

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 : HAMZAH BIN ABDUL SAMAD HAJI ALI
BLK 372 HOUGANG STREET 31
#02-43 SINGAPORE 530372

Estimate No: **EST1503694**
Date: 02 Jun 2018
Policy No: D27548037QMY
Veh Reg No: **SKG619Z**
Make/Model: TOYOTA COROLLA
ALTIS 1.6 AUTO
Chassis No: MR053REE104142195
Engine No: 1ZRX210605
Reg. Date: 27/07/2012

ATTN:

Your Ref No: TP 0618-5087
Claim Type: Third Party
Accident Date: 01/06/2018
TP Veh Reg No: PC2186D

Estimate Repair Cost to Vehicle No :SKG619Z

Description	U/Price	Quantity	Price S\$	Amount S\$
List Price				
1 SIDE MIRROR ASY - LH	980.6000	1 PCS	980.60	
2 SIDE MIRROR REFLECTOR - LH	128.4000	1 PCS	128.40	
3 SIDE MIRROR OUTER COVER - LH	130.5000	1 PCS	130.50	
4 SIDE MIRROR GLASS - LH	150.6000	1 PCS	150.60	
5 FRONT DOOR PROTECTOR - LH	170.8000	1 PC	170.80	
			1,560.90	
		Less 25%	390.23	1,170.68
Labour				
6 TO KNOCK OUT DENTS, LH FRONT DOOR, LH FRONT FENDER, REMOVE, REPLACE ACCIDENT PARTS	350.0000	1 JOB	350.00	
7 TO RESPRAY PAINT ON ACCIDENT PORTIONS	450.0000	1 JOB	450.00	
8 TO CHECK WIRING	20.0000	1 JOB	20.00	
			820.00	820.00
			Total	S\$ 1,990.68
			Add GST @ 7%	139.35
			Total Amount Payable	S\$ 2,130.03

TOTAL: SINGAPORE DOLLAR TWO THOUSAND ONE HUNDRED THIRTY AND CENTS THREE ONLY

For **PROGRESSIVE AUTOMOTIVE PTE LTD**


AUTHORISED SIGNATURE

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 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	02/06/2018 11:18
Date Of Accident	01/06/2018 20:10
Exact Location Of Accident	ALONG CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG619Z
Insured/Policyholder	
Name Of Registered Owner	HAMZAH BIN ABDUL SAMAD HAJI ALI
NRIC No	S1571976A
Email Address	FEEZQALFA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91149230
Alternative Phone No	OFFICE-91149230

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	D27548037QMY
Cover Note Number	

Driver

Name of Driver	HAMZAH BIN ABDUL SAMAD HAJI ALI
NRIC No	S1571976A
Date Of Birth	17/03/1963
Occupation	INDOOR
Date Of Driving Pass	16/10/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91149230
Fax Number	
Contact Number	OFFICE-91149230
EMail Address	FEEZQALFA@GMAIL.COM

Address	BLK 372 HOUGANG STREET 31 #02-43
Postcode	530372
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : FAUZIAH GENDER: : FEMALE

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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC2186D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	FENG HUICHI
NRIC/Passport Number	G3334112T
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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 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 as referred.
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 insurers who have insured vehicle(s) involved in the accident (all insurers 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 claim;
 - (iii) carrying on and/or dealing with my insurance or responding to my enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, receipts 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 envelope/mail/packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively of the "Purposes").
- (b) all Insurers 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 Purpose(s).
- (c) my Personal Information may/are 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 based outside of Singapore, for one or more of the above Purpose(s).
- (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, law and court orders.

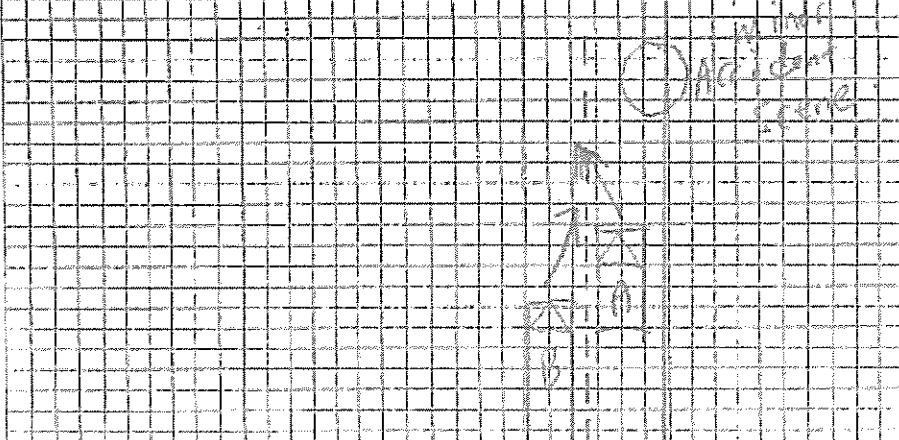


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NAIC/IN No.:

Sketch Plan #2

SKETCH PLAN

	<p>Vehicle No</p> <p>A - 5866192</p> <p>B - PC 2186 D</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  A Vehicle </div> <div style="text-align: center;">  B Bike </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I've already signed to turn to the far next lane.
 There is a big gap for us to enter the lane.
 In fact we have ^{more than} sufficient space for us enter.
 The bus squeeze in and overtake us. Thus, this
 caused damaged to our side mirror.
 In fact, 2 of the passengers in the bus (all Nicos Police)
 told us that their driver is always impatient when
 driving and told us to claim the bus insurance.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: