

DMPC1600117H

MPC16B00009500

Brn,Cty,Fund	HQ SG SIF	Event No.		Underwriting Year	2016
Policy,Master	MPC16B00009500			Cover Commence	25/05/2016
Ren/Endt, Risk	00 / 000	01 / 001		Cover Expiry	24/05/2017
Cause of Loss	ACC INVL SGG3241G AND YL2902A ALONG MCE TUNNEL			Notification Date	28/05/2016
				Date of Loss	27/05/2016
				Time of Loss	17:30:00
Vehicle/Vessel	SGG3241G			Oldest O/S Premium	
Make/Model	NISSAN SUNNY 1.6				
Memo	080716 LOD from CSA received 002 TPI \$6348.35 (excl costs) - NA				
Insured	I0003041			Policy Type/Class	MPC /MPC
	TAN CHIOU LING				
Address	747C BEDOK RESERVOIR CRESCENT #08-35				
	SINGAPORE			Post Code	473747
Agent,Fund/Sfx	B00025 SIF /SD			Entry By	NAB 09/06/2016 00:00:00
Stats Codes	MAWS MCEX MCOC MEXC MMOD MOCF MRDS MVCC MVTY MWOP				
	YES 0001 S 0750 N16S IND N 01 1 S				
Coinsurance	No	Bill Coins.,%	0.00%		
Claim Status	OPEN	31/05/2016 DEFINITE CLAIM	Entry By	NAB 01/06/2016 15:04:59	
Premium Paid	1,066.84		Review By		

Claimant 001	TPD - OWNER OF YL2902A		Vehicle Reg	YL2902A
Item 01	Descr. of Loss	TPD CLAIM BY OWNER OF YL2902A	Policy Item	001
	Nature of Loss	MOTOR - TP PROPERTY DAMAGE		
		TP PROPERTY DAMAGE		
	Cover Type	COMPREHENSIVE		
	SUM INSURED: MARKET VALUE	SGD 0.00		SGD 0.00Exs
	X1A : EXCESS SECTION I -	SGD 750.00		
	INSURED/NAMED DRIVER			

Claimant 002	OD - TAN CHIOU LING		Vehicle Reg	SGG3241G
Item 01	Descr. of Loss	OD CLAIM - SGG3241G	Policy Item	001
	Nature of Loss	MOTOR - OWN DAMAGE		
		OWN DAMAGE		
	Cover Type	COMPREHENSIVE		
	SUM INSURED: MARKET VALUE	SGD 0.00		SGD 0.00Exs
	X1A : EXCESS SECTION I -	SGD 750.00		
	INSURED/NAMED DRIVER			

Claimant 003	TPI - MUHAMMAD BASHAR BIN MOHD ESA		Vehicle Reg	YL2902A
Item 01	Descr. of Loss	TPI CLAIM BY DRIVER OF YL2902A	Policy Item	001
	Nature of Loss	MOTOR - TP INJURY		
		INJURY		
	Cover Type	COMPREHENSIVE		
	SUM INSURED: MARKET VALUE	SGD 0.00		SGD 0.00Exs
	X1A : EXCESS SECTION I -	SGD 750.00		
	INSURED/NAMED DRIVER			

Payments/Recoveries

Item	Cat	Tran. No.	Date	Rel	Cheque	Amount Original Amount Reserves (SGD)	Amount Local
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Reserves

Item	Cat	Tran. Date	Amount (SGD)	Amount Local	Entry by	Entry Date
001/01	M01-LOSS	01/06/2016	300.00	300.00	NAB	01/06/2016
001/01	M01-LOSS	01/06/2016	2,700.00	2,700.00	NAB	01/06/2016
001/01	M02-SUR/IN	01/06/2016	300.00	300.00	NAB	01/06/2016
002/01	M01-LOSS	01/06/2016	11,270.00	11,270.00	NAB	01/06/2016
002/01	M01-LOSS	16/11/2016	6,070.00-	6,070.00-	PXX	16/11/2016
002/01	M02-SUR/IN	01/06/2016	300.00	300.00	NAB	01/06/2016
003/01	M01-LOSS	14/07/2016	6,350.00	6,350.00	NAB	14/07/2016

003/01 M01-LOSS 16/11/2016 2,350.00- 2,350.00- PXX 16/11/2016

Total Reserves Entries	12,800.00	12,800.00
Reserves O/S, Gross	12,800.00	12,800.00
Reserves O/S, Net (of all RI)	12,800.00	12,800.00

Summary of Payments & Reserves (SGD)

Tran. Year	Payments (Res)	Payments (Loc)	Reserves (Res)	Reserves (Loc)	O/S Reserves
2016	0.00	0.00	12,800.00	12,800.00	12,800.00

Summary of Payments & Reserves - Gross, RI and Net (SGD)

Payments	Reserves
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(L) FAF -

 $\hat{\Pi} - 7P$  -1V

NR / Late Rpt - ~~Yes~~ / No
 Denied Pol. Liab- ~~Yes~~ / No
 Injury involved - Yes / No
 Minor involved - ~~Yes~~ / No
 Chain Collision - ~~Yes~~ / No
 BOLA Applies - Yes / ~~No~~

100% 1

Claim No.: DMPC 168017 H

Acc dt/time: 27/5/16 @ 1730-

Updated 12/03/2015

Brn,Cty,Fund	HQ SG SIF	Event No.		Underwriting Year	2016
Policy,Master	MPC16B00009500			Cover Commence	25/05/2016
Ren/Endt, Risk	00 /000	01 /001		Cover Expiry	24/05/2017
Cause of Loss	ACC INVL SGG3241G AND YL2902A ALONG MCE TUNNEL			Notification Date	28/05/2016
				Date of Loss	27/05/2016
				Time of Loss	17:30:00
Vehicle/Vessel	SGG3241G			Oldest O/S Premium	
Make/Model	NISSAN SUNNY 1.6				
Insured	I0003041			Policy Type/Class	MPC /MPC
	TAN CHIOU LING				
Address	747C BEDOK RESERVOIR CRESCENT #08-35 SINGAPORE			Post Code	473747
Agent,Fund/Sfx	B00025 SIF /SD			Entry By	NAB 01/06/2016 15:11:31
Stats Codes	MAWS MCEX MCOC MEXC MMOD MOCP MRDS MVCC MVTY MWOP				
	YES 0001 S 0750 N16S IND N 01 1 S				
Coinsurance	No	Bill Coins.,%	0.00%		
Claim Status	OPEN	31/05/2016	DEFINITE CLAIM	Entry By	NAB 01/06/2016 15:04:59
Premium Paid	1,312.09			Review By	

Claimant 001	TPD - OWNER OF YL2902A		Vehicle Reg	YL2902A
Item 01	Descr. of Loss	TPD CLAIM BY OWNER OF YL2902A	Policy Item 001	
	Nature of Loss	MOTOR - TP PROPERTY DAMAGE		
		TP PROPERTY DAMAGE		
	Cover Type	COMPREHENSIVE		
	SUM INSURED: MARKET VALUE	SGD 0.00		SGD 0.00Exs
	X1A : EXCESS SECTION I -	SGD 750.00		
	INSURED/NAMED DRIVER			

Payments/Recoveries

Item	Cat	Tran. No.	Date	Rel	Cheque	Amount Original Amount Reserves (SGD)	Amount Local
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Reserves

Item	Cat	Tran. Date	Amount (SGD)	Amount Local	Entry by	Entry Date
001/01	M01-LOSS	01/06/2016	300.00	300.00	NAB	01/06/2016
001/01	M01-LOSS	01/06/2016	2,700.00	2,700.00	NAB	01/06/2016
001/01	M02-SUR/IN	01/06/2016	300.00	300.00	NAB	01/06/2016
Total Reserves Entries			3,300.00	3,300.00		
Reserves O/S, Gross			3,300.00	3,300.00		
Reserves O/S, Net (of all RI)			3,300.00	3,300.00		

Summary of Payments & Reserves (SGD)

Tran. Year	Payments (Res)	Payments (Loc)	Reserves (Res)	Reserves (Loc)	O/S Reserves
2016	0.00	0.00	3,300.00	3,300.00	3,300.00

Summary of Payments & Reserves - Gross, RI and Net (SGD)

	Payments	Reserves
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----- END -----

**ECICS LIMITED**

7 TEMASEK BOULEVARD, #10-01 SUNTEC TOWER ONE
SINGAPORE 038987
Website: <http://www.ecics.com.sg>
Company Registration No: 198901301C
TEL: 6337 4779 FAX: 6338 9267

PAYMENT ADVICE

PAY TO: PROGRESSIVE AUTOMOTIVE PTE LTD
BLK 3022A UBI ROAD 1
#01-45/46
SINGAPORE 408716

Date : 11/07/18

Cheque Number : DBS 005900

Reference : PE2018/07/138

DESCRIPTION	AMOUNT (S\$)
Being payment for Claim : PA1506495 (DMCV1800005H/DL) (Z 00006559)	1,497.20
Being payment for Claim : TO 0118-4914 (DMCV1800005H/DL) (Z 00006560)	4,823.22
Being payment for Claim : PA1505154 (DMPC1700244H/DL) (Z 00006561)	1,284.00
Being payment for Claim : PA1503296 (DMPC1600493H/DL) (Z 00006562)	4,598.33
Being payment for Claim : YR INV NO: PA1502115/ OUR REF DMPC1600117H/CT (Z 00006563)	5,189.50
Being payment for Claim : YR INV NO: PA1503878/ OUR REF DMPC1700140H (Z 00006564)	954.44
Being payment for Claim : YR INV NO: PA1504492/ YR REF DMPC1700151H (Z 00006566)	3,444.06
Being payment for Claim : PA1503311 (DMPC1600444H/DL) (Z 00006568)	6,557.07
Being payment for Claim : PA1503905 (DMPC1700035H/DL) (Z 00006569)	203.30
TOTAL AMOUNT:	28,551.12



NOT NEGOTIABLE
A/C PAYEE ONLY

Date **11/07/18**

DD / MM / YY

Pay **PROGRESSIVE AUTOMOTIVE PTE LTD**

Singapore Dollars **Twenty Eight Thousand Five Hundred Fifty**

One Dollars And Cents Twelve Only

or-Bearer

S\$ 28,551.12

DBS Bank Ltd



ECICS LIMITED

Cheque No.

Bank/Branch Code

Account No.

Please sign above this line

⑆⑆⑆005900⑆⑆717⑆⑆⑆003⑆⑆0039278764⑆⑆



ECICS Limited
7 Temasek Boulevard #10-01 Suntec Tower One
Singapore 038987
Tel: (65) 63374779 Fax: (65) 63389267
Email: enquiries@ecics.com.sg
Website: http://www.ecics.com.sg
Co. Reg. No. 198901301C

PAYMENT VOUCHER

No. Z 00006563
Date 10/07/2018

Account RR000032 SIF
Reference YR INV NO: PA1502115/ OUR REF DMPC1600117H/CT
Branch/Dept/Fund HQ M SIF
Their Bill Ref
In favour of PROGRESSIVE AUTOMOTIVE PTE LTD
BLK 3022A UBI ROAD 1
#01-45/46 408716

Policy No.	MPC16B00009500	Our Claim No.	DMPC1600117H
Risk No.	1.1	Date of Loss	27/05/2016
Vehicle	SGG3241G		
Class/Agent/Country	MPC B00025 SD SG		
Insured's Name	TAN CHIOU LING		
Cause of Loss	ACC INVL SGG3241G AND YL2902A ALONG MCE TUNNEL		
Claimant	2/1 - OD - TAN CHIOU LING		
Desc. of Loss	OD CLAIM - SGG3241G		
	YR INV NO: PA1502115/ OUR REF DMPC1600117H/CT		
	M01 - LOSS - DO - DIT: COST OF REPAIRS - NON GST REG		SGD5,189.50
	(Deemed Tax SGD339.50)		
TOTAL SINGAPORE DOLLAR			SGD5,189.50

TO: THE ACCOUNTS DEPT.

Kindly issue cheque in favour of the above.

Prepared by *[Signature]*

Claims Officer:

Approved for issuing of cheque:

Approved By: *[Signature]*
Sin Vuthan
10/7

DMP160011711

PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg
GST:201006949C RCB NO:201006949C

M/S : ECICS LIMITED

TEL: 63374779
ATTN:
Your Ref No: OD 0516-5328
Claim Type: Own Damage
Accident Date: 27/05/2016



Invoice No: PA1502115
Date: 17 Sep 2016
Policy No: MPC16B00009500
Veh Reg No: SGG3241G
Make/Model: NISSAN SUNNY1.6EXA
Chassis No: JN1CFAN16Z0100898
Engine No: QG16409621
Reg. Date: 09/05/2006

TAX INVOICE

Description	Quantity	Price	Amount
		<u>SS</u>	<u>SS</u>
Spare Parts			
1 TO PROCEED ON LUMP SUM REPAIR	1 JOB	5,600.00	
		5,600.00	5,600.00
Total			SS 5,600.00 ✓
Less Excess			SS 750.00 ✓
Amount Before GST			SS 4,850.00
Add GST @ 7%			339.50
Total Amount Payable			SS 5,189.50 ✓

TOTAL: SINGAPORE DOLLAR FIVE THOUSAND ONE HUNDRED EIGHTY NINE AND CENTS FIFTY ONLY

For PROGRESSIVE AUTOMOTIVE PTE LTD

PROGRESSIVE AUTOMOTIVE PTE LTD
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716
Tel: 6741 5336 Fax: 6741 7208
Email: progauto@progauto.com.sg
AUTHORISED SIGNATURE

E. & O. E.

OD Survey fee - Paid
Autoprobe
File return to richard
after payment

Thy
15
9/7/18

21 SEP 2016

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	28/05/2016 11:58
Date Of Accident	27/05/2016 17:30
Exact Location Of Accident	MCE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG3241G
Insured/Policyholder	
Name Of Registered Owner	TAN CHIOU LING
NRIC No	S8978938I
Email Address	catherine_cl1314@yahoo.com
Mobile Phone No	(LOCAL) +65-97680856
Alternative Phone No	Others-97680856

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY-1.6 EX (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

Insurance Company

Name of Insurance Company	ECICS Limited
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC16B00009500
Cover Note Number	

Driver

Name of Driver	TAN CHIOU LING
NRIC No	S8978938I
Date Of Birth	30/03/1989
Occupation	Indoor
Date Of Driving Pass	12/11/2010
Driving Experience	5 Years And 6 Months
Gender	Female
Mobile Number	(Local) +65-97680856
Fax Number	
Contact Number	Others-97680856
Email Address	catherine_cl1314@yahoo.com

Address	BLK 747C BEDOK RESERVOIR CRESCENT #08-35 SINGAPORE
Postcode	473747
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 (Insured Hit TP)
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
Was there any video captured by Car Camera?	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 THE ATTACH STATEMENT RECORDED BY PEI WEN -PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL2902A
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

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.

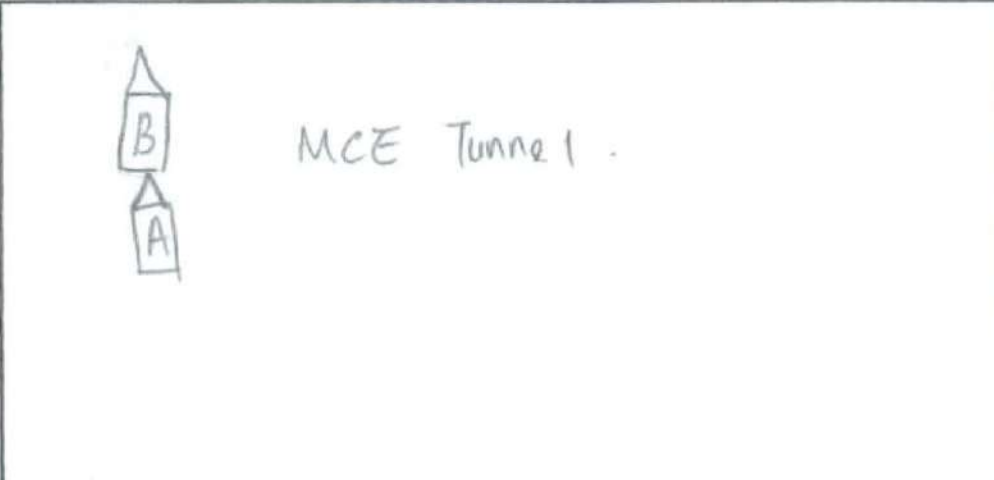


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

 <p>MCE Tunnel 1</p>	<p>Number Plate</p> <p>A - SGG 3241G B - YL 2902A</p> <p>Legend</p> <p> A Vehicle</p> <p> B Bike</p>
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Sketch Plan #2

Describe Circumstances of the Accident

Date of Accident: 27 May 2016

Time of Accident: 5.30 pm

Car A & B change lane in same time, which lorry ~~so~~ change lane suddenly and slow down after change lane so Car A no enough time to brake.

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716



ECICS Limited

(Member of IFS Capital Group)

**AUTHORISED
WORKSHOPS**

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ300
Cover Type: C

ORIGINAL

CERTIFICATE NO:	MPC16000009500	Chassis No:	JN1CFAN16Z0100898
Agency Name:	PHILLIP SECURITIES PTE LTD	Engine No:	QG16409621
Agency Code:	B00025		

1. Index Mark and Registration Number of Vehicle:	SGG3241G
2. Name of Policyholder:	TAN CHIOU LING
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment:	25 May 2016
Date of Expiry of Insurance:	24 May 2017
Excess Applicable	
Section I - Named Drivers:	SGD 750.00
Additional Excess Other than Named Drivers:	
Excess Section I: Age >= 70	SGD 3,000.00
Excess Section I: Driving Experience <= 2 Years	SGD 3,000.00
Excess on Windscreen	SGD 100.00
4. Persons or Classes of Persons entitled to drive	
a) The Policyholder and any Named Driver	
b) Any other person who is driving on the Policyholder's order or with his 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. For the purposes of this Certificate of Insurance and the Policy, an "Authorized Driver" shall refer to any person or class of persons as set out under paragraph 4 above.	
5. Limitations as to use	
Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition, driving test, race, 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.	
6. Hire Purchase Company:	HONG LEONG FINANCE LIMITED

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).

Please see reverse

Issued By:

BL



Authorised Officer

For ECICS Limited

[Signature]

Authorised Signatory

Claim No 00 0516-5328

Date 7-6-2016

Satisfaction & Discharge Voucher

I / We Tan Chiau Ling NRIC No S89789381

Hereby declare that the repairs to my Vehicle No. SGG 3241G

Have been completed to my / our satisfaction and I / we agree that the payment to


Progressive Automotive Pte Ltd

for such repairs shall be in full discharge of my / our

Claim under policy No. MPC16 B00009500 in respect of the damages caused in the

Accident which occurred on the 27 day of May 20 16.

Company Stamp
(if applicable)



Signature of Assured

ONG & SHAN LLC

ADVOCATES & SOLICITORS
COMMISSIONERS FOR OATHS
NOTARIES PUBLIC

Our Counter-Signatory's Email Notifications:
Lawyer : ongshanllc@gmail.com
Secretary :

Please send all correspondences to:

- ☐ 2 Kallang Avenue #09-04 Singapore 339407
Tel: 6444 7845 | Fax: 6444 5847
- ☐ 101 Upper Cross Street #06-14A Singapore 058357
Tel: 6536 7991 | Fax: 6536 7995
- ☒ 184 Toa Payoh Central #02-364 Singapore 310184
Tel: 6224 9847 | Fax: 6254 7261

WE DO NOT ACCEPT SERVICE BY FAX

DMPC1700168H
DMPC1600117H

Our Ref : SRSTP.AY

Your Ref :

Date : 7th December 2017

ECICS LIMITED

7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987

Attn: Motor Claims Department

BY FAX ONLY
FAX: 6338 9267

Dear Sirs

NOTICE OF CHANGE OF SOLICITORS

We refer to the above matter.

We write to inform that we have taken over the following matters from M/S C.YOGARAJAH LLC.

Our Reference	Your Reference
SRSTP.7077.17	DMPC1700168H
SRSTP.7087.17	DMPC1600117H

Henceforth, please correspond with us directly.

Yours faithfully,

ONG & SHAN LLC

RECEIVED

7 DEC 2017

CEO, ECICS LIMITED

ONG & SHAN LLC

A LIMITED LIABILITY CORPORATION | COMPANY REGISTRATION NUMBER 201408968D

THIS DOCUMENT IS FOR THE ADDRESSEE (S) ONLY & MAY CONTAIN CONFIDENTIAL INFORMATION &/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.



7 TEMASEK BOULEVARD, #10-01 SUNTEC TOWER ONE
SINGAPORE 038987
Website: <http://www.ecics.com.sg>
Company Registration No: 198901301C
TEL: 6337 4779 FAX: 6338 9267

PAYMENT ADVICE

PAY TO: **CHIA S ARUL LLC**
151 CHIN SWEE ROAD
#03-09, MANHATTAN HOUSE
SINGAPORE 169876

Date : 22/06/17

Cheque Number : DBS 001845

Reference : PE2017/06/294

DESCRIPTION	AMOUNT (S\$)
Being payment for Claim : DMPC1600117H - AS.2016-634.In - MUHAMMAD BASHAR (Z 00002941)	3,800.00
TOTAL AMOUNT:	3,800.00



NOT NEGOTIABLE
A/C PAYEE ONLY

Date

22/06/17

DD / MM / YY

Pay **CHIA S ARUL LLC**

or Bearer

Singapore Dollars **Three Thousand Eight Hundred Dollars Only**

S\$ 3,800.00

DBS Bank Ltd



ECICS LIMITED

Cheque No.

Bank/Branch Code

Account No.

