Surveyor: | REF: CS/ICS18007241 / Gvbez | Special Instruction: LS: $ 14050.00

ASSIGNMENT (Office)

From (Person): Janice Goh of ICS Date/Time: 10042018

Estimated Cost: Bill to:

Third Parties:
Claimant:
Surveyor: Prominent Appraisers
Workshop: Uni Automotive.

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJT 4958L Insured: GBB 5745S

at Workshop m/s Uni Automotive Tel: 9798 1666 (Alvin)

of Blk 1 Kaki Bukit Ave 6 #01-94

Policy No: Claim No: DMCV1700070H

Sum Insured: Excess:

Make of Veh: D.O.A. 12082017

(Client's Record)

20042018 (Friday) @ 4:30pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle **IN / OUT**

Date/Time: **Confirmed with** LS **Final Fig** , days (Red $ / %; Original 15 days)

Date/Time: 11/6/18 **Submit Final Fig** 14050 , 10 days (Red $ 3400 / 24 %; Original days)

Date/Time	Action/Instruction
	SJT 4958L - X
	GBB 5745S - X

12/6

RECEIVED 12 JUN 2018

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : *NC*)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/ Evaluated by:

Fee Charged:	*Date:*
Basic & Add	350
Transport	
Photos	
Others	
Total	350

1) Date/Time 12/6 - typist File Pass to 2) Date/Time File Return to

3) Date/Time File Pass to 4) Date/Time File Return to

5) Date/Time File Pass to 6) Date/Time File Return to

Survey | REF:

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.**

N/S	O/S
	C

Bal. or Market Value: -$20K.

IDAC Accident Rport: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

Est. Repairs: 10 days | Res.: Yes or No

Lum Sum: 20 % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SJT4958L | Yr Regn: 14 oct 2009

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

Make: Chevrolet Aveo c.c 1399

Colour Red | A/C: Insured / Std / NI / NA

Sp.Reading 63237 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KL1SA4871AB018182

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/65 R14

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	20-04-18

Survey held at W/S 4:30pm

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS___SI

Photos

Others

TOTAL

Report Format :

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

Catherine Chong (LKK Auto)

From: Janice Goh Siew Geok (ECICS, Claims) <Janice_Goh@ecics.com.sg>
Sent: Tuesday, 10 April, 2018 4:27 PM
To: ASSIGNMENTS@LKKAUTO.COM
Subject: FW: Accident Involving GBB5745S and SJT4958L on 12.08.2017 ; Your ref AW1-jgv-ins-U7-104062-17(jw) ; Our ref DMCV1700070H
Attachments: SAS2258656.PDF; SAS2258462.PDF; img-410161430-0001.pdf; img-410161453-0001.pdf

Dear LKK

Attach is our insured and third party's report with TP survey report your necessary action.
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: Janice Goh Siew Geok (ECICS, Claims)
Sent: Tuesday, 10 April, 2018 4:17 PM
To: 'Jennifer Guay'; ASSIGNMENTS@LKKAUTO.COM
Cc: 'Unimotor'
Subject: RE: Accident Involving GBB5745S and SJT4958L on 12.08.2017 ; Your ref AW1-jgv-ins-U7-104062-17(jw) ; Our ref DMCV1700070H

Without Prejudice

Dear Jennifer

Thank you for your email.
We will assign LKK for the re-inspection.

Aside to LKK

Please assist to arrange for re-inpection of the above 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: Jennifer Guay [mailto:jenniferguay@visionlawllc.com]
Sent: Monday, 9 April, 2018 2:13 PM
To: Janice Goh Siew Geok (ECICS, Claims)
Cc: 'Unimotor'
Subject: RE: Accident Involving GBB5745S and SJT4958L on 12.08.2017 ; Your ref AW1-jgv-ins-U7-104062-17(jw) ; Our ref DMCV1700070H

CLAIMANT: RAMLAH BEGAM BINTE AP ABDUL HAMEED
ACCIDENT INVOLVING SJT4958L & GBB 5745 S ON 12 AUGUST 2017 ALONG EUNOS TOWARDS CHANGI

Without Prejudice

Dear Janice

Refer to your email of 6 March 2018.

