

18/18/18/VP05/0 20798

By fax.

THE MOTOR CLAIM DEPARTMENT

Lompac Insurance BHD.

62962706.

62507388

300 Beach Rd.

#17-04/07: The Lincourse. (199:555)

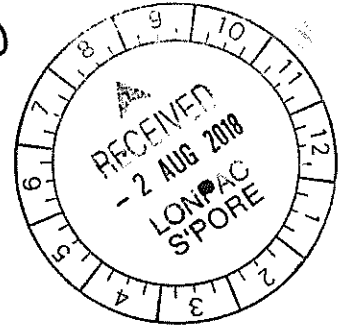
Date : 1/8/18.

Progressive Automotive Pte Ltd

Blk 3022A Ubi Road 1

#01-45/46

Singapore 408716



Dear Sir / Madam

Accident involving : SKM 38232 / EX 9613L

On : 3/1/18.

Along / At : Bencoolen Street.

I am the registered owner of motor vehicle no, SKM38232 which was involved in the above accident.As a result of your insured vehicle no, EX9613L negligence thereby causing the above-said accident.Please appoint your assessor to inspect my vehicle at the above-mentioned workshop as currently vehicle is IN (NOT IN)

Please find enclosed herewith the repairer's estimate for your reference.

Thank you

Signature of Owner

PROGRESSIVE AUTOMOTIVE PTE LTD

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

M/S : SIM KWANG OO
 BLK 114 KITCHENER LINK #08-31
 SINGAPORE 207223

ATTN: LONPAC

Your Ref No: TP 0718-5171
 Claim Type: Third Party
 Accident Date: 31/07/2018
 TP Veh Reg No: EX 9613 L

Estimate No: EST1503918
 Date: 31 Jul 2018
 Policy No: GA148950
 Veh Reg No: SKM3823Z
 Make/Model: B.M.W. X6 XDRIVE35I
 AWD SR DSC NAV HUD
 LED
 Chassis No: WBAFG22090L597322
 Engine No: 03228414N55B30A
 Reg. Date: 09/05/2013

Estimate Repair Cost to Vehicle No :SKM3823Z

Description	U/Price	Quantity	Price S\$	Amount S\$
List Price				
1 FRONT BUMPER	1,218.600	1 PC	1,218.60	
2 FRONT BUMPER LOWER	234.6000	1 PC	234.60	
3 FRONT BUMPER CENTRE LOWER LIP, NO 3	176.7500	1 PCS	176.75	
4 FRONT BUMPER RIVET CLIPS	5.0000	10 PCS	50.00	
5 FRONT BUMPER SIDE HOLDER - LH	301.1000	1 PC	301.10	
6 FRONT BUMPER SIDE HOLDER - RH	301.1000	1 PC	301.10	
7 FRONT BUMPER SENSOR	236.8500	6 PC	1,421.10	
8 FRONT BUMPER SENSOR WIRE	162.0500	1 PCS	162.05	
9 FRONT BUMPER FOG LAMP - LH	258.1500	1 PC	258.15	
10 FRONT BUMPER FOGLAMP COVER,SILVER - LH	50.3000	1 PCS	50.30	
11 FRONT BUMPER FOGLAMP COVER,BLACK - LH	84.2800	1 PCS	84.28	
12 FRONT BUMPER FOG LAMP - RH	258.1500	1 PC	258.15	
13 FRONT BUMPER FOGLAMP COVER,SILVER - RH	50.3000	1 PCS	50.30	
14 FRONT BUMPER FOGLAMP COVER, BLACK - RH	84.2500	1 PCS	84.25	
15 FRONT BUMPER REINFORCEMENT	708.1500	1 PC	708.15	
16 LHF FENDER	1,397.400	1 PCS	1,397.40	
17 LHF FENDER COWLING,FRONT	179.2500	1 PCS	179.25	
18 LH FENDEWR COWLING, REAR	179.2500	1 PCS	179.25	
19 LHF FENDER COWLING CLIPS	5.0000	10 PCS	50.00	
20 LHF FENDER OUTER WHEEL ARCH GARNISH	202.4500	1 PCS	202.45	
21 LHF FENDER SIGNAL LAMP	45.0000	1 PCS	45.00	
22 LHF FENDER LAMP	37.9500	1 PCS	37.95	
23 LHF FENDER TOP RUBBER	65.6500	1 PCS	65.65	
24 AIRCON FAN COWLING	300.5000	1 PCS	300.50	
25 LH HEADLAMP	5,433.550	1 PCS	5,433.55	
26 LH HEADLAMP LOWER RETAINER	254.0500	1 PCS	254.05	
27 LH HEADLAMP SIDE RETAINER	33.1500	1 PCS	33.15	
28 LHF TYRE RIM	1,654.200	1 PCS	1,654.20	
29 LHF TYRE RIM BMW STICKER, SMALL	24.3000	1 PCS	24.30	
30 BONNET BMW LOGO	69.5000	1 PCS	69.50	
31 LHF DOOR XDRIVE 321 WORDING	93.8500	1 PCS	93.85	
32 FOGLAMP COVER LH	67.3500	1 PCS	67.35	
33 FOGLAMP COVER RH	67.3500	1 PCS	67.35	
			15,513.63	
Less 5%			775.68	14,737.95

