

REF: CS1 / LCS18013617 / L Sb

Special Instruction:

OI photos

ASSIGNMENT (Office)

From (Person): Janice Goh of ICS Date/Time: 26/07/2018
Estimated Cost: _____ Bill to: _____

45: \$ 10000.00

Third Parties:

Claimant:

Surveyor: Premier Advisor

Workshop: Precise Auto.

OD/FP Re-inspection / Evaluation

To Inspect Vehicle No: GBC 3383K Insured: SGZ 8067K

at Workshop m/s Precise Auto Tel: 6745 7367

of Bldg 1 Kaki Bukit Ave 6 # 02-34

Policy No: _____ Claim No: DMPC1700459H

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 6/7/2017

(Client's Record)

~~*~~ Suspensions

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red S _____ / _____ %; Original 11 days)

Date/Time: 17/03/18 Submit Final Fig \$7200/-, 8 days (Red \$ 2500/- 25 %; Original 11 days)

[illegible]

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:

Basic & Add

Transport

Photos

Others

Total

Date: _____

1) Date/Time _____ 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 _____

Catherine Chong (LKK Auto)

From: Janice Goh Siew Geok (ECICS, Claims) <Janice_Goh@ecics.com.sg>
Sent: Thursday, 26 July, 2018 2:47 PM
To: Catherine Chong (LKK Auto)
Cc: 'assignments'
Subject: RE: OUR REF: 511110.V ECICS REF: DMPC1700459H LKK REF: GBC 3383K

Hi Catherine

Please conduct paper survey instead.
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: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Monday, 2 July, 2018 6:54 PM
To: Janice Goh Siew Geok (ECICS, Claims)
Cc: 'assignments'
Subject: RE: OUR REF: 511110.V ECICS REF: DMPC1700459H LKK REF: GBC 3383K

Dear Janice,

Kindly advise URGENTLY.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Friday, 27 April, 2018 2:37 PM
To: 'Janice Goh Siew Geok (ECICS, Claims)' <Janice_Goh@ecics.com.sg>
Cc: 'Precise Auto Service' <support@preciseauto.sg>; 'assignments' <assignments@lkkauto.com>
Subject: RE: OUR REF: 511110.V ECICS REF: DMPC1700459H LKK REF: GBC 3383K

Dear Janice,

Kindly advise.

Catherine Chong (LKK Auto)

From: Janice Goh Siew Geok (ECICS, Claims) <Janice_Goh@ecics.com.sg>
Sent: Friday, 20 April, 2018 10:39 AM
To: Catherine Chong (LKK Auto)
Cc: ECICS Claims
Subject: FW: ***SPAM*** RE: Accident Involving SGZ8067K and GBC3383K on 07.07.2017
; Your ref RA.511110.H (PRECISE) ; Our ref DMPC1700459H
Attachments: img-420102135-0001.pdf; SAS2238396 (1).PDF; SAS2239682.PDF

Dear Catherine

As spoken, please see the attachments.
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

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****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: Sal [mailto:riaz@justice.com.sg]
Sent: Monday, 16 April, 2018 9:43 AM
To: Janice Goh Siew Geok (ECICS, Claims)
Cc: 'Precise Auto Service'
Subject: RE: ***SPAM*** RE: Accident Involving SGZ8067K and GBC3383K on 07.07.2017 ; Your ref RA.511110.H (PRECISE) ; Our ref DMPC1700459H

16.4.2018

WITHOUT PREJUDICE **U R G E N T**

Dear Janice

We refer to the above matter.

Please be informed that our clients' motor vehicle GBC 3383K can be re-inspected on **20.04.2018 (Friday) at 10:00am** at 1 KAKI BUKIT AVENUE 6 #02-34/36 AUTOBAY @KAKI BUKIT, SINGAPORE 417883.

The person to contact is Yen Hong at telephone number **6745 7367**

Please keep us informed which surveyors will you appoint to re-inspect our clients' motor vehicle.

Kindly ensure that your surveyors attend the re-inspection on the aforesaid date punctually.