As requested we have arrange our client's vehicle SJT 4958 L for reinspection as follows :

Date : 20 April 2018

Time : 4.30pm

Address : Uni Automotive Pte Ltd
Blk 1 Kaki Bukit Ave 6 #01-94
Singapore 417883

Tel : 9798 1616 Alvin

Please let us have your confirmation by 11 April 2018. Thank you.

Regards

Jennifer Guay
(Secretary)
VISION LAW LLC
133 New Bridge Road #18-01
Chinatown Point
Singapore 059413
Tel : 6534 2811 (Ext 116)
Fax : 6535 6802

From: Janice Goh Siew Geok (ECICS, Claims) [mailto:Janice_Goh@ecics.com.sg]
Sent: Tuesday, 6 March, 2018 12:15 PM
To: jacquiwong@visionlawllc.com
Subject: RE: Accident Involving GBB5745S and SJT4958L on 12.08.2017 ; Your ref AW1-jgv-ins-U7-104062-17(jw) ; Our ref DMCV1700070H

Without Prejudice

Dear Jacqui

We refer to the above matter.

We would like to request for re-inspection of your client's vehicle.
Please advise the lcation, date and time.

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: Janice Goh Siew Geok (ECICS, Claims)
Sent: Wednesday, 8 November, 2017 5:21 PM
To: 'jacquiwong@visionlawllc.com'
Subject: Accident Involving GBB5745S and SJT4958L on 12.08.2017 ; Your ref AW1-jgv-ins-U7-104062-17(jw) ; Our ref DMCV1700070H

Without Prejudice

Dear jacqui

We acknowledge receipt of your letter of demand dated 19.10.2017 which we received on 20.10.2017.

We are looking into the matter and shall revert to you in due course.

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.

VISION LAW LLC
Advocates & Solicitors
(Incorporated with limited liability)
Unique Entity No. 200721148H
Head Office: 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413
Branch: 490 Lorong 6 Toa Payoh #03-11 HDB Hub (Biz 3 Lobby 1), Singapore 310490

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 witholding 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	14/08/2017 14:16
Date Of Accident	12/08/2017 14:15
Exact Location Of Accident	T-JUNCTION OF EUNOS LINK/PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB5745S
Insured/Policyholder	
Name Of Registered Owner	TOTAL MASTER SERVICES
Co Reg No	52967102J
Email Address	TMS_CHUA@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-90071717
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MCV17A00051401
Cover Note Number	
Driver	
Name of Driver	CHUA KOK POI
NRIC No	S1481108G
Date Of Birth	06/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1980
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90071717
Fax Number	
Contact Number	
EMail Address	TMS_CHUA@YAHOO.COM.SG

Address	BLK635 PASIR RIS DRIVE 1 #08-278
Postcode	510536
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	3

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

AS PER SKETCH PLAN ATTACH.

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	SJT4958L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	RAMLAH BEGAM BTE A P ABDUL HAMEED
NRIC/Passport Number	S7121210F
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 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.