Please sign above this line

⑈7⑈001845⑈7171⑈003⑈0039278764⑈



ECICS Limited
7 Temasek Boulevard #10-01 Suntec Tower One
Singapore 038987
Tel: (65) 63374779 Fax: (65) 63389267
Email: enquiries@ecics.com.sg
Website: http://www.ecics.com.sg
Co. Reg. No. 198901301C

PAYMENT VOUCHER

No. Z 00002941
Date 21/06/2017

Account SO000007 SIF
Reference DMPC1600117H/003 - AS.2016-634.In - MUHAMMAD BASHAR
Branch/Dept/Fund HQ M SIF
Their Bill Ref
In favour of CHIA S ARUL LLC
151 Chin Swee Road
#03-09, MANHATTAN HOUSE
Singapore 169876

Policy No.	MPC16B00009500	Our Claim No.	DMPC1600117H
Risk No.	1.1	Date of Loss	27/05/2016
Vehicle	SGG3241G		
Class/Agent/Country	MPC B00025 SD SG		
Insured's Name	TAN CHIOU LING		
Cause of Loss	ACC INVL SGG3241G AND YL2902A ALONG MCE TUNNEL		
Claimant	3/1 - TPI - MUHAMMAD BASHAR BIN MOHD ESA		
Desc. of Loss	TPI CLAIM BY DRIVER OF YL2902A		
	PAYMENT FOR TPI - MUHAMMAD BASHAR BIN MOHD ESA M01 - LOSS - DA - DIT: PAYMENT FOR TP INJURY (Deemed Tax SGD248.60)		SGD3,800.00
TOTAL SINGAPORE DOLLAR			SGD3,800.00

TO: THE ACCOUNTS DEPT.

Kindly issue cheque in favour of the above.

Claims Officer:

Approved for issuing of cheque:

Accounts Manager:

PAID
22 JUN 2017

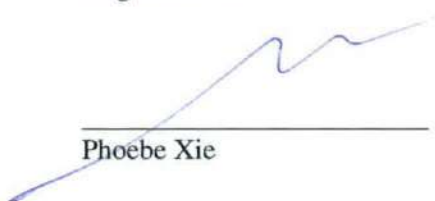
BY:

MEMO FOR APPROVAL**Date: 21 June 2017**

DMPC1600117H	
Policy no:	MPC16B00009500
Period of insurance:	25.05.2016 – 24.05.2017
Insured :	Tan Chiou Ling
Insured Vehicle No:	SGG3241G
Insured Driver/Relationship :	Tan Chiou Ling/Owner
Date of Accident:	27.05.2016 @ 1730Hours

Coverage**MPC/MPH/MPU/MCV (Yes/No)****Liability****BOLA scenario S27 is applicable and we are 100% liable to YL2902A due to the negligence of the Insured Driver.**

<u>Exposure</u>	<u>Quantum</u>	<u>Excess</u>	<u>Claimant</u>
OD		TBA	
PD		TBA	
BI	\$3,800.00	-	Chia S Arul LLC
Total	\$3,800.00		

BI: To settle the third party injury claim at \$3,800.00**Recovery****Yes/No****Submitted for approval.****Approved by:**
Ang Shiok Pin**Date:** 21 June 2017**Approved by:**
Phoebe Xie**Date:** 21 June 2017

17 MAY 2017

CEO, ECICS LIMITED

DISCHARGE VOUCHER

CLAIM NO: DMPC1600117H/003

I/We, Muhammad Bashar Bin Mohd Esa hereby accept the sum of Dollars Three thousand and Eight Hundred only (\$3,800.00) voluntarily which amount paid by Tan Chiou Ling and ECICS Limited, as Driver, Owner and Insurers of vehicle no. SGG3241G respectively, with regard to a claim made by me/us upon them, for the General / Special damages / Costs / Disbursements / PT fee arising out of an accident which occurred with vehicle no. YL2902A on or about 27/05/16 along MCE Tunnel and I/We agree that the said sum is paid with a denial of legal liability on the part of the said Driver, Owner and Insurer (or any other person or persons) in respect of or in any way arising out of the said occurrence and for damage whether now arising or hereafter to become manifest and to the intent that the Driver, Owner and Insurers and all other persons be absolutely and finally exonerated and discharged from all further and other claims for every nature and kind whatsoever by me or on my behalf arising out of or connected with or traceable to the said occurrence.

*I/We authorize you to pay the above settlement sum to Chia S Arul LLC.

*DATED THIS _____ DAY OF 12 MAY 2017

Signature &/or
Co Stamp:

[Signature]

Signature
&/or Co
Stamp:

[Signature]
Ling

Name of
Claimant :

Muhammad Bashar
Bin Mohd Esa

Name of
Witness:

Address:

BK 24 Tekan Gardens Rd
#02-183 S(60024)

Address:

CHIA S ARUL LLC.
ADVOCATES & SOLICITORS
151 CHIN SWEE ROAD
#03-09 MANHATTAN HOUSE
SINGAPORE 169876
TEL: (65) 67334647 FAX: (65) 67338183

Occupation:

Occupation:

NRIC No:

S 892317E

NRIC No:

* Delete if not applicable

* Please ensure the date is duly filled in

my execution of this Discharge Voucher is only
for my personal injury claim and not prejudicial
to any other claims arising from the same accident.

[Signature]

DV TPI (Ver Jan 16)
22 JUN 2017

DISCHARGE VOUCHER

CLAIM NO: DMPC1600117H/003

I/We, Muhammad Bashar Bin Mohd Esa hereby accept the sum of Dollars Three thousand and Eight Hundred only (S\$3,800.00) voluntarily which amount paid by Tan Chiou Ling and ECICS Limited, as Driver, Owner and Insurers of vehicle no. SGG3241G respectively, with regard to a claim made by me/us upon them, for the General / Special damages / Costs / Disbursements / PT fee arising out of an accident which occurred with vehicle no. YL2902A on or about 27/05/16 along MCE Tunnel and I/We agree that the said sum is paid with a denial of legal liability on the part of the said Driver, Owner and Insurer (or any other person or persons) in respect of or in any way arising out of the said occurrence and for damage whether now arising or hereafter to become manifest and to the intent that the Driver, Owner and Insurers and all other persons be absolutely and finally exonerated and discharged from all further and other claims for every nature and kind whatsoever by me or on my behalf arising out of or connected with or traceable to the said occurrence.

*I/We authorize you to pay the above settlement sum to _____.

*DATED THIS _____ DAY OF _____ 2017

Signature &/or
Co Stamp:

Signature
&/or Co
Stamp:

**Name of
Claimant :**

**Name of
Witness:**

Address:

Address:

Occupation:

Occupation:

NRIC No:

NRIC No:

* Delete if not applicable

* Please ensure the date is duly filled in

DV TPI (Ver Jan 16)

Our Ref : AY/C2169/17 (TCA)

Your Ref : Your insured vehicle SGG 3241G

2nd March 2017

ECICS Ltd
(Motor Claims Dept.)
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987

Tan Chiou Ling
Blk 747C, Bedok Reservoir Crescent
#08-35
Singapore 473747
(Documents were enclosed to your insurers)

Dear Sirs,

Accident Involving YL 2902A & SGG 3241G On 27.05.2016 Along MCE towards AYE before Keppel Road At About 1730 Hrs.

We are instructed by **M/s FN Container Services** of 24 Depot Lane #01-06A Singapore 109767 to claim damages and losses against you in connection with the above-captioned road traffic accident which our client's vehicle **YL 2902A** was damaged by vehicle **SGG 3241G** driven by your insured at the material time.