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Estimate Repair Cost to Vehicle No :SKM3823Z

Description	U/Price	Quantity	Price S\$	Amount S\$
Labour				
34 TO KNOCK OUT DENTS, REMOVE, REPLACE LHF FRONT FENDER & REPLACE ACCIDENT PARTS	800.0000	1 JOB	800.00	
35 TO RESPRAY PAINT ON ACCIDENT PORTIONS	1,000.000	1 JOB	1,000.00	
36 TO CHECK WIRING	20.0000	1 JOB	20.00	
37 TO 4 WHEEL ALIGNMENT	60.0000	1 JOB	60.00	
38 TO RESET CHECK LIGHT	60.0000	1 JOB	60.00	
39 TO REMOVE, REPLACE LHF TYRE RIM & BALANCING	50.0000	1 JOB	50.00	
40 TO TUFF-KOTE	60.0000	1 JOB	60.00	
			2,050.00	2,050.00
Total				S\$ 16,787.95
Add GST @ 7%				1,175.16
Total Amount Payable				S\$ 17,963.11

TOTAL: SINGAPORE DOLLAR SEVENTEEN THOUSAND NINE HUNDRED SIXTY THREE AND CENTS ELEVEN ONLY

For PROGRESSIVE AUTOMOTIVE PTE
 LTD

AUTHORISED SIGNATURE



redefining / insurance

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

Certificate of Insurance

account number
00104

-Motor Vehicles (Third-Party Risks and 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)

Policy details

Policyholder name	SIM KWANG OO	Certificate number	GA148950 / 1
Cover	Comprehensive	Chassis number	WBAFG22090L597322
Plan name	Flexi+	Engine number	03228414N55B30A
NCD applicable	50%		
Vehicle registration number	SKM3823Z		
Period of Insurance	from 09/05/2018 to 08/05/2019 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with their permission

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

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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

* Limitations rendered inoperative by Section 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.

EXCESS Basic Own Damage Excess
 Windscreen Excess

SGD 500.00
 SGD 100.00

An Additional Excess is applicable as follows:

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

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd


Authorised signatory

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

REPUBLIC OF SINGAPORE DRIVING LICENCE




ANG COO

12 Oct 1957

17 Jan 2006

001393908F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1263823Z



Name

SIM KWANG OO

沈 觀 宇

Race

CHINESE

Date of birth

12-10-1957

Sex

F

Country of birth

SINGAPORE

S1263823Z


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS DATE


Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 06 Nov 1997

NP 428A


Licence No: S1263823Z



4054899



NRIC No. S1263823Z



Date of issue
22-05-2007

ART BUK 14 KITCHENER LINK #08-31
SINGAPORE 2072234

NRIC No. S1263823Z Date: 16/05/2009 No: 6186273

MPA218098977 / Progressive Automotive Pte Ltd - HQ
 ENTRY DATE & TIME: 31/07/2018 16:17
 SUBMITTED BY: Lily Lim

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	31/07/2018 16:17
Date Of Accident	31/07/2018 11:30
Exact Location Of Accident	BENCOOLEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM3823Z
Insured/Policyholder	
Name Of Registered Owner	SIM KWANG OO
NRIC No	S1263823Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98176580
Alternative Phone No	OTHERS-98176580
Vehicle Particulars	
Manufacturer	BMW
Model	X6
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA148950
Cover Note Number	
Driver	
Name of Driver	SIM KWANG OO
NRIC No	S1263823Z
Date Of Birth	12/10/1957
Occupation	INDOOR
Date Of Driving Pass	06/11/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98176580
Fax Number	
Contact Number	OTHERS-98176580
EEmail Address	NOEMAIL

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1 Date of accident 31/7/18		Time 1300		2 Exact location of accident Bencoolen Street		To be signed by BOTH drivers	
3 Injuries event/fallout No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness name, address and tel no. (to be included if helpful) Is passenger in vehicle A or vehicle B?	
6 Vehicle A Registration No. SKM 3A232		7 Insurance company AXA		8 Driver Simon Kwang		9 Vehicle B Registration No. EX 9615L	