Regards
SAL
RIAZ LLC

From: Janice Goh Siew Geok (ECICS, Claims) <Janice_Goh@ecics.com.sg>

Sent: Thursday, 12 April 2018 3:09 PM

To: riaz@justice.com.sg

Subject: ***SPAM*** RE: Accident Involving SGZ8067K and GBC3383K on 07.07.2017 ; Your ref RA.511110.H (PRECISE) ; Our ref DMPC1700459H

Without Prejudice

Dear Sirs

We refer to the above matter.

We would like to request for re-inspection.
Please advise the location, 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: Friday, 29 December, 2017 9:37 AM

To: 'riaz@justice.com.sg'

Subject: Accident Involving SGZ8067K and GBC3383K on 07.07.2017 ; Your ref RA.511110.H (PRECISE) ; Our ref DMPC1700459H

Without Prejudice

Dear Sirs

We acknowledge receipt of your letter demand dated 12.12.2017 which received on 21.12.2017.

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.*****

follow us on  facebook  follow us on twitter  visit our website ecics.com.sg 

This message may contain privileged and confidential information and is only intended for use by the addressee. No representation, warranty, guarantee or undertaking expressed or implied is made by ECICS Limited; as to the fairness, accuracy or completeness of any information, projections or opinions contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in his message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

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	10/07/2017 20:41
Date Of Accident	07/07/2017 17:30
Exact Location Of Accident	CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3383K /
Insured/Policyholder	
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Co Reg No	39853800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97558418

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069180637-02
Cover Note Number	-

Driver

Name of Driver	KOO WAN LONG
NRIC No	S0093066J
Date Of Birth	03/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1978
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97558418
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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? 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) 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 TO STATEMENT.

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 SGZ8067K

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

DETAILS OF INJURED PERSON 1

Name KOO WAN LONG

Approximate Age

Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBC3383K
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind its 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 also 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.

3. 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 (for signed 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 making of correspondence, acknowledgements, invoices, records or notices to me, which could involve disclosure of certain personal data about me to third parties for delivery of the above services, and the forwarding of correspondence or 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/are 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.

[Signature]
Policyholder's Signature / Date & Time

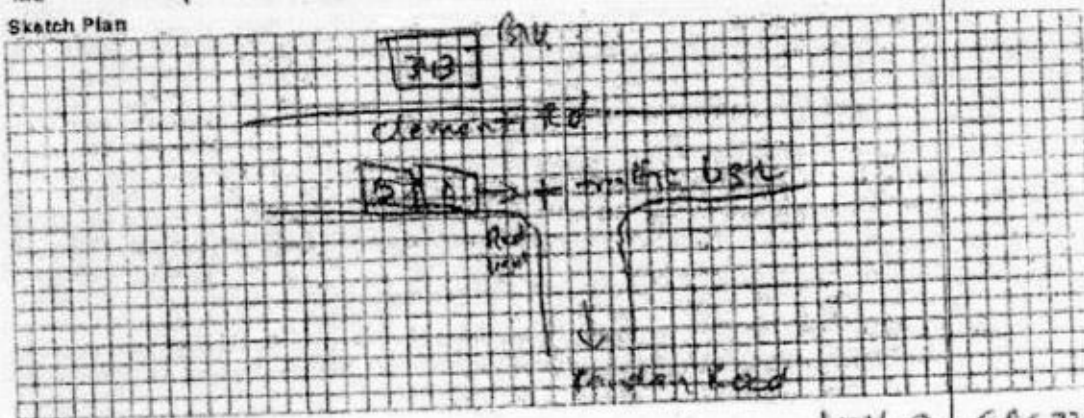


[Signature]
Signature (if driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Ver A - GBC 3353k
Ver B - SGZ 8067K

Accident Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7 July 17 at 3.30 pm, I was travelling along Clementi road and turning right to Pandan road at the junction. The traffic light was red and my vehicle was stationary because it was red light. All of sudden, a vehicle SG2-B067K ramped into the rear of my vehicle.

My vehicle back door & bumper were damaged. The next day I went to Changi General Hospital for medical check up.

