

**PROGRESSIVE CAR CARE
PTE LTD
BLK 3022A UBI ROAD 1
#01-45/46
SINGAPORE 408716
Email:
claims@procarcare.com.sg**

**Claim Reference: TP 1218 - 5336
Assessment Number: PA001776
Version: PROGRESS/1
Date Calculated: 19/12/2018 08:01**

**Full Report - V1
Registration: SMC4820D
Printed: 19/12/2018 16:02**

Summary Information

Claim

Location:	Singapore (SG)	Currency:	SGD
Printed by:	Wayne Lim	Date of Incident:	17/12/2018
Authorisation Status:	Interim	Able to Authorise Repairs:	TBA
Work Provider:	AXA Insurance S'pore Pte Ltd	Repairs Authorised:	TBA
Claim Reference:	TP 1218 - 5336	Estimated Repair Time:	
Policy Number:	GA389708	Quote Due Date:	
Other Reference:	TP 1218 - 5336	Actual Repair Days:	
Third Party:		Parts Ordered Date:	
Insured Amount:		Hire Car Start:	
Under Warranty:		Hire Car End:	
Warranty Expired:		Vehicle Collected:	

Vehicle Details

Vehicle

Manufacturer:	HONDA
Model:	Odyssey
Sub Model:	VTI-L
Model Sheet Number:	HCF 03
Registration:	SMC4820D
Registration Month:	June
Registration Year:	2018
VIN Number:	LFA1907105
Manufacture Year:	2018
Odometer:	Not Known
Colour:	Blue
Engine Number:	H41167219
Fuel Level:	%

Model Specs

FROM MODEL 2015	3 ZONE AUTO AIR CON
CENTRAL LOCKING	FOG LAMPS
LED HEADLAMP	AUTO HEADLAMP LEVEL
LEATHER SEATS	ELEC ADJ DRIVER SEAT
START & STOP SYSTEM	AUTO DIPPING MIRROR
L/ELECT SLIDING DOOR	REAR SUN BLIND
ERM BRAKE ASSIST	PARKING ASSISTANT
REARVIEW CAMERA	2356CCM 129KW
GEARBOX CVT	MULTI FUNC S-WHEEL
TYRES 215/55 VR 17	WHEELS 7J X 17 ALLOY
SUNROOF	TWO COAT METALLIC
PREPARE OFF VEHICLE	

Vehicle Condition

Vehicle Status

Pre-Accident Condition:	Severity of Impact:
Steering:	Vehicle Status on Inspection:
Brakes Pedal Travel:	Date of Inspection:
Place of Inspection:	19/12/2018
Pre-Accident Damage:	
Tyres Condition:	
Tread Depth LHF:	Tread Depth RHF:
Tread Depth LHR:	Tread Depth RHR:
Damage Areas:	Direction of Impact:

PROGRESSIVE CAR CARE PTE LTD

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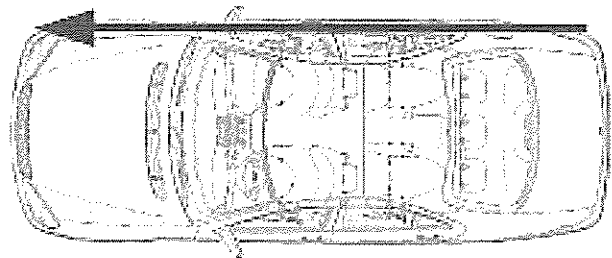
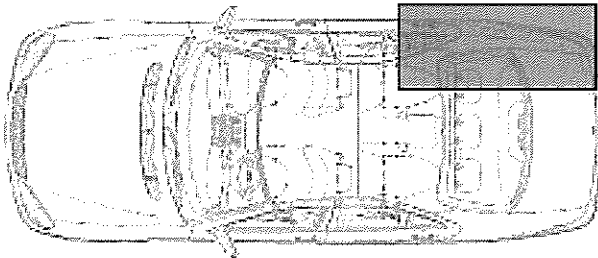
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**Addresses****Repairer**

Name : PROGRESSIVE

Address :

Post Code :

Cost Summary

Total Labour	\$693.00
Total Paint/Material	\$129.43
Total of Additional Costs	\$42.00
Excess:	TBA
Grand Total Exc GST:	\$864.43
7 % GST:	\$60.51
Grand Total Inc GST:	\$924.94

