

REF: CS1/ICS 18014912/T1 v d39v

Special Instruction:

ASSIGNMENT (Office)

From (Person): Janice Goh of ICS Date/Time: 26/7/18

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor:

Workshop: Performance motor

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SJY 5289B Insured: GY5601T

at Workshop m/s Performance Tel: 6319 0174

of 303 Alexandra Rd

Policy No: Claim No: DMCV1700042H

Sum Insured: Excess:

Make of Veh: D.O.A. 18/01/2017

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original days)

Date/Time: Submit Final Fig 10 days (Red \$ / %; Original days)

Date/Time	Action/Instruction
	SJY 5289B - NA/INC11023789/s2 DOA: 20/11/2011
	GY 5601T - NA/EQT 16017525/h4 DOA: 16/9/2016

27/9/18 @ 911am Request damaged photos from Janice Goh, Informed her will submit report according to PMR finalised (incl. supplementary)

27/9/18 Final fig \$ 24,129.15 (Red 13,945.40, 27%) confirmed with Caroline, 10 days

Handwritten signature and date 27/9/2018

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

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

RECEIVED 28 SEP 2018

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 27/9 - 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

## Nivitha (LKK Auto)

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**From:** ECICS Claims <claims@ecics.com.sg>  
**Sent:** Thursday, 26 July 2018 3:27 PM  
**To:** 'assignments'  
**Subject:** Paper survey for SJY5289B ; Our ref DMCV1700042H  
**Attachments:** img-420105117-ApeosPort-IV 3070(122003)-2875-170420105126.tif; SJY5289B.PDF; SAS2193721.PDF

Hi LKK

Please conduct paper survey for TP's vehicle.  
Attached for your kind attention.

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.\*\****

follow us on  follow us on  visit our website   
facebook  twitter  [ecics.com.sg](http://ecics.com.sg)

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## 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	19/04/2017 14:53
Date Of Accident	18/04/2017 11:05
Exact Location Of Accident	LINK FM CTE ANG MO KIO TWDS PIE (DIRECTION JURONG)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY5289B
Insured/Policyholder	
Name Of Registered Owner	WILMAR SUGAR PTE LTD
Co Reg No	201023718K
Email Address	JOANNE.HUANG@WILMAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-92362115
Vehicle Particulars	
Manufacturer	BMW
Model	X5
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA061538/1
Cover Note Number	
Driver	
Name of Driver	D'ORNANO LAURA CAROLINE MARIE
Passport No/FIN	15FV17146
Date Of Birth	29/06/1968
Occupation	INDOOR
Date Of Driving Pass	01/09/1988
Driving Experience	28 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97852442
Fax Number	
Contact Number	OFFICE-92362115
EMail Address	JBOHBOT@WILMAR.COM.SG

Address	26 KING ALBERT PARK
Postcode	598312
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - WIFE ON AN EMPLOYEE
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 (TP HIT INSURED)
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 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	GY5601T
Vehicle Make/Model/Colour	WHITE MINIVAN
Details Of Properties	
Name of Driver	SHANMUGAN KALEESWARAN
NRIC/Passport Number	S7260589F
Contact Number	90090965
Address	
Postcode	
Insurance Company Name	ECICS LIMITED
Nature Of Damage	FRONT LEFT
No. Of Passenger (Including Driver)	1

#### 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 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.

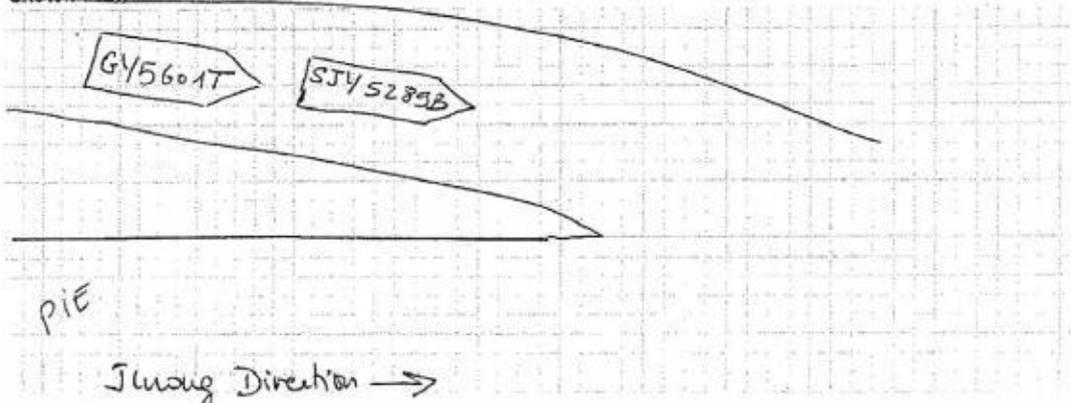
(collectively the "Purposes")

(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.

		
X Policyholder's Signature / Date & Time	19/04/17 10am 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

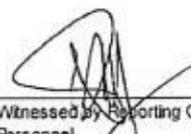
I was driving on the link from CTE (Amp Notes)  
towards PTE (Thurso direction) and suddenly I felt  
an impact on the back of my car and discovered  
the vehicle number GY 5601T collided onto my back -

Declaration

We declare the foregoing particulars are true in every respect.

X   
Policyholder's Signature / Date &  
Time

 19/04/17  
10am  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

  
Witnessed by Reporting Centre  
Personnel

> [Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3718K
Vehicle Details	
Vehicle No.:	SJY5289B
Vehicle to be Exported:	No
Intended De-registration Date:	16 Aug 2018
Vehicle Make:	B.M.W.
Vehicle Model:	X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	06247435N55B30A
Chassis No.:	WBAZV42080LL57581
Maximum Power Output:	225.0 kW (301 bhp)
Open Market Value:	\$68,432.00
Original Registration Date:	13 Sep 2010
First Registration Date:	13 Sep 2010
Transfer Count:	1
Actual ARF Paid:	\$68,432.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Sep 2020
PARF Rebate Amount:	\$41,059.00
Intended COE Rebate Details	
COE Expiry Date:	12 Sep 2020
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$41,000.00
COE Rebate Amount:	\$8,295.00
<b>Total Rebate Amount:</b>	<b>\$49,354.00</b>

The information contained herein is correct as at 16 Aug 2018

OK



redefining insurance

AXA Insurance Singapore Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

## Certificate of Insurance

account number  
 00517

-Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 155)-Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1967 (Malaysia)  
 -Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

### Policy details

Policyholder name	WILMAR SUGAR PTE LTD	Certificate number	GA061338 / 1
Cover	Comprehensive	Chassis number	WB4ZY420S0LL57561
Plan name	Private	Engine number	06247485N55830A
NCD applicable	40%		
Vehicle registration number	SY52898		
Period of Insurance	from 13/09/2016 to 12/09/2017 (both dates inclusive)		
Finance loan company	Nil		

### Persons or classes of persons entitled to drive\*

- (a) Any Named Driver as stated in the Policy:  
 1. BOHBOU JEAN-LUC ROBERT  
 2. LAURA CARDINE MARIE
- (b) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 155) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 500.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorized Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

Nil

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 155) and Part IV of the Road Transport Act, 1967 (Malaysia).

AXA Insurance Singapore Pte Ltd

Authorised signature

### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 155).  
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate endorsement etc.

GRUPPE  
LEGER

GRUPPE  
LÉGER

CACHET DE L'AUTORITÉ

1a	Valable jusqu'en	
1b	Valable jusqu'en	
1c	Valable jusqu'en	
1d	Valable jusqu'en	
1e	Valable jusqu'en	
1f	Valable jusqu'en	
1g	Valable jusqu'en	
1h	Valable jusqu'en	

Forme de la validation  
pour la catégorie de véhicules  
en circulation des véhicules

TAXE PAYÉE SUR ÉTAT

CATÉGORIES DE VÉHICULES POUR LESQUELS LE PERMIS EST VALABLE

CACHET DE L'AUTORITÉ	DURÉE DE VALIDITÉ DU PERMIS
1a	Valable jusqu'en
1b	Valable jusqu'en
1c	Valable jusqu'en
1d	Valable jusqu'en
1e	Valable jusqu'en
1f	Valable jusqu'en
1g	Valable jusqu'en
1h	Valable jusqu'en

EQUI

EQUI

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EQUI

1 Nom D. O. R. N. A. N. O.

2 Prénom Laura Caroline Marie

3 Date et lieu de naissance 29.06.1968  
PARIS 15<sup>e</sup> (75)

4 Domicile Rce des ILES - Le SICILE  
AJACCIO

5 N° 88020100198

6 A. AJACCIO

7 8861 60 10 31

8 2A

Signature du titulaire

RÉPUBLIQUE FRANÇAISE



PERMIS DE CONDUIRE

Karakort  
Führerschein  
Άδειες οδήγησης  
Permiso de Condución  
Driving Licence  
Ceadines Tronitsh  
Patente til guida  
Rijbewijs  
Carta de Conducção

Membre des  
COMMUNAUTÉS EUROPÉENNES

EMPLOYMENT PASS

EMPLOYMENT PASS  
EMPLOYMENT PASS

EMPLOYEE  
MICHAEL BUCKLE PTE LTD.



ROBERT JEAN-LUC ROBERT  
MANAGING DIRECTOR

PHN 980043007  
19-03-2018  
02-03-2018  
15-03-2018



15082080

EMPLOYEE  
EMPLOYEE REG-80010

ROBERT JEAN-LUC ROBERT



09-12-1958 M FRENCH  
980043007 02-03-2018 15-03-2018

MULTIPLE JOURNEY VISA ISSUED

EMPLOYEE REG-80010



FRANCE  
REPUBLIQUE  
FRANCAISE



D'ORNANO LAURA CAROLINE MARIE

20-08-1998

FRENCH



FR1808300

DEPENDANTS PASS

G5095397T

MULTIPLE JOURNEY VISA ISSUED

09-03-2018 15-03-2018



YOU ARE TO PURCHASE THE CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN AN OTHER CARD IS ISSUED TO YOU.

FRANCE REPUBLIQUE FRANCAISE  
Le titulaire de ce visa est autorisé à entrer et à séjourner en France pour une durée maximale de 90 jours par séjour, à compter de la date d'expiration de la validité du visa, sous réserve de la production d'un justificatif de séjour en France (titre de séjour, carte de séjour, etc.).  
Le titulaire de ce visa est autorisé à entrer et à séjourner en France pour une durée maximale de 90 jours par séjour, à compter de la date d'expiration de la validité du visa, sous réserve de la production d'un justificatif de séjour en France (titre de séjour, carte de séjour, etc.).

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



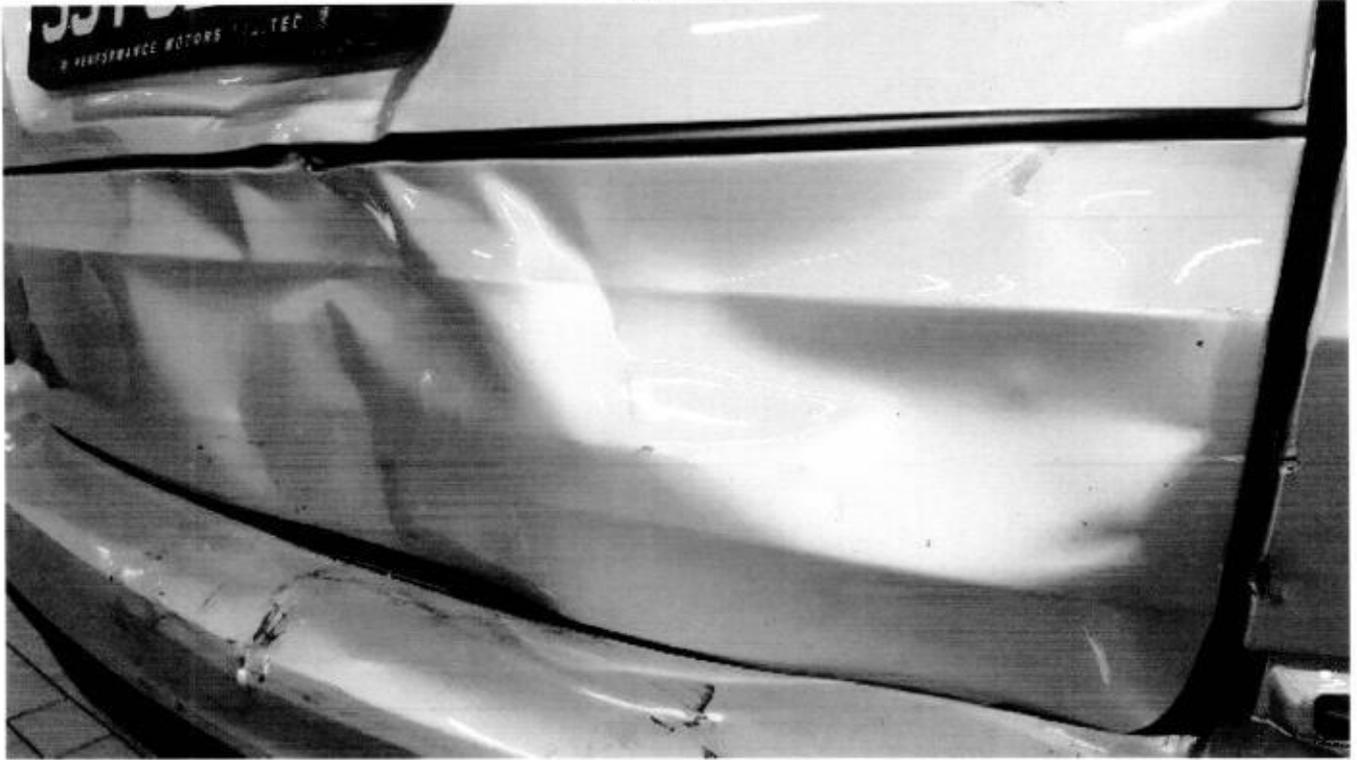
Accident Photo



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