

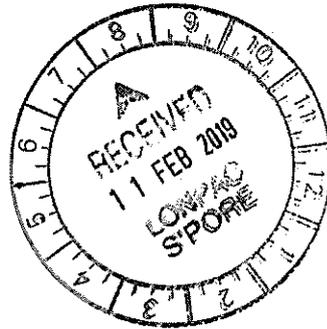
2 118/VP04/019344

FAX: 62962706

THE MOTOR CLAIM DEPARTMENT

Lompac Insurance Bhd.

300 Beach Road #17-04/07  
Singapore 199555



Date : 8 February 2019.

Progressive Car Care Pte Ltd  
Blk 3022A Ubi Road 1  
#01-45/46  
Singapore 408716  
Email - claims@procarcare.com.sg

Dear Sir / Madam

Accident involving : SCE 2218P & SJS 8006M  
On : 8 February 2019.  
Along / At : UPP East Coast road towards Bedok South Ave)

I am the registered owner of motor vehicle no, SCE 2218P which was involved in the above accident.

As a result of your insured vehicle no, SJS 8006M 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 Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716  
TEL: 6741 5336 FAX: 6741 7208 Email: claims@proccarcare.com.sg  
GST:201006949C RCB NCI:201006949C

M/S : LIM CHUAN POH  
1 LAKME STREET  
SINGAPORE 456911

Estimate No: EST1504542  
Date: 08 Feb 2019  
Policy No: PNPV2017-00003866-01  
Veh Reg No: SCE2218P  
Make/Model: B.M.W. 216D GRAN  
TOURER LED NAV 7  
SEATER

ATTN: LONPAC

Your Ref No: TP 0219-5394  
Claim Type: Third Party  
Accident Date: 08/02/2019  
TP Veh Reg No: SJS 8006 M

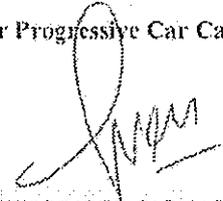
Chassis No: WBA2E32090P836757  
Engine No: 35999379B37C15A  
Reg. Date: 13/06/2016

### Estimate Repair Cost to Vehicle No :SCE2218P

Description	U/Price	Quantity	Price SS	Amount SS
<b>List Price</b>				
1 FRONT BUMPER	1,109.00	1 PC	1,109.00	
2 FRONT BUMPER SIDE HOLDER - LH, RH	11.80	2 PC	23.60	
3 FRONT HEADLAMP LOWER RETAINER - LH, RH	167.60	2 PCS	335.20	
4 FRONT BUMPER CLIPS	5.25	10 PC	52.50	
5 FRONT BUMPER FOG LAMP COVER - LH	122.80	1 PC	122.80	
6 FRONT BUMPER FOG LAMP COVER CHROME - LH	69.10	1 PC	69.10	
7 FRONT BUMPER SENSOR - LH	313.40	1 PC	313.40	
8 FRONT FENDER COWLING CLIP - LH	5.25	10 PCS	52.50	
9 FRONT BUMPER BRACKET - LH, RH	12.80	2 PCS	25.60	
			2,103.70	
		Less 5%	105.19	1,998.52
<b>Labour</b>				
10 TO REMOVE, REALIGN, REPAIR, CUT/WELD, KNOCK OUT DENTS & REPLACE ACCIDENT PARTS	400.00	1 JOB	400.00	
11 TO RESPRAY PAINT ON ACCIDENT PORTIONS	400.00	1 JOB	400.00	
12 TO TRANSFER FRONT BUMPER SENSOR	100.00	1 JOB	100.00	
			900.00	900.00
			<b>Total</b>	<b>SS 2,898.52</b>
			Add GST @ 7%	202.90
			<b>Total Amount Payable</b>	<b>SS 3,101.42</b>

TOTAL SINGAPORE DOLLAR THREE THOUSAND ONE HUNDRED AND ONE AND CENTS FORTY TWO ONLY

For Progressive Car Care Pte Ltd

  
 AUTHORIZED SIGNATURE

MPA219017718 / Progressive Car Care Pte Ltd - HQ  
 ENTRY DATE & TIME: 08/02/2019 16:24  
 SUBMITTED BY: Ng Pei Wen

## 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	08/02/2019 16:24
Date Of Accident	08/02/2019 07:45
Exact Location Of Accident	UPPER EAST COAST ROAD TOWARDS BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE2218P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHUAN POH
NRIC No	S1130393E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98228022
Alternative Phone No	OTHERS-98228022
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	216D-1.5 D GRAN TOURER (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00003866-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	FRANCES ANN LINES
NRIC No	S2194711C
Date Of Birth	27/10/1956
Occupation	INDOOR
Date Of Driving Pass	25/10/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97392218
Fax Number	
Contact Number	
Email Address	FRANCES_LIM2001@YAHOO.COM.SG

Address 14 LAKME STREET  
SINGAPORE

Postcode 456911

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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 MARINE PARADE NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4428999 - FAX NO: 62447678

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE 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? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS8006M

Vehicle Make/Model/Colour

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)

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### 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 willful 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 to the insurer.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my work shop and the General Insurance Association of Singapore (GIA) may be 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 this accident (claimants) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyer/s law firm, 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) considering 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 claims as well as on the receipt/cover of email/postal packages); and/or
  - (v) complying with legal requirements, including a disclosure, including such a disclosure which is lawfully and lawfully required.

I understand that the Insurers, my work shop and the GIA may be 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 this accident (claimants) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyer/s law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (b) to Personal Information as provided by any of the Insurers, my work shop and the GIA to any other party, including my insurer, my work shop and the GIA, for the purpose(s) of:
  - (i) my Personal Information will also be collected and used to complete claims, carry out my instructions or respond to my enquiries, investigation and management in present and all future claims;
  - (ii) the information so collected under (a) 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:

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

Reporting Centre Person's Signature  
Name:  
NIC/PIN No.:

4PM  
8/2/19

PO 1234567



## POLICE REPORT PAGE 1 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190208/2054

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20190208/2054

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2019 13:10	Vide Report No.:	Station Diary No.:
		44

## Informant's Particulars

Name of Informant: FRANCES ANN LINES		Address: 14 LAKME STREET SINGAPORE 456911	
ID Type / ID No.:		Contact No.:	
NRIC NO / S2194711C		Home/Office: Mobile: 97392218	
Nationality: BRITISH		Email:	
Sex: Female	Age: 62	Date of Birth: 27/10/1956	Type of Informant: Driver
Race: English		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/02/2019 07:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UPPER EAST COAST ROAD BEDOK SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCE2218P	Car	BMW	216D	Silver	Slightly Damaged	0
SJS8006M	Car	BMW	740 LI	Black		0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT PAGE 2 Pg. 1



SINGAPORE  
POLICE FORCE



T/20190208/2054

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 3  
Report No. T/20190208/2054

## CONTINUATION OF REPORT

Driver			
Name	FRANCES ANN LINES	ID No.	S2194711C
Related Vehicle	SCE2218P (Car)	Contact No.	97392218
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

on the above mentioned date and time, I was making a turn on the right turn lane of Upper Coast Road to Bedok South Avenue 1, as I was making my way to ECP(CITY). While doing so, I then felt an impact from the front left side of my vehicle. I then discovered that another vehicle, SJS8006M had made an illegal turn from the second lane which is not a right turn lane and collided into the front left bumper of my vehicle. My vehicle sustained some tyre marks as well as some scratches on the left side of the front bumper. I am lodging this report for insurance claim purposes. The vehicle did not stop to acknowledge the accident.

POLICE REPORT PAGE 3 Pg. 1



SINGAPORE  
POLICE FORCE



T/20190208/2054

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3  
Report No. T/20190208/2054

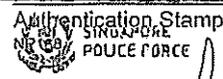
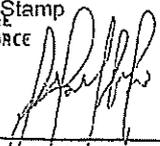
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD IRFAN HAKIM BIN ROSLI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2019 13:10
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:


  
  
 \_\_\_\_\_  
 SIGNATURE