The Assessment Contains Unpriced Parts

Repair Information**LABOUR**

Time Basis 10 WU = 1 HR. Price/CL 1 = \$45.00/HR

Price/Dent = \$45.00/HR

Repair /**Guide Number Repair Details**

		WU	Cost Price (\$)
NO NUMBER	RUST PROOFING BODY SHELL PART	2.0	9.00
NO NUMBER	RIGHT REAR WING CPL RUST PROOFING	1.0	4.50
2583	REPAIR REAR BUMPER	30.0*	135.00
2586	REPAIR R/R BUMPER CORNER	10.0*	45.00
3482	REPAIR R/R SIDE PANEL	20.0*	90.00

LABOUR COST**Total Work Units**

63.0

Corrosion Protection**Corrosion Protection External Labour**

0.0HRS

0.00

Corrosion Protection Internal Labour

0.3HRS

13.50

Sub Total

6.3HRS

\$283.50

Paint Labour

9.1HRS

\$409.50

Total Labour

15.4HRS

\$693.00

PAINT WORK

Time Basis 10 WU = 1 HR. Price = \$45.00/HR

Guide Number Description

		WU	Cost Price (\$)
	- TWO COAT METALLIC		
	- PREPARE OFF VEHICLE		
2583	REAR BUMPER REPAIR PAINT PLASTIC	15.0	
2586	R/R BUMPER CORNER REPAIR PAINT PLASTIC	10.0	
3482	R/R SIDE PANEL REPAIR PAINTING <50%	14.0	
2585	L/R BUMPER CORNER SURFACE PAINT PLAST.	4.0	
2587	FRT TOWING EYE COVERSURFACE PAINT PLAST.	3.0	

PROGRESSIVE CAR CARE PTE LTD**Claim Reference: TP 1218 - 5336****Assessment Number: PA001776****Version: PROGRESS/1****Date Calculated: 19/12/2018 08:01****Full Report - V1****Registration: SMC4820D****Printed: 19/12/2018 16:02**

3113	L/R OUT PARKING SENSSURFACE PAINT PLAST.	3.0	
3114	R/R OUT PARKING SENSSURFACE PAINT PLAST.	3.0	
3115	L/R INN PARKING SENSSURFACE PAINT PLAST.	3.0	
3116	R/R INN PARKING SENSSURFACE PAINT PLAST.	3.0	
LABOUR COST - PAINT			
	TIME(PAINT)	58.0	
	Preparation Main Work Plastic	8.0	
	Preparation Main Work Metal	25.0	
	Preparation Work Multi Layer Paint	0.0	
	Total Work Units (10WU/HR)	91.0	
	Total Paintwork Labour	9.1HRS	\$409.50
MATERIAL COST - PAINT			
			Cost Price
	Surface Paint Plastic		\$11.00
	Repair Painting		\$21.64
	Repair Painting Plastic		\$55.49
	Material-Const Main Work Plastic		\$12.70
	Total Excluding Pearlescent Uplift		\$129.43
	Pearlescent Uplift @ 0.0%		\$0.00
	Total Paint Material Cost		\$129.43

PARTS

				Price Valid: 01/06/2015	
Guide No.	Qty	Description	Part Number	Supplier	Bet. Price (\$)
f: OEM Parts			Sub Total		\$0.00
g: Original			Mark Up From Cost	(15 %)	\$0.00
h: Secondhand			Sundry Parts	(Fixed)	\$0.00
p: Parallel			Total Parts		\$0.00
x: Exchange					

NB - COLOUR CODED ITEMS/TRIM - PART NUMBERS MAY DIFFER

Extras

Description	Betterment	Price
AUDATEX FEE	SPECIALIST	0%
		\$42.00
	Total Extras	\$42.00

The Assessment Contains Unpriced Parts

Final Calculation

Total Parts		\$0.00
Labour		
Total Panel/Mechanical	\$270.00	
Total Paintwork	\$409.50	
Corr Prot Internal 3 WU	\$13.50	
Total Labour		\$693.00
Additional Costs		
Corr Prot Materials External	\$0.00	
Cost of Specialist	\$42.00	
Total of Additional Costs		\$42.00
Total Paint/Material Costs		\$129.43
Grand Total Excludes GST		\$864.43
GST @ 7 %		\$60.51
Grand Total Includes GST		\$924.94

Assessment Notes

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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	19/12/2018 11:31
Date Of Accident	17/12/2018 18:00
Exact Location Of Accident	JB CHECKPOINT TO SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4820D
Insured/Policyholder	
Name Of Registered Owner	LEW KIAN YONG
NRIC No	S7915479B
Email Address	LEWKIANYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96636788
Alternative Phone No	OTHERS-96636788

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY HYBRID

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	GA389708
Cover Note Number	

Driver

Name of Driver	LEW KIAN YONG
NRIC No	S7915479B
Date Of Birth	22/05/1979
Occupation	INDOOR
Date Of Driving Pass	20/12/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96636788
Fax Number	
Contact Number	OTHERS-96636788
Email Address	LEWKIANYONG@GMAIL.COM

Address	BLK 53 NEW UPP CHANGI ROAD #09-1476
Postcode	461053
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 (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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE 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	SFJ9304G
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 lodging 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 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 claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by meyet 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
- (ii) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) I acknowledge that the Insurers, my workshop and the GIA may/are permitted to collect, use, disclose and/or process my Personal Information for use or disclosure for the Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to its / their third party service providers or agents (including their lawyers/law firms) which may be used 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: 19/12/18
11 Am.


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


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

Sketch Plan #2

SKETCH PLAN

Vehicle
A - SMC4820D
B - SKP13046

The diagram shows a road intersection. A vertical dashed line represents a road. A horizontal dashed line represents another road intersecting it. A solid line on the right side of the vertical road represents a curb or boundary. Vehicle A is a rectangle with a triangle on top, labeled 'A', positioned on the vertical road. Vehicle B is a rectangle with a triangle on top, labeled 'B', positioned on the horizontal road. There are several other rectangles with triangles on top, some labeled 'A' and some labeled 'B', scattered around the intersection. A legend at the bottom right shows a rectangle with a triangle on top labeled 'Vehicle' and a circle with a triangle on top labeled 'Motorcycle'.

Legend

Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref: To Attach Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day 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.:

1948.

Common Statement

ACCIDENT STATEMENT (Part I)

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 Time 17/12/18:1800		2 Exact location of accident JB - check point.		To be signed by BOTH drivers 3 Injuries even if slight 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 underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SMC48000

6 Insured / policyholder (see insurance cert.)
Name Lew Kian Yong
(capital letters)
Address _____
NRIC / Passport no. S7915479B
Tel no. (from home or office) _____
HP 96636788

7 Vehicle
Make, type Honda odyssey

8 Insurance company
AXA ☒ TPFT ☐ IPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy no. GA 38 9708

9 Driver
☒ Driver A ☐ Driver B
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	12.1 Driver's vehicle
<input type="checkbox"/>	12.2 Driver's vehicle
<input type="checkbox"/>	12.3 Driver's vehicle
<input type="checkbox"/>	12.4 Driver's vehicle
<input type="checkbox"/>	12.5 Driver's vehicle
<input type="checkbox"/>	12.6 Driver's vehicle
<input type="checkbox"/>	12.7 Driver's vehicle
<input type="checkbox"/>	12.8 Driver's vehicle
<input type="checkbox"/>	12.9 Driver's vehicle
<input type="checkbox"/>	12.10 Driver's vehicle
<input type="checkbox"/>	12.11 Driver's vehicle
<input type="checkbox"/>	12.12 Driver's vehicle
<input type="checkbox"/>	12.13 Driver's vehicle
<input type="checkbox"/>	12.14 Driver's vehicle
<input type="checkbox"/>	12.15 Driver's vehicle
<input type="checkbox"/>	12.16 Driver's vehicle
<input type="checkbox"/>	12.17 Driver's vehicle
<input type="checkbox"/>	12.18 Driver's vehicle
<input type="checkbox"/>	12.19 Driver's vehicle
<input type="checkbox"/>	12.20 Driver's vehicle
<input type="checkbox"/>	12.21 Driver's vehicle
<input type="checkbox"/>	12.22 Driver's vehicle
<input type="checkbox"/>	12.23 Driver's vehicle
<input type="checkbox"/>	12.24 Driver's vehicle
<input type="checkbox"/>	12.25 Driver's vehicle
<input type="checkbox"/>	12.26 Driver's vehicle
<input type="checkbox"/>	12.27 Driver's vehicle
<input type="checkbox"/>	12.28 Driver's vehicle
<input type="checkbox"/>	12.29 Driver's vehicle
<input type="checkbox"/>	12.30 Driver's vehicle

Registration No. (VEHICLE B) SKJ93046

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from home or office) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ AXA ☐ TPFT ☐ IPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy no. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (->)

11 Visible damage to vehicle A

14 Any remarks

15 Sketch of accident when impact occurred
Place 1 marker: 1. layout of the road 2. the direction of vehicles A and B with arrows 3. their positions at the time of impact 4. the road signs 5. positions of the vehicles at impact

16 Signature of driver A

17 Signature of driver B

10 Indicate the point of initial impact with an arrow (->)

11 Visible damage to vehicle B

14 Any remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, you must obtain a report from the police.
Do not alter anything on this statement after signing. Subsequently, each driver should take one copy.
For insured's individual statement (part II) see envelope ->

