

Describe Circumstances of the Accident

Police Report attached

Declaration

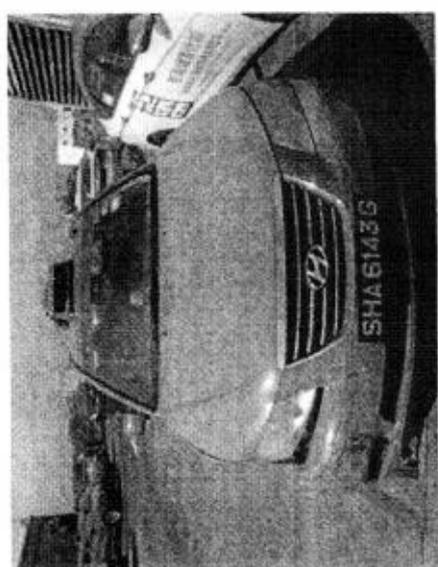
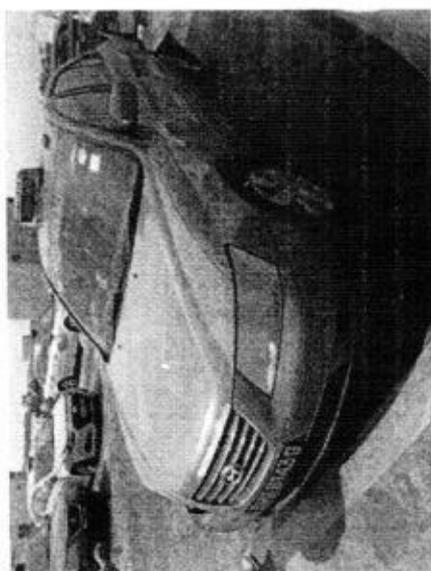
We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 190303821R

[Signature] - 16/5/17 *[Signature]*

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

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	16/05/2017 13:35
Date Of Accident	16/05/2017 09:00
Exact Location Of Accident	KJE TWD PIE (LAMP POST 327)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT2203E
Insured/Policyholder	
Name Of Registered Owner	HARSHA VIRUPAKSHLING YAVAGAL
NRIC No	S7769686E
Email Address	HARSHAYAVAGAL@FFMAIL.COM
Mobile Phone No	(LOCAL) +65-96357510
Alternative Phone No	OFFICE-96357510

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (A)

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	PRIVATE CAR
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Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC16A00351000
Cover Note Number	

Driver

Name of Driver	HARSHA VIRUPAKSHLING YAVAGAL
NRIC No	S7769686E
Date Of Birth	09/02/1977
Occupation	INDOOR
Date Of Driving Pass	27/08/2014
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96357510
Fax Number	
Contact Number	OFFICE-96357510
Email Address	HARSHAYAVAGAL@FFMAIL.COM

Address

Postcode

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- CHANGE/CROSS LANE

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 SKETCH 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 SHA6143G

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

Describe Circumstances of the Accident

Accident happened along KJE (Lampost 327) toward PIE.

I was travelling on lane 2 while Vehicle Taxi No SHA 6143G was travelling slightly in front of me on my right in lane 1.

Suddenly, SHA 6143G without signalling or putting on his indicator cut into my lane and caused my vehicle to hit its rear.

Declaration

We declare the foregoing particulars are true in every respect.



Harshy 16 MAY 2017
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

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

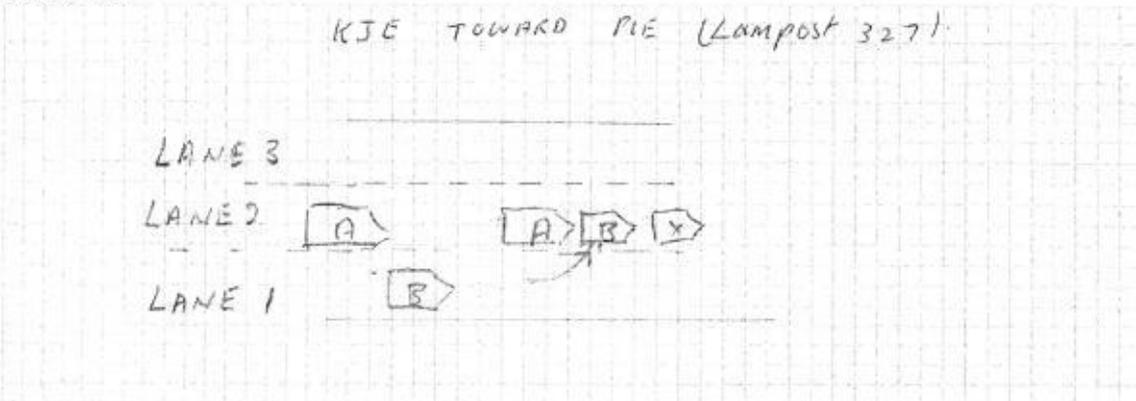


Harshe 16 MAY 2017
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Asher Sng (LKKAuto)

From: Elizabeth Chew Ming Lai (ECICS, Claims) <Elizabeth_Chow@ecics.com.sg>
Sent: Friday, 29 November 2019 10:46 AM
To: Asher Sng (LKKAuto); Mei Kwan (LKKAuto); Admin-D (LKKAuto); SUR; assignments
Subject: OUR REF: DMPC1700327H YOUR REF: CC3/ICS17009675/H1ea3 ACCIDENT INVOLVING SGT2203E & SHA6143G AND OTHERS ON 16/05/2017
Attachments: img-Y29102639-0001.pdf
Importance: High

Dear Asher,

We refer to this matter which was previously handled under direct settlement by LKK and to your last email dated 22.06.2017 (please see attached).

In view of GIA's deliberation that ECICS is 100% liable to SHA6143G, CDGE, please proceed to handle the matter, seek our mandate for settlement and revert to CDGE asap.

Thank you.

Best regards

Elizabeth Chew

AVP | Claims



DID (65) 6303 0182

Tel (65) 6337 4779

Email elizabeth_chew@ecics.com.sg Web www.ecics.com.sg

Address 10 Eunos Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

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Asher

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

CDGE Claims Dept
59 Loyang Drive 4th Floor
Singapore 508969

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

06 December 2019

M/s LKK Auto Consultants Pte Ltd
Blk 51 Paya Ubi Industrial Park
Ubi Avenue 1 #02-25
Singapore 408933

Attention: Ms Asher Sng

Dear Ms Sng

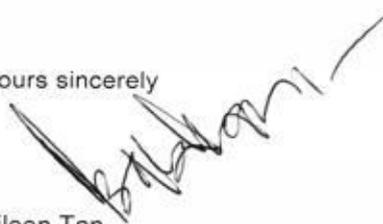
RETURN OF DULY EXECUTED DISCHARGE VOUCHER

We are pleased to enclose the duly executed discharge voucher for the following case:

<u>S/No</u>	<u>Vehicle No</u>	<u>DOA</u>	<u>DV Amount</u>	<u>Ref No</u>
1.	SHA6143G	16/05/2017	SS\$6,700.00	CC3/IC217009675/ H1EA3 [ECICS – SGT2203E]

Kindly arrange to let us have your Principal's payment made in favour of **ComfortDelGro Engineering Pte Ltd** within the next **seven (7) days** to conclude this case. Thank You.

Yours sincerely


Aileen Tan
CDGE Claims Department (Loyang)
Tel: 6214 8735 Fax: 6214 1843
Email: aileentan@cdge.com.sg

Enclosure

A member of

COMFORTDELGRO





Your Ref : MPC16A00351000

Date: 28th August 2017

Our Ref : CC3/ICS17009675/K1ea3s2

M/s ECICS Ltd
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987
(The Motor Claims Department)

Dear Sir/Madam,

**AUTOMOBILE INSPECTION REPORT OF ACCIDENT VEHICLE NO: SHA
6143G
ACCIDENT ON 16/05/2017
INSURED VEHICLE SGT 2203E**

Instruction was received to inspect the vehicle Reg. No. SHA 6143G. The inspection was conducted on 17/05/2017 at the premises of M/s: Comfortdelgro Engineering Pte Ltd, 59 Loyang Drive Singapore 508969.

The following information were recorded: -

Registration Number	: SHA 6143G
Make & Model	: Hyundai Sonata (A)
Year of Registration	: 2010
Engine Capacity	: 1991cc
Body Colour	: Blue
Chassis Number	: KMHET41VMAA794220
Speedometer Reading	: 44644 km

The vehicle sustained damages at the front and rear portion. (Details see photographs enclosed)



In view of this, we are of the opinion that it would be **uneconomical** to proceed with the repairs due to extensive repair cost and recommend it to be written off as **"Total Loss"**.

Book Value	S\$ 19,918.77 (est)
Less: LTA Reimbursement Value (RV)	(S\$ 14,848.17) (est)
Nett Liability	<u>S\$ 5,070.60 (est)</u>

Vehicle Inspected By:

KALVIN ANG WEI KUN
Automotive Assessor / Investigator

K.K.LAU CPT(RET)
*BEng(Hons), B.Bus, MBA, PEng(UK), PE(USA),
MASME(USA), MInstAEA(UK), MIRTE, MCI Arb
REGD Auto Consultant-SAE, Licensed Appraiser*

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report. No liability or responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

To : M/s ECICS LTD

Date: 13/12/2019

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	SGT 2203E (Insd Veh)	Your Ref. No. : DMPC1700327H
	SHA 6143G (TP Veh)	Our Ref. No. : CC3/ICS17009675/K1ea3s2-1
Date of Accident	16/5/2017	

Liability	100%	
Total Loss	: \$ 4,730.00	
Loss of Income	: \$ 700.00	14 days
Rental (If any)	: \$ 1,273.30	14 days
Others:	: \$ 2.00	
	: \$	
	6,705.30	
Final Settlement Sum	: \$ 6,700.00	(GLOBAL SUM)
Remarks	:	TOTAL LOSS

Payment Instruction: Payee's Breakdown

1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 6,700.00
		: \$

NUR SHAQILAH
LKK Auto Consultants Pte Ltd