TOTAL MASTER SERVICES Tms

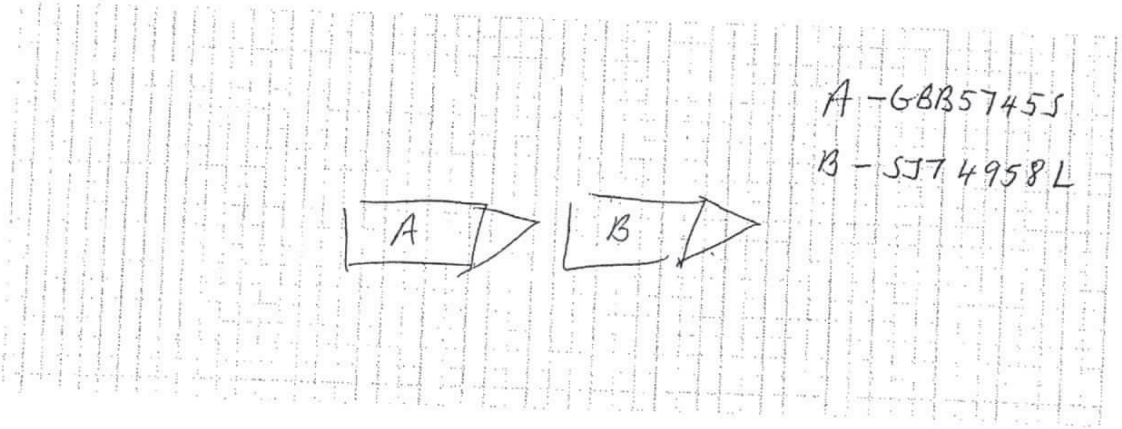
Policyholder's Signature / Date & Time

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

FALCON-AIR SERVICES PTE LTD TAMPINES

Witnessed by Reporting Centre Personnel

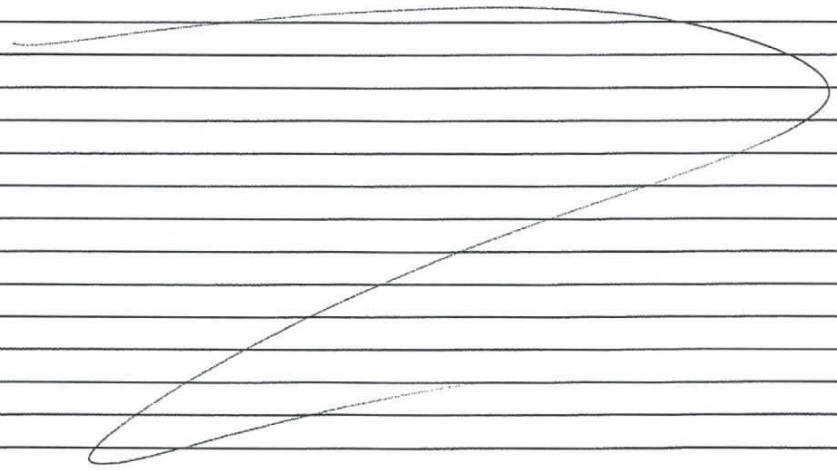
Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

I was travelling along Eunos Link going towards PIE. Just about to reach the traffic junction the light had just change to "Amber" suddenly this vehicle SJT4958L jam brake, I also jam on my brakes but was too late therefore collided onto the rear portion.



Declaration

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

TOTAL MASTER SERVICES Tms

Policyholder's Signature / Date & Time

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

FALCON-AIR FLITE SERVICES PTE LTD TAMPINES

Witnessed by Reporting Centre Personnel

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 witholding 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	14/08/2017 11:45
Date Of Accident	12/08/2017 14:25
Exact Location Of Accident	EUNOS TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT4958L
Insured/Policyholder	
Name Of Registered Owner	RAMLAH BEGAM BINTE A P ABDUL HAMEED
NRIC No	S7121210F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98384124
Alternative Phone No	OFFICE-98384124
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	AVEO
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067434874-02
Cover Note Number	
Driver	
Name of Driver	RAMLAH BEGAM BINTE A P ABDUL HAMEED
NRIC No	S7121210F
Date Of Birth	24/06/1971
Occupation	INDOOR
Date Of Driving Pass	03/07/1999
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98384124
Fax Number	
Contact Number	OFFICE-98384124
EMail Address	NOEMAIL

Address	33 TAMPINES CENTRAL 7 #09-48
Postcode	528614
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
Was any body injured in the Accident?	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

I WAS AT THE EUNOS TRAFFIC LIGHT GOING TO MAKE A RIGHT TURN TO PIE. THE TRAFFIC LIGHT TURNED AMBER SO I SLOWED DOWN AND STOPPED MY VEHICLE. THE VEHICLE BEHIND ME HIT MY CAR FROM THE BACK.

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	GBB5745S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	CHUA KOK POI
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	