We are instructed that the said accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows :-

1)	Repair costs	\$ 24,396.00
2)	Loss of use for 11 days at \$200.00 per day	\$ 2,200.00
3)	Survey fee	\$ 1,002.00
4)	LTA fee	\$ 5.35
5)	Accident report fee	\$ 29.00
6)	Incidentals - Photocopying, postage & transports	\$ 100.00
7)	Costs	\$ 900.00
8)	GST for costs & incidental	\$ 70.00
		\$ 28,702.35

ECICS Limited
We acknowledge your document
and will revert in due course.
Claim No.: MMPC 160117 K
Date : _____

ECICS Limited
We have received a Letter of Demand for
on 27.5.16 for your Vehicle SGG 3241G
Please let us have your claims within 5 w
via email claims@ecics.com.sg
BY HAND
Otherwise, we will proceed to settle at b
Claim No. / Date : MMPC 160117 K
Insured Name : Tan Chiou Ling
Address : _____
BY POST
3 MAR 2017
REG. SINGAPORE

Valerie Yap Jia Pei (ECICS, Operations)

From: Catherine Cl <catherine_cl1314@yahoo.com>
Sent: Monday, 20 March, 2017 2:05 PM
To: ECICS Claims
Subject: Claim No: DMRC160W117N - Vehicle: SGG3241G - Car Accident Photo
Attachments: LETTER.pdf; IMG_2428.JPG; IMG_2427.JPG

Hi Sir / Madam,

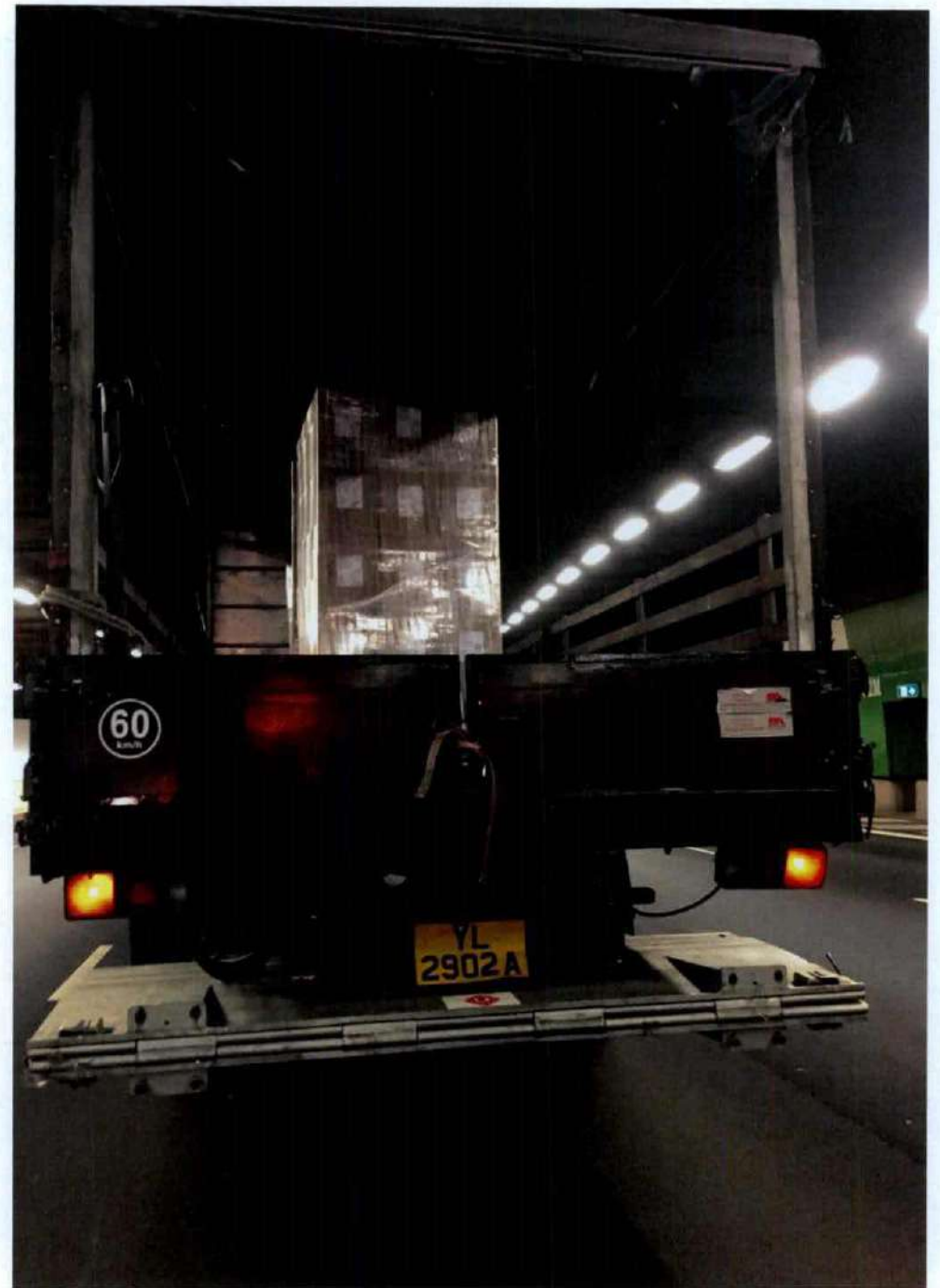
I just came back from overseas and received attached claims letter from your end.
Trying to call office number but couldn't reach your end.

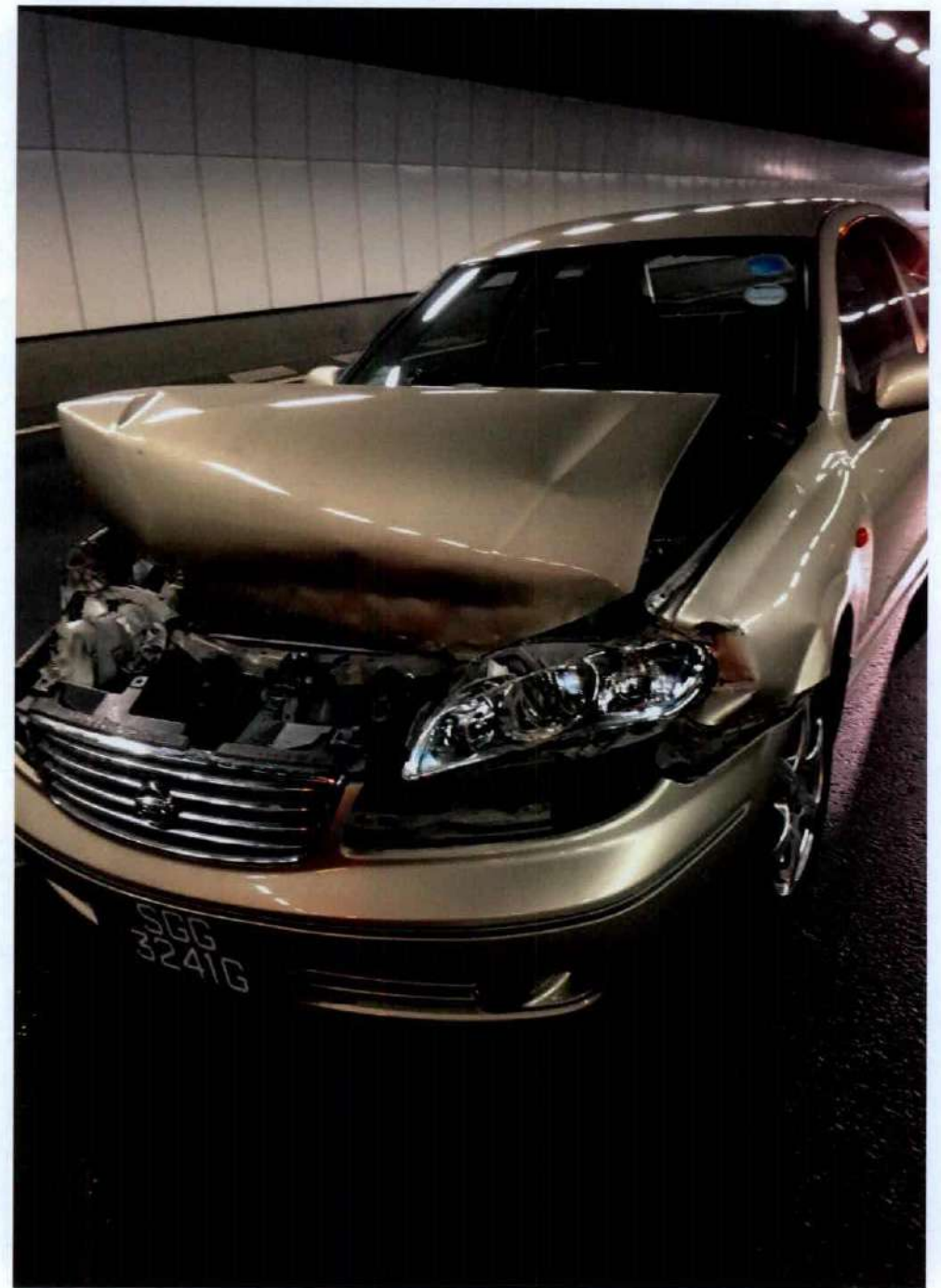
As the claims amount is extremely high and weird because the lorry (YL 2902A) have no any damages which my car just slight bump to lorry's bottom tailgate when both of our car exchange to line and driver (Muhammad Bashar Bin Mohd Esa / S8923117E) is very conscious which he have no injured at all and lorry is in good condition to drive/leave.