Declaration

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	08/07/2017 10:23
Date Of Accident	07/07/2017 17:10
Exact Location Of Accident	CLEMENTI RD/ULU PANDAN JUNCTION TWD BUKIT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ8067K
Insured/Policyholder	
Name Of Registered Owner	PATRICK LOW CHUN LEONG
NRIC No	S7619497A
Email Address	S_LOW_109@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92360974
Alternative Phone No	OFFICE-92360974

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 EX GLX GAS (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC16A00168000
Cover Note Number	

Driver

Name of Driver	SHARON LOW BEE LIAN
NRIC No	S7429469C
Date Of Birth	30/07/1974
Occupation	INDOOR
Date Of Driving Pass	16/04/2009
Driving Experience	8 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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

REFER TO SCRATCH PLANS

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 GBC3383K

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 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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.

S'7619497A
PATRICK LOW CHUN LEONG

Policyholder's Signature / Date & Time

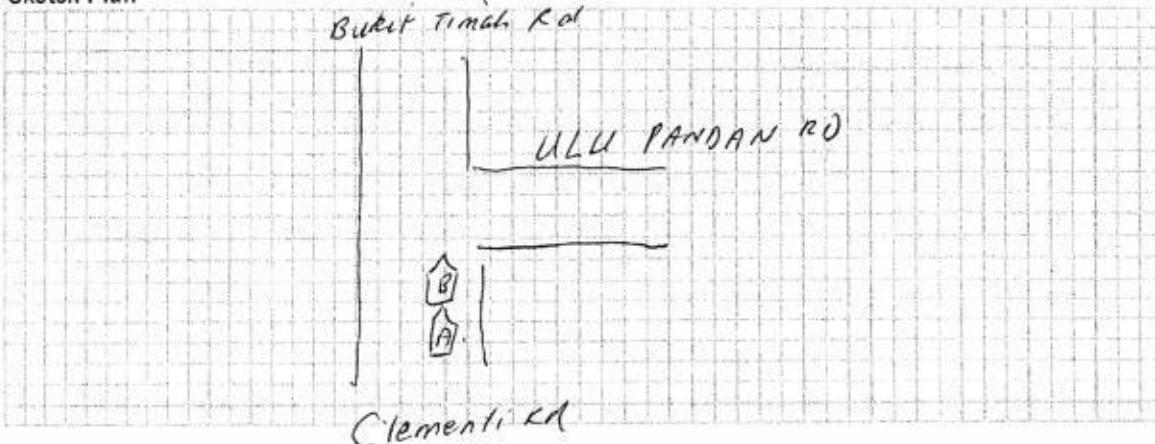
Sharen

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

Accident happened at Clementi Rd / Pudu Pandan rd junction.
while slowly making a turn from Clementi Rd into
Pandan Rd I was momentarily blinded by the
sunlight and banged on to the vehicle No GRC338CK
in front of me.

Declaration

We declare the foregoing particulars are true in every respect.

PATRICK LOW CHUN LEONG
S 76.14497A
5-6

Policyholder's Signature / Date &
Time

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

Sharon



Witnessed by Reporting Centre
Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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Exact Location Of Accident	CLEMENTI RD/ULU PANDAN JUNCTION TWD BUKIT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ8067K
Insured/Policyholder	
Name Of Registered Owner	PATRICK LOW CHUN LEONG
NRIC No	S7619497A
Email Address	S_LOW_109@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92360974
Alternative Phone No	OFFICE-92360974

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 EX GLX GAS (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC16A00168000
Cover Note Number	

Driver

Name of Driver	SHARON LOW BEE LIAN
NRIC No	S7429469C
Date Of Birth	30/07/1974
Occupation	INDOOR
Date Of Driving Pass	16/04/2009
Driving Experience	8 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SIBLING
 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

REFER TO SCRATCH PLANS

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 GBC3383K
 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 Pg. 1

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.