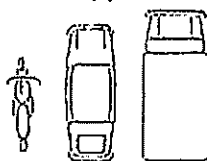
10 Name (capital letters) Simon Kwang	
11 Address 118/6 Jln Mafa	
12 NRIC / Passport no. S1261232	
13 Tel no. (from Singapore) 9817 6580	
14 Vehicle BMK1X8	
15 Insurance company AXA	
16 Does the policy cover damage to vehicle A? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
17 Policy No. GA1429501	
18 Driver Simon Kwang	
19 Name (capital letters) Simon Kwang	
20 NRIC / Passport no. S1261232	
21 Class of licence Class 1	
22 HP Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	

12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle	
A	13 Collision
B	14 Collision - Roadside
C	15 Collision - Roadside
D	16 Collision - Roadside
E	17 Collision - Roadside
F	18 Collision - Roadside
G	19 Collision - Roadside
H	20 Collision - Roadside
I	21 Collision - Roadside
J	22 Collision - Roadside
K	23 Collision - Roadside
L	24 Collision - Roadside
M	25 Collision - Roadside
N	26 Collision - Roadside
O	27 Collision - Roadside
P	28 Collision - Roadside
Q	29 Collision - Roadside
R	30 Collision - Roadside
S	31 Collision - Roadside
T	32 Collision - Roadside
U	33 Collision - Roadside
V	34 Collision - Roadside
W	35 Collision - Roadside
X	36 Collision - Roadside
Y	37 Collision - Roadside
Z	38 Collision - Roadside

10 Name (capital letters) Simon Kwang	
11 Address 118/6 Jln Mafa	
12 NRIC / Passport no. S1261232	
13 Tel no. (from Singapore) 9817 6580	
14 Vehicle BMK1X8	
15 Insurance company AXA	
16 Does the policy cover damage to vehicle B? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
17 Policy No. GA1429501	
18 Driver Simon Kwang	
19 Name (capital letters) Simon Kwang	
20 NRIC / Passport no. S1261232	
21 Class of licence Class 1	
22 HP Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	

State TOTAL number of boxes marked with a cross

19 Indicate the point of initial impact with an arrow (→)



20 Vehicle damage to vehicle A

21 My remarks

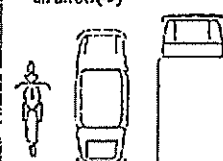
22 Sketch of accident when impact occurred



23 Signature of drivers

A *Signature*

24 Indicate the point of initial impact with an arrow (→)



25 Vehicle damage to vehicle B

26 My remarks

* In the event of injuries or the extent of damage to property other than to vehicles A and B, give information covered

Do not alter anything in the statement after signing. Please note, each driver should take a copy.

For insured's Individual Statement (Part II) see overleaf →

SKETCH PLANIMPORTANT 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:

31/7/18

GIARMC SketchPlanForm_V3

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

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



SKETCH PLAN

Bencoolen St

Vehicle No.
A: SKM 38232
B: EX 9613L

Legend
Vehicle A
Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 31/7/2018, about 11:30am, I was travelling along Bencoolen St, my car was on the second lane as shown on the picture. While I was travelling straight, car B suddenly drove off the car from Fortune Centre Carpark, Car B drove out all the way and across towards second lane. I could not stop my car in time, result hitting car B.

It was a sudden turning out for car B that causes the accident. I was on a Five lane main Road travelling straight, car B had endanger the life of me without checking the main road traffic.

It had cause my car damage on the left side.

I am claiming his Insurance as he had causes the accident.

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.

Signature
Date & Time

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

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

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or solicitor or approved workshop (Use a separate sheet of paper where necessary)					
Insured Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1. Occupation (If more than one, state all)		Email:		
	2. Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state relationship of driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify				
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state where it is at present Tel no. _____				
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth	Occupation	Date of license pass	Has vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	17/10/57	Indoor	Outdoor	6/11/97	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability				
	9. Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property in vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station				
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom?				
Accident details	14. Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others				
	15. Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others				
	16. Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr				
	27. What warnings were given by driver or other party?				
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	19. What lights were displayed on your vehicle/the other vehicle(s)?				
	20. If your vehicle is commercial, state weight of load carried at time of accident				
Declaration	21. State how accident happened, width of roads, speed limits, etc (Relato checked)				
	22. State number of Passengers (including Driver)				
	I/We declare the foregoing particulars are true in every respect				
Policyholder's signature <u>Pauline</u> Date _____					
Driver's signature (if driver is not the policyholder) _____ Date _____					

Address	BLK 14 KITCHENER LINK #08-31
Postcode	207223
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 - MAJOR/MINOR RD
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)	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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

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	EX9613L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SIR TUAN
NRIC/Passport Number	S1131961J
Contact Number	24 JALAN MATA AYER
Address	
Postcode	759006
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	