Attached are the photo of lorry and my car condition for your verification and investigate.

Please contact my hp 97680856 as I have few question want to check with your end too.
Thanks.

Best Regards,
Catherine Tan (HP: 97680856)





TRANSMISSION VERIFICATION REPORT

TIME : 09/03/2017 12:23
 NAME :
 FAX :
 TEL :
 SER.# : E71447H2J213439

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

09/03 12:23
 62925938
 00:00:22
 01
 OK
 STANDARD
 ECM

COGARAHAH LLC
 ADVOCATES & SOLICITORS

Our Ref : AY/C2169/17 (TCA)

Your Ref : Your insured vehicle SGG 3241G

2nd March 2017

ECICS Ltd
 (Motor Claims Dept.)
 7 Temasek Boulevard
 #10-01 Suntec Tower One
 Singapore 038987

Tan Chiou Ling
 Blk 747C, Bedok Reservoir Crescent
 #08-35
 Singapore 473747
 (Documents were enclosed to your insurers)

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3)	Survey fee	\$ 1,002.00
4)	LTA fee	\$ 5.35
5)	Accident report fee	\$ 29.00
6)	Incidental expenses	

RZ PX 10/3/17

883 North Bridge Road
 #19-05 Southbank
 Singapore 198785
 T: 6292 5838
 F: 6292 5938
 (UEN No. 201333127N)
 (GST Reg No. 201333127N)

ECICS Limited

We have received a Letter of Demand for
 on 27.5.16 for your Vehicle SGG 3241G

Please let us have your views within 5 w
 via email claims@ecics.com.sg

Otherwise, we will proceed to settle at b

Claim No. / Date : MMCE 160417 K.
 Insured Name : Tan Chiou Ling
 Address : _____

BY POST

CEO, ECICS LIMITED

Our Ref : AY/C2169/17 (TCA)
Your Ref : Your insured vehicle SGG 3241G
2nd March 2017

ECICS Ltd
(Motor Claims Dept.)
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987

Tan Chiou Ling
Blk 747C, Bedok Reservoir Crescent
#08-35
Singapore 473747
(Documents were enclosed to your insurers)

Dear Sirs,

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6)	Incidentals – Photocopying, postage & transports	\$ 100.00
7)	Costs	\$ 900.00
8)	GST for costs & incidental	\$ 70.00
		\$ 28,702.35

ECICS Limited

We acknowledge your document
and will revert in due course.

Claim No.: mmc 160117K

Date : _____

ECICS Limited
We have received a Letter of Demand for
on 27.5.16 for your Vehicle SGG 3241G
Please let us have your views within 5 w
via email claims@ecics.com.sg
Otherwise, we will proceed to settle at b
BY HAND
Claim No. / Date : mmc 160117K
Insured Name : Tan chiou ling
Address : _____
BY POST
3 MAR 2017
CEO, ECICS LIMITED

A copy each of the following supporting documents are enclosed :-

- 1) Accident reports of our client & SGG 3241G
- 2) Survey report on YL 2902A, together with original photographs
- 3) Final repair bill
- 4) Insurance Certificate, Vehicle Registration Card
- 5) LTA report

Our client's repairers had notified your company of the above accident and a pre-repair inspection of our client's vehicle was carried out by your appointed surveyor.

Please let us know within the next seven (7) days upon receipt of this letter whether you intend to re-inspect our client's vehicle failing which the said vehicle will no longer be available for the same.

Please note that you should send to us an acknowledgment of receipt of this letter within fourteen(14) days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you.

Please note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight(8) weeks of your receipt of this letter.

Yours faithfully,



C. YOGARAJAH LLC
Enc.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-021904
Date of Request: 15/02/2017

Your Ref No: AY.C2169.17

C YOGARAJAH LLC
883 North Bridge Road #19-05
SouthBank
Singapore 198785

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 27/05/2016
Place of Accident: MCE TO AYE B4 KEPPEL RD
Client Vehicle No: YL2902A

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-021911
Date of Request: 15/02/2017

Your Ref No:

AY.C2169.17

C YOGARAJAH LLC
883 North Bridge Road #19-05
SouthBank
Singapore 198785



Dear Sir/Madam,

Date of Accident: 27/05/2016
Vehicle No: YL2902A
Place of Accident: MCE TOWARDS AYE (BEFORE KEPPEL ROAD)
Involving Vehicle No: SGG3241G

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SGG3241G	MCE TOWARDS AYE (BEFORE KEPPEL ROAD)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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	28/05/2016 11:58
Date Of Accident	27/05/2016 17:30
Exact Location Of Accident	MCE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG3241G
Insured/Policyholder	
Name Of Registered Owner	TAN CHIOU LING
Email Address	catherine_cl1314@yahoo.com
Mobile Phone No	(LOCAL) +65-97680856
Alternative Phone No	Others-97680856

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY-1.6 EX (A)
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	ECICS Limited
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC16B00009500
Cover Note Number	

Driver

Name of Driver	TAN CHIOU LING
NRIC No	S8978938I
Address	BLK 747C BEDOK RESERVOIR CRESCENT #08-35 SINGAPORE

General Information of the Accident

Type Of Accident	Collision- Head to Rear (Insured Hit TP)
Weather Conditions	Clear

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
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN -PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YL2902A

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

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 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 reputate 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.

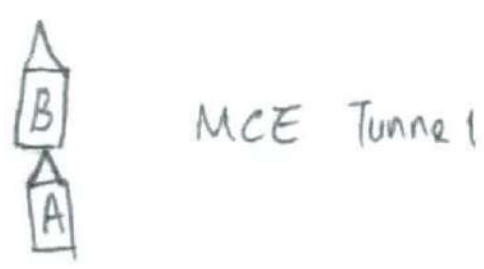


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

 <p>MCE Tunnel</p>	<p>Number Plate</p> <p>A - SGG 3241G B - YL 2902A</p> <p>Legend</p> <p> A Vehicle</p> <p> B Bike</p>
---	--

Sketch Plan #2

Describe Circumstances of the Accident

Date of Accident: 27 May 2016

Time of Accident: 5.30 pm

Car A & B change lane in same time, which lorry
~~also~~ change lane suddenly and slow down
after change lane so Car A no enough time to
brake.

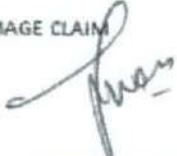
Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM
UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS


Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Accident Photo



Page No. : 5
Unable to disclose
NRIC / driving licence

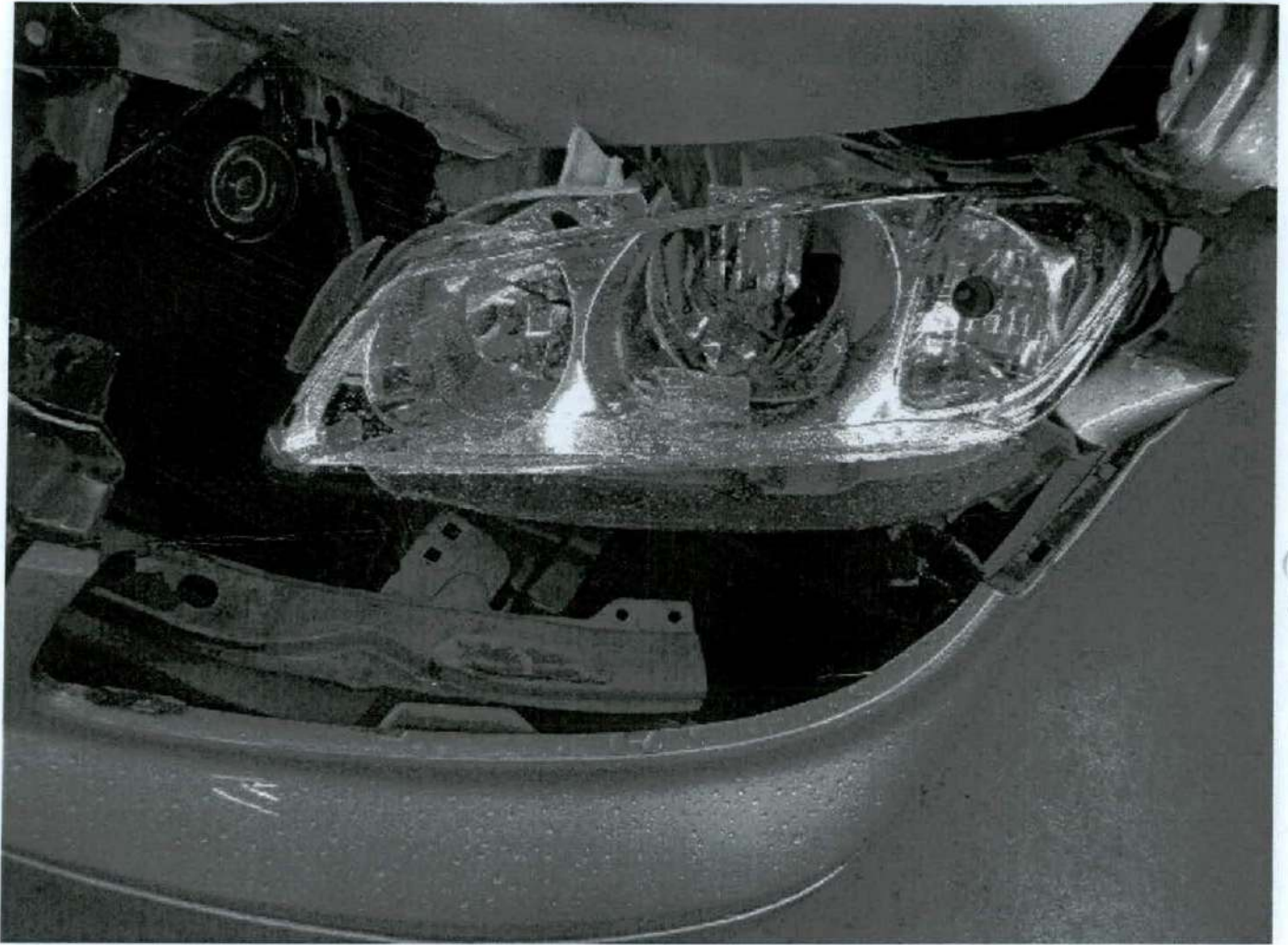
Accident Photo



Accident Photo



Accident Photo



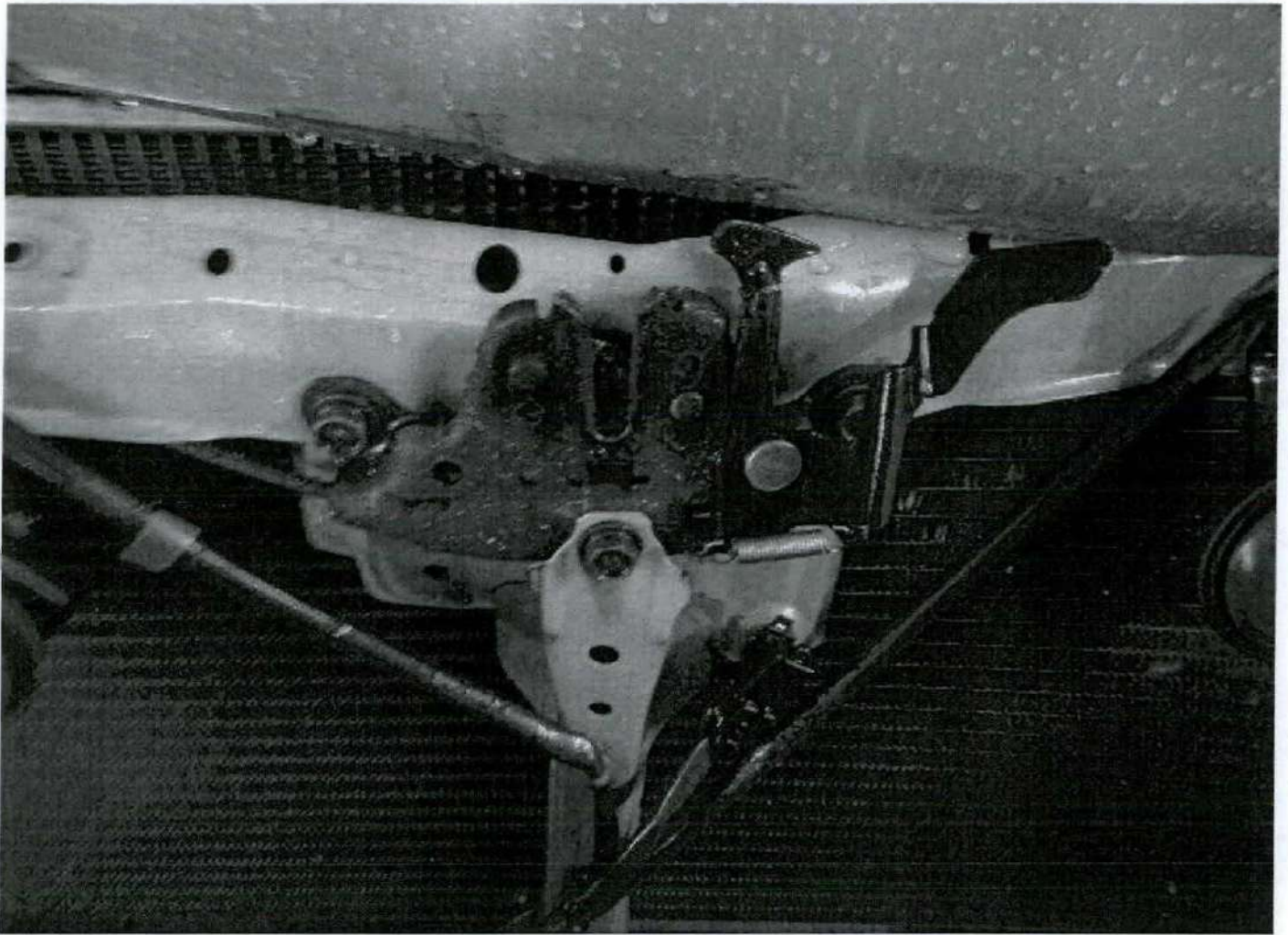
Accident Photo



Accident Photo



Accident Photo

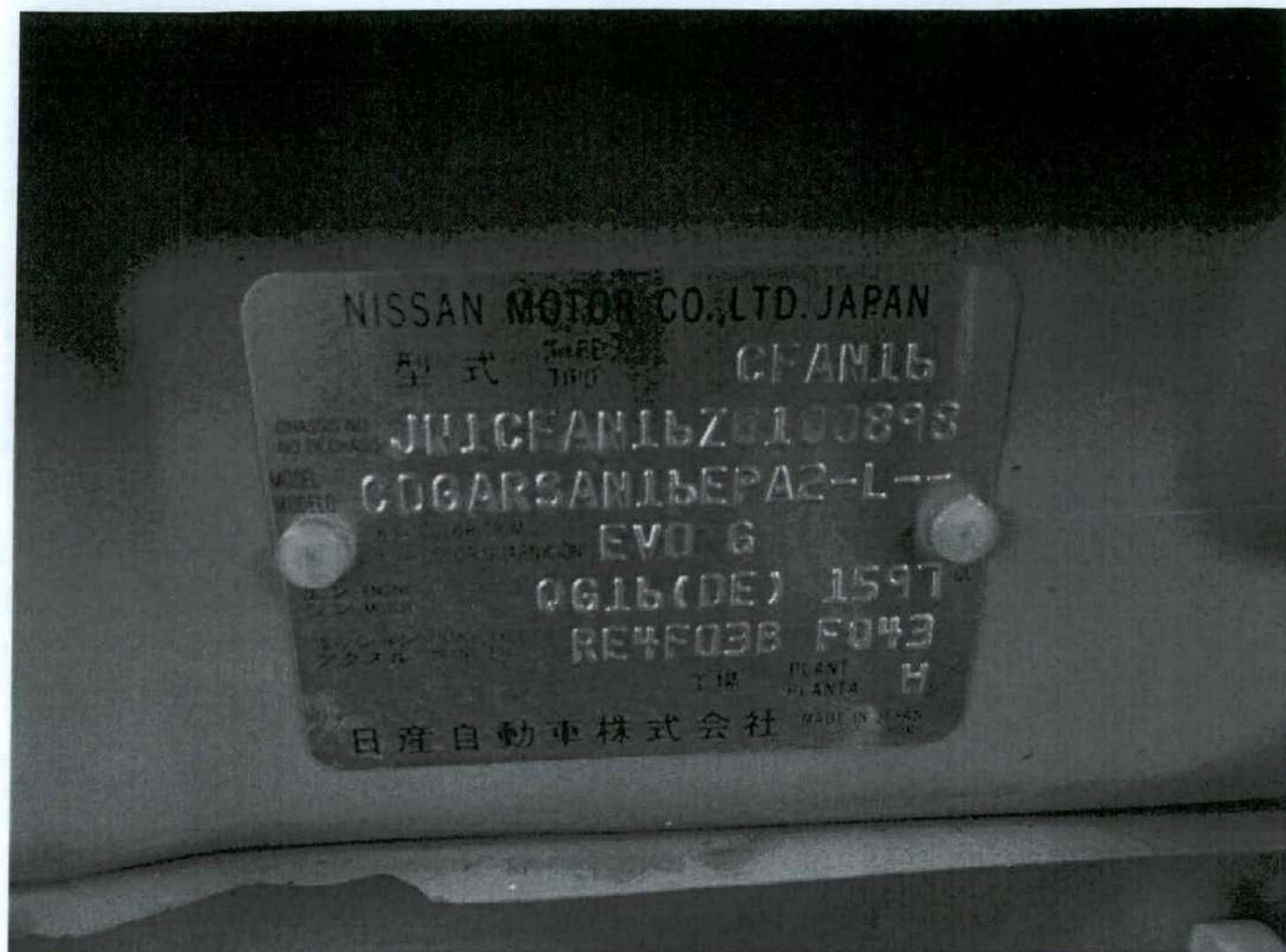


Accident Photo



Accident Photo





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	30/05/2016 17:41
Date Of Accident	27/05/2016 17:30
Exact Location Of Accident	MCE TOWARDS AYE (BEFORE KEPPEL ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL2902A
Insured/Policyholder	
Name Of Registered Owner	FN CONTAINER SERVICES
Co Reg No	53029689J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97716141

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FM657MSRDEC

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 Commercial Vehicle

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5070063389-01 TPFT
Cover Note Number	

Driver

Name of Driver	MUHAMMAD BASHAR BIN MOHD ESA
NRIC No	S8923117E
Date Of Birth	06/07/1989
Occupation	Outdoor
Date Of Driving Pass	24/05/2011
Driving Experience	5 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-97716141
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 24 TEBAN GARDENS ROAD #02-163
Postcode	600024
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
