Progressive Car Care Pte Ltd

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

M/S : MOHAMAD HELMIE BIN EFFENDI
BLK 829 WOODLANDS ST 83 #03-41
SINGAPORE 730829

ATTN: LONPAC
Your Ref No: TP 1119-5740
Claim Type: Third Party
Accident Date: 04/11/2019
TP Veh Reg No: GBD 9480 T

Estimate No: **EST1505428**
Date: 04 Nov 2019
Policy No: GA182337
Veh Reg No: **SLE4444H**
Make/Model: TOYOTA WISH 1.8 A
Chassis No: ZNE100336069
Engine No: 1ZZ2744807
Reg. Date: 16/11/2006

Estimate Repair Cost to Vehicle No :SLE4444H

	Description	U/Price	Quantity	Price S$	Amount S$
	List Price				
1	REAR BOOT	1,280.60	1 PCS	1,280.60	
2	REAR BOOT RUBBER	280.50	1 PC	280.50	
3	REAR BOOT TOP LOCK	290.60	1 PC	290.60	
4	REAR BOOT BOTTOM LOCK	79.80	1 PC	79.80	
5	REAR BOOT TOYOTA LOCK	85.60	1 PC	85.60	
6	REAR BOOT OUTER CHROME	214.70	1 PC	214.70	
7	REAR BOOT GLASS MOULDING	220.50	1 SET	220.50	
8	REAR BUMPER	414.70	1 PC	414.70	
9	REAR BUMPER CLIPS	6.50	10 PC	65.00	
10	REAR BUMPER SIDE HOLDER - RH	85.60	1 PCS	85.60	
11	REAR BUMPER SIDE HOLDER - LH	85.60	1 PCS	85.60	
12	REAR BUMPER BRACKET - LH	79.70	1 PC	79.70	
13	REAR BUMPER BRACKET - RH	79.70	1 PC	79.70	
14	REAR BUMPER REFLECTORS - LH	68.60	1 PC	68.60	
15	REAR BUMPER REFLECTOR - RH	68.60	1 PC	68.60	
16	REAR NUMBER PLATE LAMP - LH	77.70	1 PC	77.70	
17	REAR NUMBER PLATE LAMP - RH	77.70	1 PC	77.70	
18	REAR PANEL	450.60	1 PC	450.60	
19	REAR PANEL TOP GARNISH	240.50	1 PCS	240.50	
20	REAR SPARE TYRE BOARD	601.50	1 PC	601.50	
21	TAILLAMP - RH	380.40	1 PCS	380.40	
22	TAILLAMP - LH	380.40	1 PCS	380.40	
				5,608.60	
			Less 25%	1,402.15	4,206.45
	Special Net				
23	REAR BOOT SPOILER	450.00	1 PC	450.00	
24	SEALANT	20.00	2 PC	40.00	
25	SPONGE TAPE	20.00	1 PCS	20.00	
26	REAR BUMPER SENSOR	220.00	1 SET	220.00	
27	REAR NUMBER PLATE WITH CASING	35.00	1 SET	35.00	
28	REAR BOOT REVERSE CAMERA	350.00	1 PCS	350.00	
				1,115.00	1,115.00
	Labour				
29	TO KNOCK OUT DENTS, CUT/WELD, REAR PANEL,REMOVE, REPLACE ACCIDENT PARTS	1,000.00	1 JOB	1,000.00	
30	TO RESPRAY PAINT ON ACCIDENT PORTIONS	1,200.00	1 JOB	1,200.00	
31	TO CHECK WIRING	50.00	1 JOB	50.00	

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Estimate Repair Cost to Vehicle No :SLE4444H

	Description	U/Price	Quantity	Price	Amount
				S$	S$
32	TO TRANSFER REAR BUMPER SENSOR	100.00	1 JOB	100.00	
33	TO TUFF-KOTE	120.00	1 JOB	120.00	
34	TO REMOVE, REFIT REAR GARNISH	100.00	1 JOB	100.00	
35	TO REMOVE, REFIT REAR BOOT GLASS	120.00	1 JOB	120.00	
				2,690.00	2,690.00
				Total	S$ 8,011.45
				Add GST @ 7%	560.80
				Total Amount Payable	S$ 8,572.25

TOTAL: SINGAPORE DOLLAR EIGHT THOUSAND FIVE HUNDRED SEVENTY TWO AND CENTS TWENTY FIVE ONLY

For Progressive Car Care Pte Ltd

AUTHORISED SIGNATURE

MPA219145809 / Progressive Car Care Pte Ltd - HQ
ENTRY DATE & TIME: 04/11/2019 14:48
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 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	04/11/2019 14:48
Date Of Accident	04/11/2019 09:00
Exact Location Of Accident	CTE TO PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE4444H
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HELMIE BIN MD EFFENDI
NRIC No	S7628386I
Email Address	HELMIE_LMI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96695094
Alternative Phone No	OTHERS-96695094
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 S (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
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA182337
Cover Note Number	
Driver	
Name of Driver	MOHAMAD HELMIE BIN MD EFFENDI
NRIC No	S7628386I
Date Of Birth	09/09/1976
Occupation	INDOOR
Date Of Driving Pass	21/09/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96695094
Fax Number	
Contact Number	OTHERS-96695094
EMail Address	HELMIE_LMI@YAHOO.COM.SG

Address	BLK 829 WOODLANDS ST 88 #03-41
Postcode	830829
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
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)	2
Passenger 1	NAME: : PAX 1 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

REFER TO ATTACHED STATEMENT RECORD 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	GBD9480T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HARPAL SINGH
NRIC/Passport Number	G6626187K
Contact Number	96586041
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. 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 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

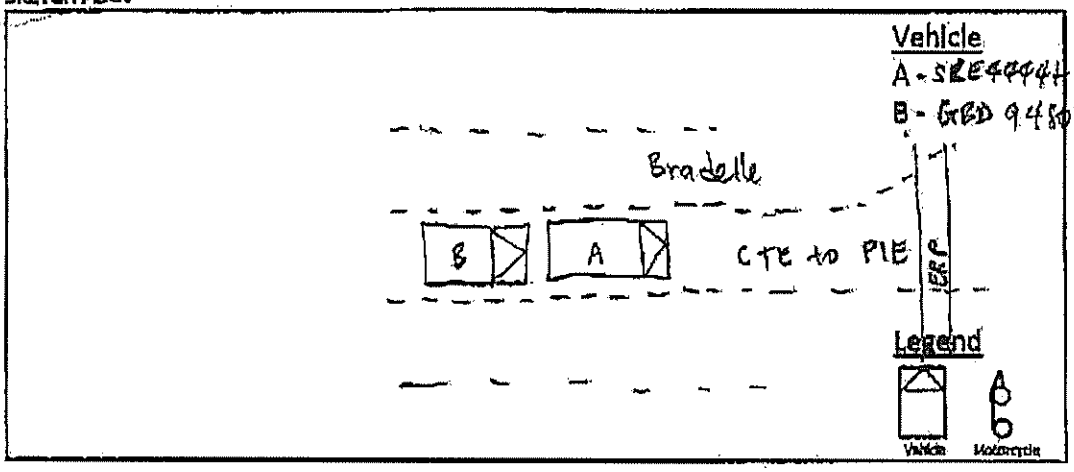
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

4/11/19.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 8.57am. I'm md Helmie driving vehicle SLE4444H is about to EXIT CTE to PIE changi and traffic is slow and that time and I heard a bangs from by rear vehicle and find out car B driving by. Harpal singh hit my car and we exchange contact and took the vehicle and site picture.

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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
4/11/19.	Date & Time:	NRIC/FIN No.:

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: 14/7/19. Time: 9am

2 Exact location of accident: CTE TO PIE.

To be signed by BOTH drivers

3 Injuries even if slight: No ☒ Yes ☐ *

4 Material damage
To vehicles other than vehicles A and B: No ☒ Yes ☐ *
To objects other than vehicles: No ☒ Yes ☐ *

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 ☐ Yes ☐

Registration No. (VEHICLE A) SLE 4444F

6 Insured / policyholder (see insurance card)
Name (capital letters): MOHAMAD
Address: EUNOS
NRIC / Passport no.: S7628788
Tel no. (from 8am till 5pm):
HP: 96695044

7 Vehicle
Make, type: Toyota Wish

8 Insurance company: AXA ☐ C ☐ TPFT ☐ TPO
Does this policy cover damage to vehicle A? No ☐ Yes ☐
Policy No.: GA182337

9 Driver ☒ Same as Owner
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

A		B
☐ 01	Child Collision	☐ 10
☐ 02	Collision into Bicycle	☐ 11
☐ 03	Collision into Motorcyclist	☐ 12
☐ 04	Collision into Parked Vehicle	☐ 13
☐ 05	Collision into Pedestrian	☐ 14
☐ 06	Collision into Property	☐ 15
☐ 07	Collision - Change/Overtaking	☐ 16
☐ 08	Collision - Blind Junction	☐ 17
☐ 09	Collision - Head-on Collision	☐ 18
☐ 10	Collision - Head to Rear	☐ 19
☐ 11	Collision - Right/Left Turn	☐ 20
☐ 12	Collision - Opening Door of Vehicle	☐ 21
☐ 13	Collision - Reversing	☐ 22
☐ 14	Collision - U-Turn	☐ 23
☐ 15	Double Parking / Driving Abreast	☐ 24
☐ 16	Fire, Explosion or Lightning	☐ 25
☐ 17	Flood	☐ 26
☐ 18	Fell into Hole / Encroachment / Damaged while Parked	☐ 27
☐ 19	Hit by Falling Tree / Other Objects	☐ 28
☐ 20	No Collision	☐ 29
☐ 21	Side Swipe	☐ 30
☐ 22	Theft	☐ 31

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SBJ 9480T

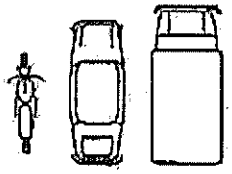
6 Insured / policyholder (see insurance card)
Name (capital letters):
Address:
NRIC / Passport no.:
Tel no. (from 8am till 5pm):
HP:

7 Vehicle
Make, type:

8 Insurance company: ☐ C ☐ TPFT ☐ TPO
Does this 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.: S6586064I
Class of licence:
HP:
Gender: Male ☐ Female ☐

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



11 Visible damage to vehicle A

12 My remarks

13 Sketch of accident when impact occurred
Please indicate: 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. names of the streets or roads

REFER TO ATTACHED

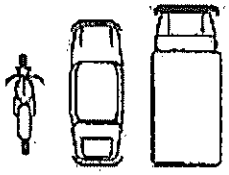
Alternatively, please make reference to one of the sketches on page no: ☐

14 Signatures of drivers

A

B

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



11 Visible damage to vehicle B

12 My remarks

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

Do not write anything in the statement after signing. Subsequently, each driver should take one copy.

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

Individual Statement

INDIVIDUAL STATEMENT (Part II)

Own Workshop (name / fax (if any)) _____

To be completed and submitted within 24 hours to your Insurer or Bank or appointed workshop (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one, state all) _____ (Legal)

2 Vehicle registration no. | CC | If commercial vehicle, state permissible carrying capacity

Of which vehicle are you the owner?

☐ A

☐ B

3 Is driver the owner? Yes ☑ | 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: ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire

☐ Others - please specify _____

5 Is the vehicle still in use? Yes ☑ | 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? Yes ☐ | No ☑

If no, state action to be taken ☐ Third Party ☐ Reporting Only ☐ 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 licence pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
9 9 7	Indoor	Outdoor	2 1 9 9 8	Yes ☑	No	Yes	No ☑

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

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?		Was injured conveyed to hospital by ambulance?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