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Injured 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.		CC												
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		If commercial vehicle, state permissible carrying capacity												
	4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire		State the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> If no, state action to be taken: <input checked="" 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												
	22/5/79	Indoor	Outdoor	20/12/99											
	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															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
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 checked="" type="checkbox"/>												
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
Damage to property & 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station														
	13 Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom?														
Accident details	14 Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Others														
	15 Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others														
	16 Speed of vehicles: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr														
	17 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														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
	22 State number of Passengers (including Driver)														
	Declaration I/We declare the foregoing particulars to be true in every respect Policyholder's signature: <u>[Signature]</u> Date: <u>19/12/18</u> Driver's signature (if driver is not the policyholder): _____ Date: _____														



**SINGAPORE
POLICE FORCE**



G/20181217/2201

1 of 2

POLICE REPORT (NP299)


Report No. G/20181217/2201

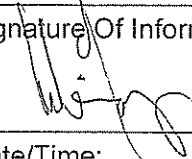
Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made 17/12/2018 21:04	Vide Report No.	Station Diary No. 217
Name Of Informant LEW KIAN YONG	Address APT BLK 53 NEW UPPER CHANGI ROAD #09-1476 SINGAPORE 461053	
ID Type / ID No. NRIC NO / S7915479B	Contact No. Home/Office Mobile 96636788	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SALES ENGINEER	Sex Male	Age 39
Institution/School Name	Date of Birth 22/05/1979	Race Chinese
Date/Time Of Incident 17/12/2018 18:00	Language English	
	Location Of Incident Johor Bharu, at the Checkpoint before crossing Woodlands Causeway MALAYSIA	

Brief details.

On 17/12/2018 at about 6:00pm, I was traveling in my vehicle (SMC4820D) heading towards Woodlands Causeway bridge at the Malaysian Customs Checkpoint in Johor Bharu. The traffic was heavy and the vehicles were moving very slowly. I was stuck in traffic and came to a stop waiting in queue behind other vehicles in front clearing the Customs.

Signature Of Officer Recording The Report: G / Sgt 2 LECK WEN HAO, DANIEL 
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP JAGANESON S/O JAYAGOPALAN Contact No.: 62447200

Signature Of Informant: 
Date/Time: 17/12/2018 21:04
Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20181217/2201

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181217/2201

Suddenly, I heard a loud knock on my car from the rear right side of my car. I then immediately got out of my vehicle to make a check. After I came out I saw that a gray-ish blue B.M.W (SKJ9304G) had knocked into my vehicle on the right side near to the rear right wheel. I then went to confront the driver about the accident, he did not leave his vehicle. As I step forward to speak to him he still tried to inch away but I managed to get him to stop. I observed that he was trying to squeeze his vehicle in between lanes. I checked for damages and saw that my car received serious paint damages around the rear right wheel area.

When I enquired for his particulars he was rude and refused to provide me with anything details. He only blabbered his name and contact number which I was unable to note down. He and his 3 other passengers kept demanding me to get back in my car and not block the traffic flow. I suspect these three are Americans from overseas as one of the passengers mentioned that he was from California, USA. I then returned to my car and proceeded back to Singapore.

I am lodging this report as instructed by my insurance agent as to help me facilitate insurance claims for damages to my vehicle.

Signature Of Officer Recording The Report:

G / Sgt 2 LECK WEN HAO, DANIEL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP JAGANESON S/O JAYAGOPALAN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
17/12/2018 21:04

Classification Of Case:



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
04061

-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	LEW KIAN YONG	Certificate number	GA389708 / 1
Cover	Comprehensive	Chassis number	RC41157076
Plan name	Peace	Engine number	LFA1907105
NCD applicable	50%		
Vehicle registration number	SMC4820D		
Period of Insurance	from 15/08/2018 to 14/08/2019 (both dates inclusive)		
Finance loan company	MAYBANK		

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	SGD 300.00
	Windscreen Excess	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 signature

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

Licence Number: **S7915479B**
Name: **LEW KIAN YONG (LIAO JIANRONG)**
Birth Date: **22 May 1979**
Issue Date: **16 Dec 2002**

000010364G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7915479B**

Name: **LEW KIAN YONG (LIAO JIANRONG)**
廖健荣
Race: **CHINESE**
Date of birth: **22-05-1979** Sex: **M**
Country of birth: **SINGAPORE**



S7915479B

lewkianyong@gmail.com.

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **20 Dec 1999**

Licence No: **S7915479B**

NP 428A

4529142

NRIC No: **S7915479B**

Date of issue: **18-02-2010**

Address: **APT BLK 53 NEW UPPER CHANGI ROAD
#09-1476
SINGAPORE 461053**

