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 : NG GUAT SIEW
25 GRACE WALK
SINGAPORE 554527

ATTN: LONPAC

Your Ref No: TP 1119-5753
Claim Type: Third Party
Accident Date: 14/11/2019
TP Veh Reg No: XD 8003 J

Estimate No: **EST1505470**
Date: 15 Nov 2019
Policy No: MT/00631466
Veh Reg No: **SJC5501D**
Make/Model: AUDI A3 SEDAN 1.0 TFSI S TRONIC (LED)
Chassis No: WAUZZZ8V2H1065601
Engine No: CHZ338465
Reg. Date: 11/05/2017

Estimate Repair Cost to Vehicle No :SJC5501D

	Description	U/Price	Quantity	Price S$	Amount S$
	List Price				
1	REAR BUMPER	1,403.550	1 PC	1,403.55	
2	REAR BUMPER SIDE HOLDER - LH	47.2500	1 PCS	47.25	
3	REAR BUMPER SIDE HOLDER - RH	47.2500	1 PCS	47.25	
4	REAR BUMPER CLIPS (10 PCS)	114.8500	1 SET	114.85	
5	REAR BUMPER REINFORCEMENT	407.6500	1 PC	407.65	
6	REAR BUMPER LOWER GARNISH	168.0500	1 PCS	168.05	
7	REAR BUMPER SENSOR	208.8500	4 PC	835.40	
8	REAR BUMPER SENSOR WIRE	438.9000	1 PCS	438.90	
9	REAR BUMPER REFLECTORS - RH	21.1000	1 PC	21.10	
10	REAR BUMPER REFLECTORS - LH	21.1000	1 PC	21.10	
11	REAR BOOT	1,953.450	1 PCS	1,953.45	
12	REAR BOOT TOP LOCK	143.3500	1 PC	143.35	
13	REAR BOOT BOTTOM LOCK	36.9000	1 PC	36.90	
14	REAR BOOT RUBBER	145.8500	1 PC	145.85	
15	REAR BOOT AUDI LOGO	93.6500	1 PCS	93.65	
16	REAR BOOT A3 WORDING	72.3000	1 PCS	72.30	
17	REAR BOOT TFSI WORDING	72.3000	1 PCS	72.30	
18	REAR BOOT REFLECTOR - RH	627.2500	1 PC	627.25	
19	REAR PANEL	846.9500	1 PCS	846.95	
20	REAR PANEL TOP GARNISH	115.9500	1 PCS	115.95	
21	TAILLAMP ASSY - LH	627.2500	1 PCS	627.25	
22	TAILLAMP ASSY - RH	627.2500	1 PCS	627.25	
23	BONNET	2,459.850	1 PC	2,459.85	
24	BONNET LOCK - TOP	66.3000	1 PC	66.30	
25	BONNET INSULATOR	164.0000	1 PC	164.00	
26	BOBBET INSULATOR CLIPS	2.5000	1 PC	2.50	
27	BONNET RUBBER	19.9500	1 PC	19.95	
28	GRILLE ASSY	1,077.950	1 PCS	1,077.95	
29	GRILLE LOGO	93.6500	1 PCS	93.65	
30	GRILLE LOGO BASE	139.8500	1 PCS	139.85	
31	FRONT BUMPER	1,514.500	1 PC	1,514.50	
32	FRONT BUMPER CLIPS	111.5000	1 SET	111.50	
33	FRONT BUMPER SIDE HOLDER - LH	27.0000	1 PC	27.00	
34	FRONT BUMPER SIDE HOLDER - RH	27.0000	1 PC	27.00	
35	FRONT BUMPER FOAM	89.2000	1 PCS	89.20	
36	FRONT BUMPER REINFORCEMENT	522.6500	1 PC	522.65	
37	FRONT BUMPER NOZZLE COVER - LH	41.1000	1 PCS	41.10	

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	Description	U/Price	Quantity	Price S$	Amount S$
38	FRONT BUMPER NOZZLE COVER - RH	41.1000	1 PCS	41.10	
39	FRONT BUMPER FOGLAMP COVER - LH	137.9000	1 PCS	137.90	
40	FRONT BUMPER FOGLAMP COVER - RH	137.9000	1 PCS	137.90	
41	FRONT BUMPER BEAM	90.9500	1 PC	90.95	
42	HEADLAMP UNIT - LH	4,967.950	1 PCS	4,967.95	
43	HEADLAMP UNIT - RH	4,967.950	1 PCS	4,967.95	
				25,568.30	
			Less 5%	1,278.42	24,289.89
	Special Net				
44	REAR NUMBER PLATE WITH CASING	35.0000	1 PC	35.00	
45	PRONT NUMBER PLATE WITH CASING	35.0000	1 PC	35.00	
				70.00	70.00
	Labour				
46	TO KNOCK OUT DENTS, CUT/WELD REAR PANEL,SUPPORT PANEL,REMOVE, REPLACE ACCIDENT PARTS	1,400.000	1 JOB	1,400.00	
47	TO RESPRAY PAINT ON ACCIDENT PORTIONS	1,600.000	1 JOB	1,600.00	
48	TO CHECK WIRING, FRONT AND REAR	50.0000	1 JOB	50.00	
49	TO REMOVE, REFIT CONDENSER AND REFILL GAS	100.0000	1 SER	100.00	
50	TO RESET CHECK LIGHT	100.0000	1 JOB	100.00	
51	TO REMOVE, REFIX REAR GARNISH, CUSHION, CARPET SEAT AND RELATED PARTS	150.0000	1 JOB	150.00	
52	TO TUFF-KOTE	120.0000	1 JOB	120.00	
53	TO REMOVE, REPLACE FRONT BUMPER SENSOR	100.0000	1 JOB	100.00	
54	TO REMOVE, REPLACE REAR BUMPER SENSOR	100.0000	1 JOB	100.00	
				3,720.00	3,720.00
			Total		SS 28,079.89
			Add GST @ 7%		1,965.59
			Total Amount Payable		SS 30,045.48

TOTAL: SINGAPORE DOLLAR THIRTY THOUSAND FORTY FIVE AND CENTS FORTY EIGHT ONLY

For Progressive Car Care Pte Ltd

AUTHORISED SIGNATURE

MPA219161002 / Progressive Car Care Pte Ltd - HQ
ENTRY DATE & TIME: 15/11/2019 11:51
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	15/11/2019 11:51
Date Of Accident	14/11/2019 17:35
Exact Location Of Accident	WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJC5501D
Insured/Policyholder	
Name Of Registered Owner	NG GUAT SIEW
NRIC No	S1764304E
Email Address	TERENCE.TAN@UEI.COM.SG
Mobile Phone No	(LOCAL) +65-98160833
Alternative Phone No	OTHERS-98160833
Vehicle Particulars	
Manufacturer	AUDI
Model	A3
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00831466
Cover Note Number	
Driver	
Name of Driver	NG GUAT SIEW
NRIC No	S1764304E
Date Of Birth	25/09/1966
Occupation	INDOOR
Date Of Driving Pass	22/06/1990
Driving Experience	29 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98160833
Fax Number	
Contact Number	OTHERS-98160833
EMail Address	TERENCE.TAN@UEI.COM.SG

Address	25 GRACE WALK
Postcode	554527
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	CHAIN COLLISION
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	4
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 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8003J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VEHICLE B
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGL8795R

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VEHICLE C
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XB9408D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VEHICLE D
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 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.:

Sketch Plan #2

SKETCH PLAN

Vehicle
A -
B -

Refer To Attached.

Legend
Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Attached.

DECLARATION

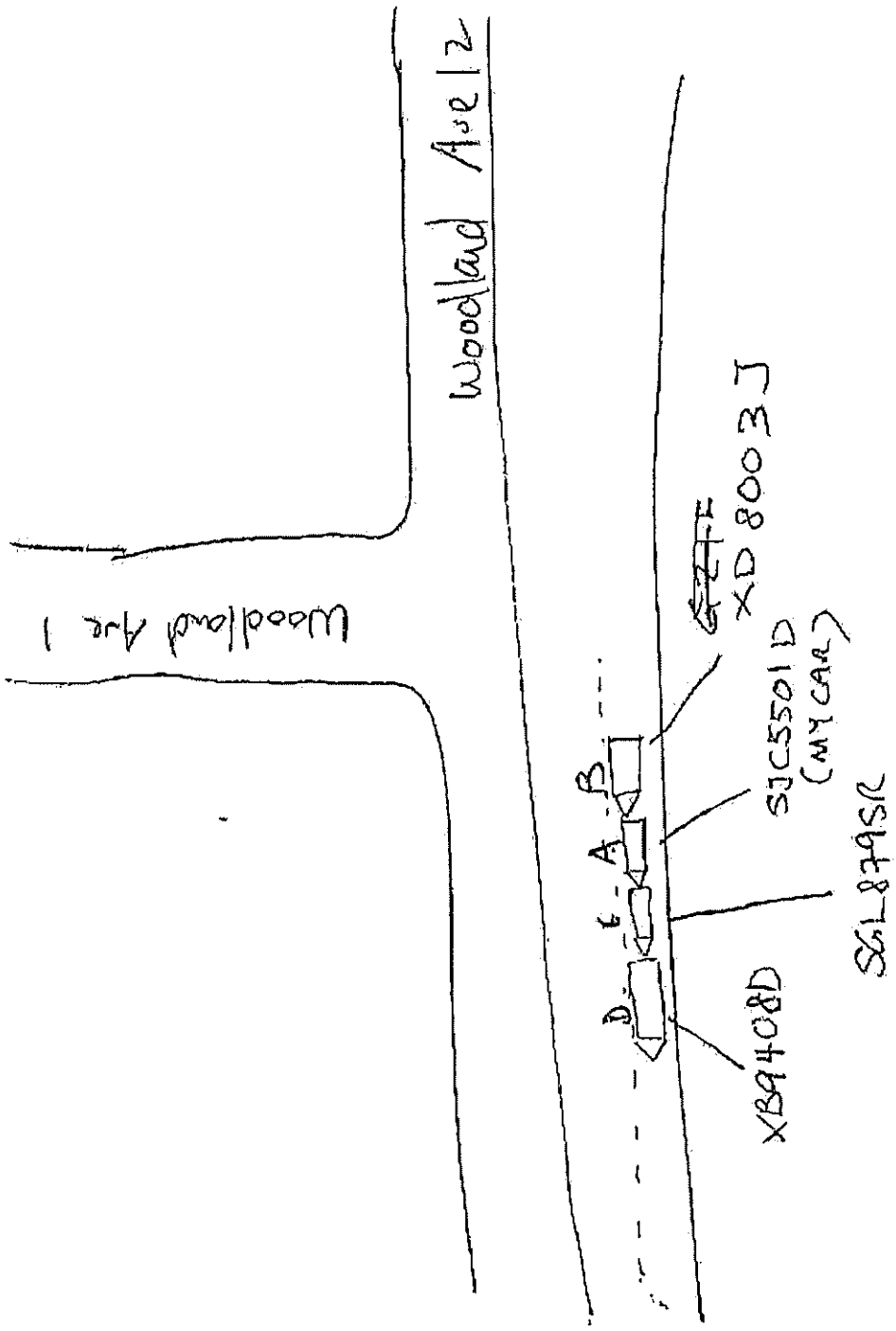
I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

Accident Sketch Plan



Circumstances of accident

On 14/11/19 at about 5:35pm, while I was driving my car number plate SJC5501D along Woodland Ave 12 towards SLE at the junction of Woodland Ave 1, suddenly a truck number plate XD8003J hit my car behind and pushed my car forward to hit another car number plate SGL8795K in front of my car. The weather is sunny but the traffic is heavy, all cars are moving very slow at that moment. After hitting my car, the truck XD8003J reversed and stopped at a distance behind my car. Police are at the accident place to give their assistance