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? Yes ☐ | No ☑

If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes ☐ | No ☑

If yes, against whom? _____

Accident details

14 Weather conditions: Clear ☑ | Raining ☐ | Others ☐

15 Road surface: Wet ☐ | Dry ☑ | Others ☐

16 Speed of vehicles: A ☐ km/hr | B ☐ km/hr

17 What warnings were given by driver or other party? _____

18 Were street lights illuminated? Yes ☐ | 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 sketch)

22 State number of Passengers (including Driver) 2 (1F) Pax.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's signature _____ Date _____

Driver's signature (if driver is not the policyholder) _____ Date _____

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

MOHAMAD HELMIE BIN MD EFENDI
BLK 829 WOODLANDS STREET 83
#03-41
SINGAPORE 730829

Renewal

date
17/04/2019

your servicing distributor
TECK WEI CREDIT PTE LTD / 09116

your servicing distributor contact
6465 0020

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	MOHAMAD HELMIE BIN MD EFENDI	Policy number	VA1 / GA182337
Cover	Comprehensive	FIN / NRIC	S7628386I
Period of Insurance	from 16/05/2019 to 15/05/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 925.99
Total Discounts	- SGD 49.37
7% GST	SGD 61.36
Final Premium	**SGD 937.98**

Your benefits highlights *(refer to Policy Wording for full terms and conditions)*

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get $50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- Personal accident benefit of up to $ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	TOYOTA WISH 1.8 A	Year of manufacture	2006
Vehicle registration number	SLE4444H	Type of Use	Private use
Body type	MPV	Engine capacity (c.c.)	1794
Seating capacity (excl driver)	6	Engine number	1ZZ2744807
Off-Peak car	No	Chassis number	ZNE100336069

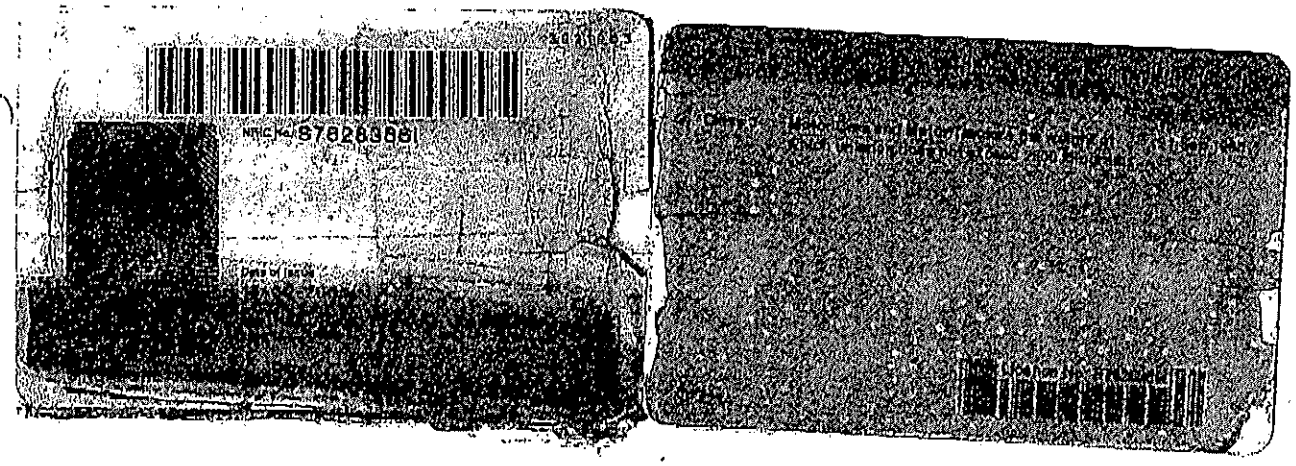
Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	TECK WEI CREDIT PTE LTD

Excess applicable *(refer to Policy Wording for other applicable Excesses)*

Basic Own Damage Excess	SGD 300.00
Windscreen Excess	SGD 100.00

Drivers details


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7628386I
Name
MOHAMAD HELMIE BIN MD EFENDI
Race
MALAY
Date of birth
08-09-1976
Sex
M
Country of birth
SINGAPORE


NRIC No. S7628386I