



ASS. REC. BY: Kam

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLC 7034Z

at Workshop m/s SAU HOCK MOTOR

of BLK 10 AMOKIND PARK 2A #02-14

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLC 7034Z Vr Regn: MAY / 2016

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

Truck / Trailer or

Make: TOYOTA AHIS c.c. 1598

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 72000 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MRO53REH10454176

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: 205/55 R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front 64 mm R/Bal. 45 mm

L/Bal. 64 mm L/Bal. 65 mm

D.O.A. 05/08/19 D.O.I. 23/02/19

Survey held at SAU HOCK MOTOR

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

O/S

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

Date / Time	Action / Instruction

*[Signature]*  
10/1/2020

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / M.B.R: \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Wheel stud (\$)

Survey Fee:	_____
Transportation:	_____
B + PS: SI	_____
Pinike:	_____
Others:	_____
TOTAL	_____

ASS. REC. BY:

REF: CS/ICS No 13905 / FC FB<sup>2</sup>

Special Instruction:

Surveyor: Parasuram

ASSIGNMENT (Office)

Date/Time: 7.8.19 5:03 p.m

Minivan

From (Person): Desmond Lee

of GCICS

Bill to:

Estimated Cost:

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

To Inspect Vehicle No:

SLC 70342

Insured:

SJB 19164

at Workshop m/s:

Dorco motor Sau Hock Motor.

Tel:

92213150

of 2 Pandan Crescent

Policy No:

Claim No:

DMP C 19007074

Sum Insured:

Excess:

D.O.A

5.2.19

Make of Veh:  
(Client's Record)

mpv

CA / REV / REP. / REV 24 HRS

Date/Time: 8.8.19 10:52am

Person Contacted:

Raymond

H.O.D. Endorsement:

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SLC 70342 - X
	SJB 19164 - <
	Change workshop to Sau Hock Motor.
	Demande: 17/9/2019
	After repair: 20/9/2019

REP: ICS

PRS

ASSIGNMENT

From: Date: 16/9/2019

Veh No: SLC 7034Z Vr Regn: MAY 2016  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Estimated Cost:  
QE / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No: SLC 7034Z  
at Workshop n/s: Swi Hock Motor  
at: Blk 10 Amk Ind. Park 2A #02-14  
Insured: Manhe S

Make: Toyota a/s/s cc: 1598  
Colour: BLACK AC: Insured / Std / Nil / NA  
Sp Reading: 68994 TRadio: Insured / Std / Nil / NA  
Eng No: -

Policy No.

C/No: MRO 53REH104547776

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Moving  
Robert @ 9109 8638

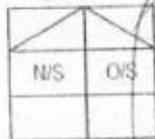
Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 205/55R16

R: 205/55R16

Remark: The veh had commenced its repair at the time of inspection.



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

Bal. to Market Value:

Front Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 4 mm R/Bal. 5 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 4 mm L/Bal. 5 mm

Est. Repairs: days Res.: Yes or No

D.O.A. 05/08/19 D.O.I. 16/09/2019

Lum Sum % 3 Val.: Yes or No

Survey held at Swi Hock Motor

CA / REV / REP. / 24 HRS up

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

Date: Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

Range: \$5000-\$6000  
Repair days: 6 days

[Signature]  
26/9/2019

MV: \$66000  
PV: \$46655  
NV: \$19000\*

Question: File Pict n/s?

: Prof. Report

Days Of Repair: 6

1:

: Final Report

Resurvey No. of Trip: 2

Date/Time: File Pict n/s?

Add Fee:  Site Insp (\$)

Survey Fee

2:

Interview (\$)

transportation

Propose: File Pict n/s?

PRS

Forb. Insp (\$)

Site Insp (\$)

Equip: Equip / File Pict n/s?

Photo Insp (\$)

Police

Other

Other

Other

## Nivitha (LKK Auto)

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**From:** Desmond Lee Ker Wen (ECICS, Claims) <Desmond\_Lee@ecics.com.sg>  
**Sent:** Wednesday, 11 December 2019 2:06 PM  
**To:** tonygn tonygn; Sau Hock Tan; assignments@lkkauto.com  
**Subject:** Claims ref : DMPC1900207H/DL // Re-Inspection G 484 sh (Please reply n Confirm) ---- URGENTLY

Without prejudice  
(Save as to Costs)

Dear LKK

Please assist with re-inspection for 3<sup>rd</sup> party vehicle.  
Do note that you have conducted PRI earlier.

3p Veh. - SLC7034Z  
DOL: 5/8/2019

Best regards

Desmond Lee

Senior Associate | Claims



DID (65) 6303 0167      Tel (65) 6337 4779  
Email [Desmond\\_Lee@ecics.com.sg](mailto:Desmond_Lee@ecics.com.sg)      Web [www.ecics.com.sg](http://www.ecics.com.sg)  
Address 10 Eunos Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

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**From:** tonygn tonygn [mailto:tonygn18@hotmail.com]  
**Sent:** Wednesday, 11 December 2019 10:17 AM  
**To:** Desmond Lee Ker Wen (ECICS, Claims); Sau Hock Tan  
**Subject:** Fw: Re -Inspection G 484 sh (Please reply n Confirm) ---- URGENTLY

Reminder

Sent from [Outlook](#)

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**From:** tonygn tonygn  
**Sent:** Monday, December 9, 2019 6:53 PM  
**To:** Desmond Lee Ker Wen (ECICS, Claims) <Desmond\_Lee@ecics.com.sg>; Sau Hock Tan <sauhock@live.com>  
**Subject:** Re -Inspection G 484 sh (Please reply n Confirm)

DMPC1900207H/DL

NPK/TG/ACC G 484 - 19  
SH

9 December 2019

**WITHOUT PREJUDICE**

*Robinson Office*

101, Cecil Street, 19 - 03  
Tong Eng Building  
Singapore 069533  
Tel: (65) 6323 1261  
Fax: (65) 6323 0860

**Motor Claims Department  
ECICS Limited.**

No. 10, Eunos Road 8, Centre Lobby  
Singapore Post Centre, #09 - 04A,  
Singapore 408600.

**Attention :- Mr. Desmond Lee**

**Dear Sir,**

**RE:-Accident involving vehicles Nos. SLC 7034 Z/SJB 1916 Y**

We refer to your letter dated 6 December 2019.

Please be informed that the re-inspection on our client's Vehicle will take place as follows :-

1. Date :- **17 December 2019;**
2. Day :- **Tuesday;**
3. Time :- **9.30 a.m. (Sharp)**
4. Place :- Sau Hock Motor Service;
5. Address :- Blk. 10, #02 - 14,  
AMK Autopoint  
AMK Industrial Park 2A,  
Singapore 568047;
6. Tel (H/P) :- **91098638;**
7. Contact :- **Mr. Robert.**

Kindly acknowledge the above said letter via email to you and let us know your appointed surveyor together with his contact number **latest** within **3** days before the actual Re - Inspection Date.

If you have any queries on the above matter, please contact our Mr. **Tony Gn** at telephone no. 9221 - 7272 **Or 6283 - 5919** (Fax) **Or** [tonygn18@hotmail.com](mailto:tonygn18@hotmail.com).

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 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. 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	06/08/2019 14:28
Date Of Accident	05/08/2019 20:15
Exact Location Of Accident	ANG MO KIO AVE 4 BLK 630 CARPARK 560630
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7034Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE SENG HENG
NRIC No	S1694266I
Email Address	BENLEESH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94882379
Alternative Phone No	OFFICE-94882379

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29123457AT2
Cover Note Number	

### Driver

Name of Driver	LEE MINGFEN EUGENE
NRIC No	S9647701E
Date Of Birth	21/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512622
Fax Number	
Contact Number	
EMail Address	EUGENELEE_166@HOTMAIL.COM

Address	BLK 640 ANG MO KIO AVE 6 #09-5001
Postcode	560640
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND 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

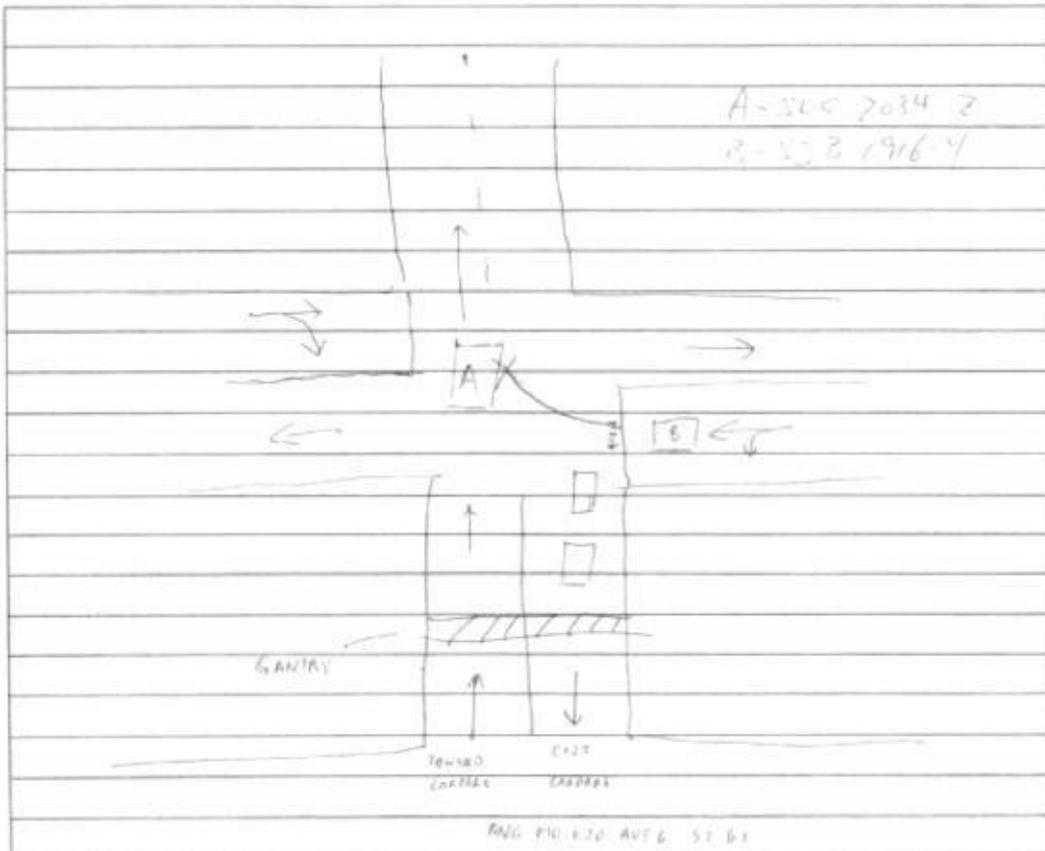
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB1916Y
Vehicle Make/Model/Colour	MIT GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATHAVA ANBANANTHAN S/O T TIALAGASAMY
NRIC/Passport Number	S1612970D
Contact Number	90559894
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

(We declare the foregoing particulars are true in every respect.)

  
Policyholder's Signature  
Date & Time: 06/07/19  
12:43

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/07/19  
12:43

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



## 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: 06 09 14  
12 47

  
\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)  
Date & Time: 06 09 14  
12 47

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
45 Seletar Way, #21-01, SGX Centre 2, Singapore 068807  
Tel: +65 6877 7888, Fax: +65 6827 7800  
Co. Reg. No. 200412212G, GST Reg. No. 20-0412212G

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form **W.X.1**  
Individual Ownership

**Toyota DriveElite 360**  
Comprehensive

Certificate No. **A 29123457 AT2**

Excess: **S\$500**  
Windscreen Excess: **S\$100**

**1. Index Mark and Registration Number of Vehicle**

**SLC7C342**

**2. Name of Policyholder**

**Lee Seng Heng**

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

**24/05/2019**

**4. Date of Expiry of Insurance**

**23/05/2020**

**5. Persons or Classes of Persons entitled to drive\***

**Lee Seng Heng**

**Lee Ming Fen**

**Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.**

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

**6. Limitations 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 the Motor Trade.**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate 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 Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

for Chief Executive Officer

SBAH001906021052

Identification Card

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