S'7619497A
PATRICK LOW CHUN LEONG

Policyholder's Signature / Date & Time

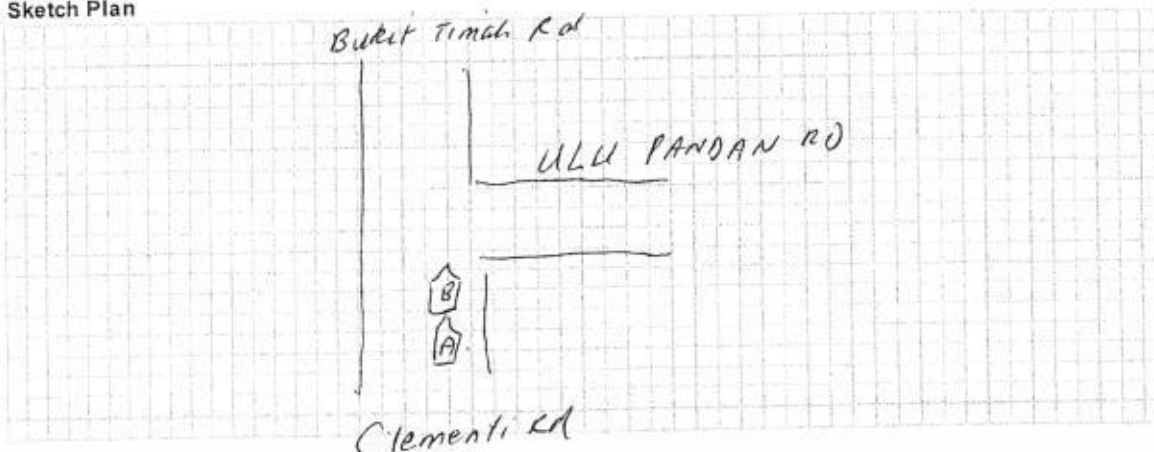
Signature

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

Accident happened at Clementi Rd / Pulu Pandan rd junction.
While slowly making a turn from Clementi Rd into
Pandan Rd I was momentarily blinded by the
sunlight and banged on to the vehicle No GBC338CK
in front of me.

Declaration

We declare the foregoing particulars are true in every respect.

DATRICK LOW CHUN LEONG
S 76.14497A
S-61

Policyholder's Signature / Date &
Time

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

Sharon



Witnessed by Reporting Centre
Personnel

Status Summary Report - Finalisation Entry (No Close Date)

XING GUO QIANG

Print On 17/08/201

Upto 31/12/2017

Reference Number	Vehicle No	Entry Date	DOA	DOI	Finalised By	Finalised Date	Finalised Amount
C2: Mindef							
CC2/MIDA17016104/Gp	SKC 3355K	21/08/17	20/08/17	22/08/2017			

No of Reports: 1

C3: Direct Settlement (Pre-Assign - SMRT, TanLim, ComfortDelgro & etc)							
CC3/AIG17011777/Gvb	SLG 9888S	19/06/17	13/06/17	16/06/2017			
CC3/AIG17024087/Gea3	SCR 3353G	19/12/17	13/12/17	26/12/2017			
CC3/AIG17024422/Gqb	SGK 7733G	27/12/17	21/12/17	26/12/2017			
CC3/AIG17024570/Gqb	SLP 9792L	28/12/17	23/12/17	27/12/2017			

No of Reports: 4

C4: Direct Settlement (Assg from Insurance Co.)							
CC4/AIG17014488/Gea3	SKN 9973D	27/07/17	25/07/17	16/08/2017			
CC4/AIG17018581/Gea3	SLS 1654P	28/09/17	23/09/17	27/09/2017			
CC4/AIG17019262/Gub3	SKN 4915E	09/10/17	03/10/17	06/10/2017			
CC4/AIG17024638/Gpb3	SMB 3070M	28/12/17	23/12/17	29/12/2017			
CC4/ASM17016217/Gpb3	GBC 5556R	22/08/17	04/08/17	23/08/2017			
CC4/ASM17016513/Gpb3	SJD 95L	25/08/17	19/08/17	08/09/2017			
CC4/ASM17023600/Gpb3	SKH 8958L	12/12/17	07/12/17	13/12/2017			
CC4/ASM17024555/Gjb3	SKE 6760T	28/12/17	25/12/17	29/12/2017			
CC4/AXA16023792/Gmb3	SKB 3186L	14/12/16	27/11/16	15/12/2016			
CC4/AXA16024809/Gpb3	SKU 7459Z	29/12/16	23/12/16	29/12/2016			
CC4/AXA17014522/Gea3	SLM 7621B	27/07/17	15/07/17	19/07/2017			
CC4/AXA17014589/Gea3	FBE 4192C	28/07/17	16/05/17	07/09/2017			
CC4/AXA17014691/Gja3	SFY 4373U	31/07/17	27/07/17	28/07/2017			
CC4/CTI17010976/Geb3	SLK 4255E	06/06/17	13/05/17	06/06/2017			
CC4/CTI17011481/Geb3	SLB 2481D	13/06/17	22/05/17	20/06/2017			
CC4/DAI17022732/Gpa3	FBB 100K	29/11/17	15/11/17	29/11/2017			
CC4/FWD17020016/Gea3	SGF 5913T	19/10/17	13/09/17	17/10/2017			
CC4/III17005364/Gea3	SJU 1614T	17/03/17	06/03/17	20/03/2017			
CC4/III17010833/Ghb3	SKZ 5749Z	05/06/17	26/05/17	13/06/2017			
CC4/III17013509/Ghb3	FBF 818C	12/07/17	22/06/17	11/07/2017			
CC4/III17013931/Gpa3	SFG 9990A	18/07/17	14/07/17	18/07/2017			
CC4/III17017515/Gua3	SGR 5053L	11/09/17	07/09/17	12/09/2017			
CC4/LPC17011961/Gea3	SGL 8351M	20/06/17	16/06/17	20/06/2017			
CC4/LPC17024259/Gpa3n2	SLS 5773C	22/12/17	17/12/17	22/12/2017			

No of Reports: 24

C6: Direct Settlement (Assg from TP Wksp)							
CC6/DAI16009523/Gpb3	FU 3829A	24/05/16	09/05/16	19/05/2016			

No of Reports: 1

Status Summary Report - Finalisation Entry (No Close Date)

Print On 17/08/201

Upto 31/12/2017

Reference Number	Vehicle No	Entry Date	DOA	DOI	Finalised By	Finalised Date	Finalised Amount
S3: Pre Repair Inspection & Damage Assessment							
CS3/AIG17016563/Gb	SKR 8888C	26/08/17	18/08/17	25/08/2017			
CS3/LCR17014150/Gb	FBL 8099B	21/07/17	13/07/17	21/07/2017			

No of Reports: 2

Survey (OD,TP,OR,TR)							
CS/AIG17022606/Gtb	SJR 8020B	28/11/17	13/11/17	06/12/2017			
CS/AIG17022947/Gtb	SGV 2220U	04/12/17	01/12/17	04/12/2017			
CS/AXA17016634/Grb	FBJ 9236B	28/08/17	27/07/17	28/08/2017			
CS/CTI17022247/Grb	SGR 5577S	22/11/17	19/11/17	22/11/2017			
CS/CTI17022248/Grb	JSG 6387	22/11/17	16/11/17	23/11/2017			
CS/EGI17008510/Grb	SKX 4627J	02/05/17	27/04/17	02/05/2017			
CS/FCI17010209/Grb	SKA 6277T	26/05/17	20/05/17	30/05/2017			
CS/FCI17012908/Gnh3	SLM 8353T	04/07/17	30/06/17	05/07/2017			
CS/FCI17019435/Gqb	SJH 9596C	10/10/17	04/10/17	17/10/2017			
CS/FCI17020963/Gtb	SLG 5721R	02/11/17	29/10/17	02/11/2017			
CS/FCI17023048/Gvb	SGR 5889S	05/12/17	04/12/17	05/12/2017			
CS/FCI17024168/Gqd3	SKP 5263K	20/12/17	14/12/17	21/12/2017			
CS/FCI17024648/Gqd3	SG 5003Y	29/12/17	22/12/17	29/12/2017			
CS/FWD17022925/Gvb	GBE 4758X	04/12/17	01/12/17	04/12/2017			
CS/GAI17000421/Gnh3	SLF 7485P	09/01/17	22/12/16	09/01/2017			
CS/GAI17020501/Gtb	FBJ 9771Y	26/10/17	26/09/17	26/10/2017			
CS/ICS17002736/Gqh3	SJQ 9784D	10/02/17	08/02/17	10/02/2017			
CS/QBE17012249/Gnh3	FBB 125P	23/06/17	30/05/17	23/06/2017			

No of Reports: 18

Total Number of Reports: 50

Status Summary Report - Finalisation Entry (No Close Date)

KALVIN ANG WEI KUN

Print On 17/08/201

Upto 31/12/2017

Reference Number	Vehicle No	Entry Date	DOA	DOI	Finalised By	Finalised Date	Finalised Amount
C2: Mindef							
CC2/MIDA16014337/K1j	PA 9555L	02/08/16	25/07/16	01/08/2016			

No of Reports: 1

C3: Direct Settlement (Pre-Assign - SMRT, TanLim, ComfortDelgro & etc)							
CC3/AIG17018265/K1ub3	SH 9597T	22/09/17	21/09/17	21/09/2017			
CC3/CTI16005308/K1mb3	SHB 5266L	22/03/16	18/03/16	21/03/2016			
CC3/CTI17000651/K1fa3	TIB 1214B	11/01/17	08/01/17	10/01/2017			
CC3/LCR17018232/K1wa3	SH 8601X	21/09/17	20/09/17	20/09/2017			
CC3/LCR17023109/K1ja3	SHA 3904Y	06/12/17	03/12/17	05/12/2017			
CC3/QBE17004631/K1wa3	SHF 22K	07/03/17	03/03/17	06/03/2017			

No of Reports: 6

C4: Direct Settlement (Assg from Insurance Co.)							
CC4/AIG17009049/K1fb3	SKN 890T	09/05/17	07/05/17	09/05/2017			
CC4/AXA17003142/K1ha3	FBH 4613P	15/02/17	17/01/17	15/02/2017			
CC4/AXA17009630/K1fa3	SHB 5239R	17/05/17	14/05/17	17/05/2017			
CC4/AXA17011771/K1ub3	SJJ 4135Y	19/06/17	03/06/17	19/06/2017			
CC4/LPC17002104/K1ja3	FBA 4504H	03/02/17	20/01/17	03/02/2017			

No of Reports: 5

C6: Direct Settlement (Assg from TP Wksp)							
CC6/CTI17005068/K1ub3q 2	PC 4126P	14/03/17	23/10/16	17/03/2017			
CC6/III17004463/K1fa3	XD 7230B	06/03/17	11/02/17	05/05/2017			

No of Reports: 2

Total Number of Reports: 14

Accident Photo



Accident Photo



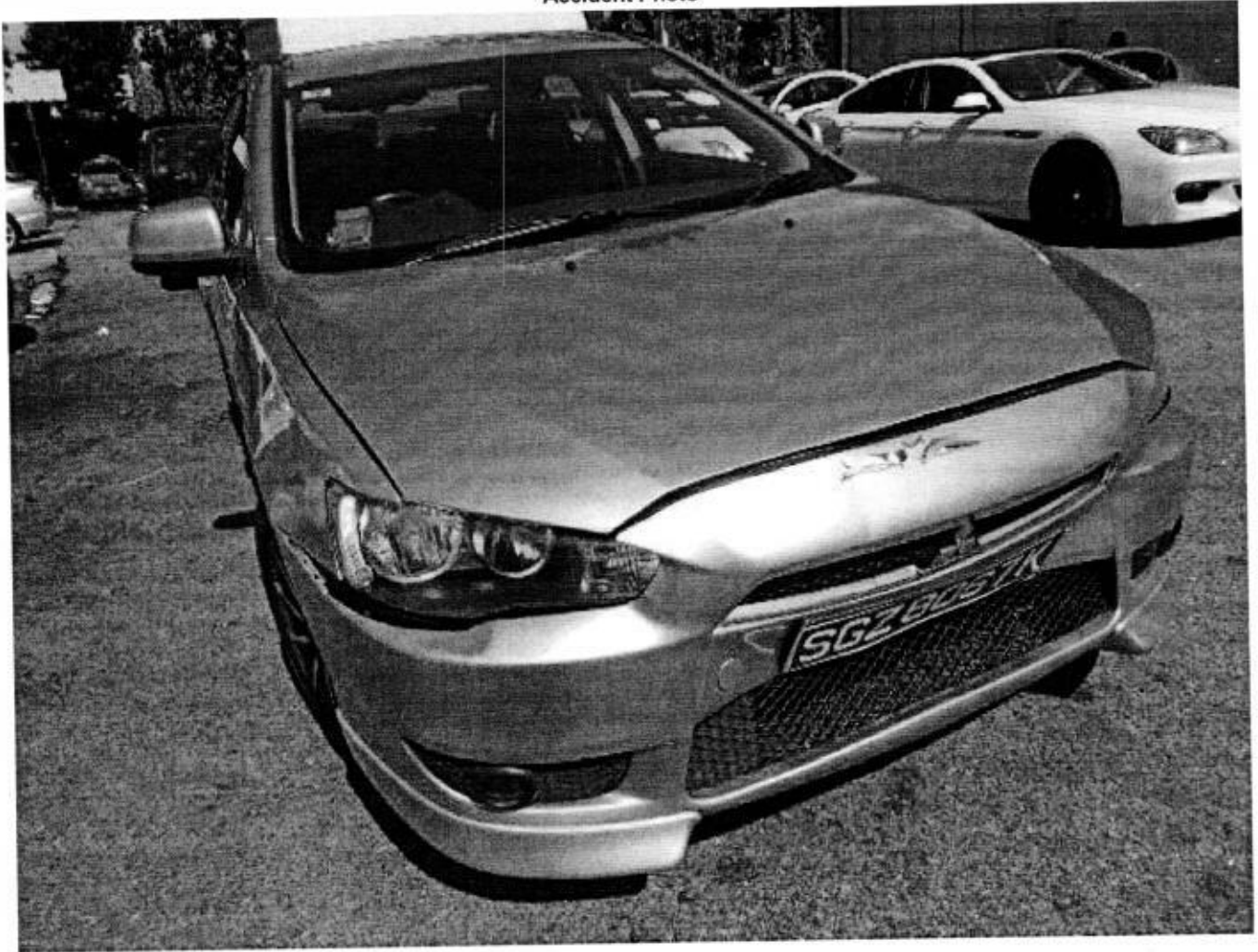
Accident Photo



Accident Photo



Accident Photo



PREMIER APPRAISER SERVICES

Insurance Loss Adjusters and Qualified Appraisers

16 Sin Ming Walk, #03-02 Singapore 575568

Tel: 6554-2269 Fax: 6459-0269

Regn. No: 52864369W

To Wellcome Motor Agencies
c/o 1 Kaki Bukit Ave 6
#02-34/36 AutoBay
Singapore 417883

INVOICE NO : PT1707006
Our Ref : PT1707006-L
Your Ref : -
Date : 01st Aug 2017

	AMOUNT
VEHICLE REGISTRATION NO : GBC 3383 K	
VEHICLE MAKE/MODEL : Nissan NV200	
TO SERVICE RENDERED:-	
<input checked="" type="checkbox"/> CONSULTANT/APPRaiser FEES	\$ 505.00
<input checked="" type="checkbox"/> PHOTOGRAPHS	\$ 115.00
<input checked="" type="checkbox"/> TRANSPORT CHARGES	\$ 60.00
<input type="checkbox"/> RE-INSPECTION FEES	\$ -
	<u>\$ 680.00</u>
DOLLARS :- SIX HUNDRED & EIGHTY ONLY	

E. & O. E.

for PREMIER APPRAISER SERVICES

PREMIER APPRAISER SERVICES

Insurance Loss Adjusters and Qualified Appraisers
16 Sin Ming Walk, #03-02 Singapore 575568
Tel: 6554-2269 Fax: 6459-0269
Regn. No: 52864369W

Our Ref : PT1707006-L
Date : 01st Aug 2017

Wellcome Motor Agencies
c/o 1 Kaki Bukit Ave 6
#02-34/36 AutoBay
Singapore 417883

WITHOUT PREJUDICE

Dear Sir,

Re: Third Party Claim / Workshop :- Precise Auto Service
Vehicle Regn. No. : GBC 3383 K

We refer to your instruction to appraise the above-mentioned vehicle on 21st Jul 2017 .

A static inspection was carried out and our report is enclosed for your perusal. The estimated repair costs submitted by the repairer for **SS 14,793.97** as per our attached schedule have been scrutinized and revised by us against the actual damages found on the vehicle and we recommend the replacements and rectification accordingly.

The repairer has agreed to undertake the repairs at our adjusted amount of **SS 10,000.00 lump sum** corresponding to supply of parts, labour charges and spraypainting. However, we have not given instruction to authorize.

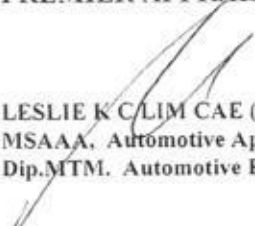
Under normal circumstances the estimated period of repairs is **ELEVEN (11) days**. Photographs of the damaged vehicle taken by us during our inspection are enclosed.

We are leaving the matter to you for a decision.

Please do not hesitate to contact us if you need any clarification.

Assuring you of our best services always.

Very truly yours
PREMIER APPRAISER SERVICES


LESLIE K C LIM CAE (UK), MIMI (UK)
MSAAA. Automotive Appraiser
Dip.MTM. Automotive Engineer

PREMIER APPRAISER SERVICES

VEHICLE INSPECTION REPORT

To : Wellcome Motor Agencies
c/o 1 Kaki Bukit Ave 6
#02-34/36 AutoBay
Singapore 417883

Our Ref. : PT1707006-L
Policy No. : -
Claim No. : -
Sum Insured : -
Type of Claims : T/P Claim
Date : 01st Aug 2017

Assigned By : Wellcome Motor Agencies
Date of Assignment : 21st Jul 2017
Date of Accident : 07th Jul 2017
Date of Inspection : 21st Jul 2017 Follow up inspections were also conducted.
Name of Workshop : Precise Auto Service
Place of Inspection : 1 Kaki Bukit Ave 6 #02-34/36 AutoBay
Singapore 417883

PARTICULARS OF VEHICLE

Registration No. : GBC 3383 K
Make/Model : Nissan NV200
Type Of Body : Goods Van
Year of Manuf./Regn. : 2011
Colour : Silver

6 yrs old

Odometer/km : 153298
Chassis No. : VSKYBAM20U0025021
Engine No. : K9KF276D123848
Engine Cap. : 1461 cc
Carrying Cap. : MLW 2000 Kg

PRE-ACCIDENT CONDITION (Static tests only)

Handbrake	: Serviceable	Body Work	: Good	Market Value	: -
Footbrake	: Serviceable	Paint Work	: Good	Salvage Value	: -
Steering	: Serviceable	Modifications	: None	CTL (Loss)	: -

CONDITION OF TYRES

	Size	N/s - Tread Depth/Make	O/s - Tread Depth/Make
Front Tread	: 185/70 - R14	6mm - Evermax	6mm - Evermax
Rear Tread (inner)	:		
Rear Tread (outer)	: 185/70 - R14	6mm - Evermax	6mm - Evermax

The above represent an estimated remaining life of the tyre treads in mm.

POINT OF IMPACT/GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained an impact on the rear portion.

The tail gates, tail lamp posts, cargo deck floor board, rear end panel, rear end panel inner structure, rear body panels, rear bumper, exhaust tail pipe, spare wheel carrier were badly dented/ buckled/ distorted.

For details of damages please refer to our schedule attached.

REMARKS :

This survey was conducted strictly without prejudice.

This report is confidential and is given for the use of clients and their agents and any disclosure or publication of it or parts thereof shall be the responsibility of such person and no liability shall be attached to us therefore.

PREMIER APPRAISER SERVICES

Our Ref : PT1707006-L


Vehicle No : GBC 3383 K

Note: The repairer has agreed to undertake the repairs at our adjusted amount of **SS 10,000.00 lump sum** corresponding to supply of parts, labour and spray painting charges.
The estimated period of repairs is **ELEVEN (11)** days.
Pursuant to your instruction we have **not** authorised repairs on your behalf.

8 days

U\$
20% let me know

PREMIER APPRAISER SERVICES


LESLIE K C LIM CAE (UK), MIMI (UK)
MSAAA, Automotive Appraiser
Dip.MTM, Automotive Engineer