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?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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 PLAN ATTACHED. ATTENDED BY AINI

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG3241G
Vehicle Make/Model/Colour	NISSAN SUNNY 1.6EXA
Details Of Properties	
Name of Driver	TAN CHIOU LING
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	MUHAMMAD BASHAR BIN MOHD ESA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YL2902A
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	

Address
Postcode

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.



[Signature]

[Signature]

30 MAY 2008

ADAC KAKI BUKIT (AC)
23 Kaki Bukit Ave. 4
Singapore 415951
Tel: 67416697 Fax: 67412305
Email: vackb@singnet.com.sg

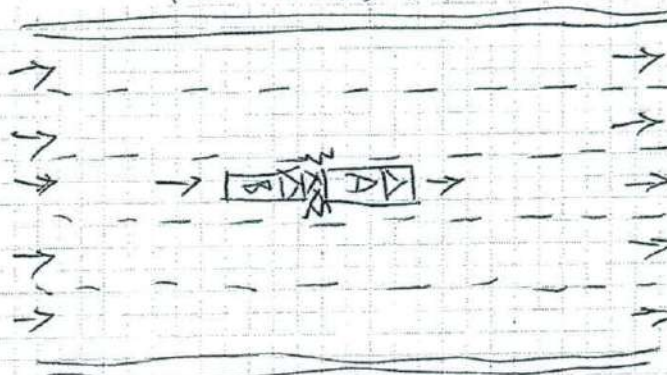
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

MCE towards AXE



Vehicle A - YLZ902A
Vehicle B - SG45241G

Describe Circumstances of the Accident

I was travelling along MCE towards AYE before Keppel Road on the center lane of a 5-lane road. Somewhere before Keppel Road Exit, I felt an impact from the rear portion of my vehicle. Upon the impact, I stopped my vehicle and realized vehicle B had collided into the rear portion of my vehicle.

Vehicle A - YL2902A

Vehicle B - SG53241G

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

30 MAY 2016

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416677 Fax: 67492305

Email: vackb@singnet.com.sg

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo

