBERS@YAHOO.COM
 Mobile Phone No (LOCAL) +65-96715729
 Alternative Phone No OTHERS-96715729
 Vehicle Particulars
 Manufacturer HONDA
 Model CRF1000L
 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 MOTORCYCLE
 Insurance Company
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number 5086028583-01
 Cover Note Number
 Driver
 Name of Driver ALBERS MARK GERARD
 NRIC No S8270700Z
 Date Of Birth 27/08/1982
 Occupation INDOOR
 Date Of Driving Pass 19/05/2009
 Driving Experience 8 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96715729
 Fax Number
 Contact Number OTHERS-96715729
 EMail Address M_G_ALBERS@YAHOO.COM

Address	BLK 509 ANG MO KIO AVE 8 #02-2730 SINGAPORE
Postcode	560509
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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)	1

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 ATTACHED

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	SJX9298D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHICK CHEUY LUM
NRIC/Passport Number	
Contact Number	92301134
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ALBERS MARK GERARD
------	--------------------

Approximate Age

Injuries Sustain

BACKACHE

Injured person in which vehicle?

FBL4929H

Were seat belts worn?

Was this 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.



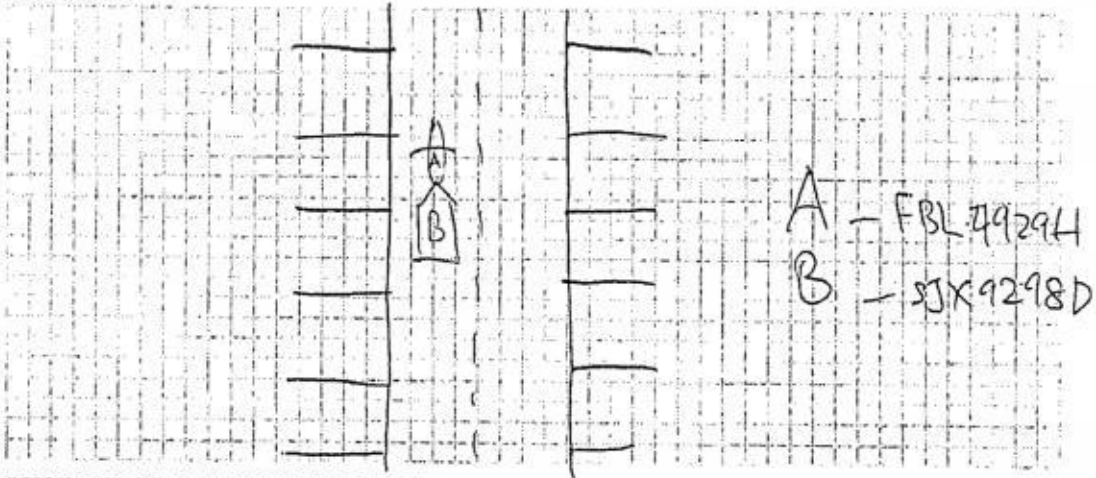
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.01.2018 at about 215hrs I was travelling along Ang Mo Kio Street 53
 service road on the way home. The driver of the car SJX 9298D, Mr.
 CHICK CHAY LAM, flashed his high beams who was behind me. I noticed
 his high beams which was when I noticed a black car on my left and
 was moving on towards the road. I applied emergency brakes to avoid
 hitting it. Just as I came to a complete stop, I was hit from the back
 by Mr. CHICK CHAY LAM. I fell off my car sustaining minor injuries.

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.:

Accident Photo





**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/ICS18002044/Wbs2	
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER		Date: 16-04-2018	
ONE SINGAPORE 038987		Code: ICS	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SJX 9298D	Veh. Inspected	FBL 4929H
Policy No.		Coverage (\$)	0.00
Claim No.	DMPC1800037H/LC	Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	01/02/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA CRF1000A	c.c	998
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JH2SD04B5GK007413	Colour	WHITE
Odometer	36938 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	90/90/21	SHINKO	3 mm
L/H Front Tyre			mm
R/H Rear Tyre	150/70/18	SHINKO	4 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION AND O/S BODY.			
5. General Information			
Accident Date	26/01/2018	Inspect Date / Time	01/03/2018 (09:11 AM)
Survey held at	EQUATOR BROTHERHOOD 25 KAKI BUKIT ROAD 4 #03-19 SYNERGY @KB SINGAPORE 417800		
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 \$5,000.00 - \$6,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	

Report Ref No. CS3/ICS18002044/Wbs2

Inspected By



WILSON TEO CHENG MING

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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