19/19/19/VC05/022650

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 : SUMITHRA RAVISHANKER
BLK 115 EDGEFIELD PLAINS #02-348
SINGAPORE 820115

ATTN: LONPAC
Your Ref No: TP 1119-5752
Claim Type: Third Party
Accident Date: 14/11/2019
TP Veh Reg No: YN 6626 K

Estimate No: **EST1505468**
Date: 14 Nov 2019
Policy No: GA103288
Veh Reg No: **SGG8517D**
Make/Model: NISSAN X-TRAIL 2.5A
Chassis No: JN1TBNT30Z0104842
Engine No: QR25348908A
Reg. Date: 24/05/2006

Estimate Repair Cost to Vehicle No :SGG8517D

	Description	U/Price	Quantity	Price	Amount
				S$	S$
	Net Price				
1	REAR BOOT	1,617.500	1 PCS	1,617.50	
2	REAR BOOT GLASS MOULDING	49.5000	1 SET	49.50	
3	REAR BOOT NISSAN LOGO	59.7000	1 PCS	59.70	
4	REAR BOOT X-TRAIL WORDING	95.7000	1 PCS	95.70	
5	REAR BOOT OUTER CHROME	264.0000	1 PCS	264.00	
6	REAR BOOT WIPER MOTOR	516.5000	1 PCS	516.50	
7	REAR BOOT TOP LOCK	214.8000	1 PC	214.80	
8	REAR BOOT BOTTOM LOCK	38.4000	1 PC	38.40	
9	TAILLAMP ASSY - RH	329.7000	1 PC	329.70	
10	REAR BUMPER	660.6000	1 PC	660.60	
11	REAR BUMPER CLIPS	4.4000	10 PC	44.00	
12	REAR BUMPER SIDE HOLDER - LH	16.9000	1 PCS	16.90	
13	REAR BUMPER SIDE HOLDER - RH	16.9000	1 PCS	16.90	
				3,924.20	
			Less 10%	392.42	3,531.78
	Special Net				
14	REAR NUMBER PLATE LAMP - LH	89.6000	1 PC	89.60	
15	REAR NUMBER PLATE LAMP - RH	89.6000	1 PC	89.60	
16	SPONGE TAPE	20.0000	1 PCS	20.00	
17	SEALANT	20.0000	2 PC	40.00	
18	REAR BUMPER SENSOR	220.0000	1 PC	220.00	
				459.20	459.20
	Labour				
19	TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS	750.0000	1 JOB	750.00	
20	TO RESPRAY PAINT ON ACCIDENT PORTIONS	800.0000	1 JOB	800.00	
21	TO CHECK WIRING	20.0000	1 JOB	20.00	
22	TO REMOVE, REFIT REAR BOOT GLASS	120.0000	1 PC	120.00	
23	TO TUFF-KOTE	50.0000	1 JOB	50.00	
24	TO REMOVE, REFIT REAR GARNISH	80.0000	1 JOB	80.00	
				1,820.00	1,820.00

Progressive Car Care Pte Ltd

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Chassis No: JN1TBNT30Z0104842
Engine No: QR25348908A
Reg. Date: 24/05/2006

Estimate Repair Cost to Vehicle No :SGG8517D

Description	U/Price	Quantity	Price	Amount
			S$	S$
		Total		S$ 5,810.98
		Add GST @ 7%		406.77
		Total Amount Payable		S$ 6,217.75

TOTAL: SINGAPORE DOLLAR SIX THOUSAND TWO HUNDRED SEVENTEEN AND CENTS SEVENTY FIVE ONLY

For Progressive Car Care Pte Ltd

AUTHORISED SIGNATURE

MPA219160805 / Progressive Car Care Pte Ltd - HQ
ENTRY DATE & TIME: 14/11/2019 16:04
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	14/11/2019 16:04
Date Of Accident	14/11/2019 13:25
Exact Location Of Accident	KIM CHUAN TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG8617D

Insured/Policyholder

Name Of Registered Owner	SUMITHRA RAVISHANKER
NRIC No	S7787490I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97330593
Alternative Phone No	OTHERS-97330593

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL 2.5
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	GA103288
Cover Note Number	

Driver

Name of Driver	KRISHNAMOORTHY RAVISHANKER
NRIC No	S7179649C
Date Of Birth	01/06/1971
Occupation	INDOOR
Date Of Driving Pass	08/01/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97330593
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	115 EDGEFIELD PLAINS #02-348
Postcode	820115
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	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)	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	YN6626K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG LAI XING
NRIC/Passport Number	S8421524D
Contact Number	96709320
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

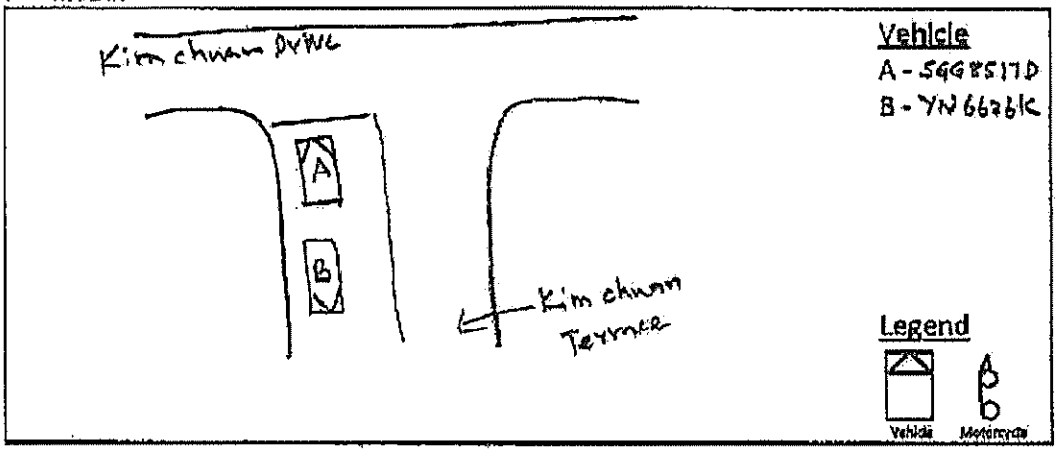
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 14/11/19 2pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at stop line to turn Left, the lorry behind reversed & hit my car from behind, my car moved forward some distance. After exchanging particulars, when he moved the lorry front, my car also dragged for a short distance as the lorry got lodged with my car, two vehicles got seperated few seconds later. In this my rear was dragged in reverse for a short distance.

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.:

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

To be signed by BOTH drivers

1 Date of accident	14/11/19
Time	13:35
2 Exact location of accident	Kim Chuan ... Terrace
3 Injuries even if slight	No [X] Yes [ ] *
4 Material damage – To vehicles other than vehicles A and B	No [X] Yes [ ] *
To objects other than vehicles	No [X] Yes [ ] *
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	Front
Vehicle Video Camera Available	No [ ] Yes [X]

VEHICLE A

Registration No. (VEHICLE A): SGG85H

6 Insured / policyholder (see insurance cert.)

- Name (capital letters): Smithra Ravishankar.
- Address:
- NRIC / Passport no.: S7781/1907
- Tel no. (from 9am till 5pm):
- HP:

7 Vehicle

- Make, type: Nissan Xtrail

8 Insurance company: AVIVA [X] C [ ] TPFT [ ] TPO

- Does the policy cover damage to vehicle A? No [ ] Yes [X]
- Policy No.: GA1032AA

9 Driver [ ] Same as Owner

- Name (capital letters): Krishnamoorthy Ravishankar
- NRIC / Passport no.: S1796440
- Class of licence:
- HP: 97730593.
- Gender: Male [X] Female [ ]

12 CIRCUMSTANCES

↓D.

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

A		B
01	Chain Collision	1
02	Collided into Bicycle	2
03	Collided into Motorcyclist	3
04	Collided into Parked Vehicle	4
05	Collided into Pedestrian	5
06	Collided into Property	6
07	Collision – Change/Cross Lane	7
08	Collision – Enter Junction	8
09	Collision – Head on Collision	9
10	Collision – Head to Rear	10
11	Collision – [illegible]	11
12	Collision – Opening Door of Vehicle	12
13	Collision – [illegible]	13
14	Collision – U-Turn	14
15	Drink Driving / Drug Influence	15
16	Fire, Explosion or Lightning	16
17	Flood	17
18	Hit and Run / Vandalism / Damaged whilst Parked	18
19	Hit by Fallen Tree / Other Objects	19
20	No Collision	20
21	Side Swipe	21
22	Theft	22

← State TOTAL number of boxes marked with a cross →

VEHICLE B

Registration No. (VEHICLE B): YN 6626K

6 Insured / policyholder (see insurance cert.)

- Name (capital letters):
- Address:
- NRIC / Passport no.:
- Tel no. (from 9am till 5pm):
- HP:

7 Vehicle

- Make, type:

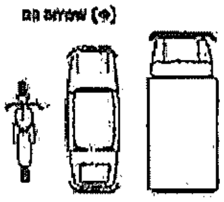
8 Insurance company: [ ] C [ ] TPFT [ ] TPO

- Does the policy cover damage to vehicle B? No [ ] Yes [ ]
- Policy No. (if available):

9 Driver (See driving licence) (If different from insured & owner)

- Name (capital letters): [illegible] Xing
- NRIC / Passport no.: S8[illegible]5240
- Class of licence:
- HP: 9[illegible]09[illegible]20.
- Gender: Male [ ] Female [ ]

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



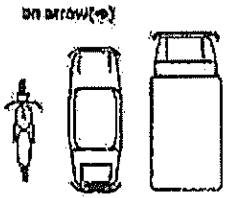
13 Sketch of accident when impact occurred 13

Please indicate: 1. layout of the road – 2. the direction of vehicles A and B with arrows – 3. their positions at the times of impact – 4. the road signs – 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, it is also to be referred to box of the vehicles on page [ ]

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



11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

14 My remarks

15 Signatures of drivers 15

A [signature]

B

* 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 alter anything in the statement after signing. Subsequently, each driver should take one copy.

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

Individual Statement

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any) _____

To be completed and submitted within 24 hours to your insurer or Idec or appointed workshop (use a separate sheet of paper where necessary)

Insurer _____

Of which vehicle are you the owner?

☑ A

☐ 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? Yes ☐ No ☑ If no, state Relationship to Driver with owner Spouse — 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 license pass		Was vehicle driven with the insured's permission?		Were driver an employee of the insured's company?	
16/7/71	Indoor	Outdoor	8/1/07		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 occupation(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 A vehicles (other than vehicles A and B)

11 Name(s) and address(es) of driver(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 warning if any 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 attached)

22 State number of Passengers (including Driver) _____

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

SUMITHRA RAVISHANKER
115 EDGEFIELD PLAINS
#02-348
SINGAPORE 820115

Renewal

date
17/05/2019

your servicing distributor
ALL INS SOLUTIONS PTE LTD / 05228

your servicing distributor contact
90286186

Policy Schedule

Your *SmartDrive Comprehensive Essential*

Your policy snapshot

Policyholder name	**SUMITHRA RAVISHANKER**	**Policy number**	**VA1 / GA103288**
Cover	**Comprehensive**	**FIN / NRIC**	**S7787490I**
Period of Insurance	from **24/05/2019** to **23/05/2020** (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 2,158.27
Total Discounts	– SGD 206.30
7% GST	SGD 136.64
Final Premium	**SGD 2,088.61**

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

- Basic Own damage excess waiver
- Personal accident benefit of up to $ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	**NISSAN X-TRAIL 2.5**	**Year of manufacture**	**2006**
Vehicle registration number	**SGQB617D**	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	2488
Seating capacity (excl driver)	5	Engine number	QR25348908A
Off-Peak car	No	Chassis number	JN1TBNT30Z0104842

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	Nil

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

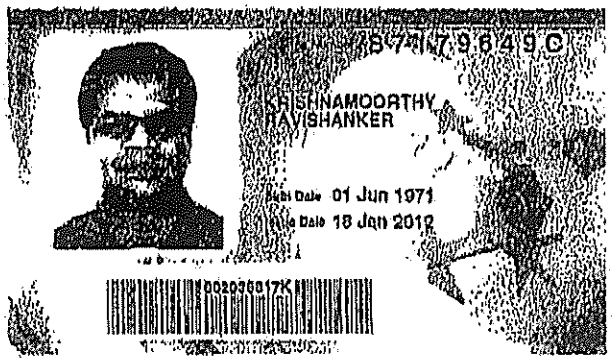
Windscreen Excess	Not Applicable

Drivers details

IDENTITY CARD NO. S7179649C

Name
KRISHNAMOORTHY
RAVISHANKER

Race
INDIAN
Date of birth
01-06-1971
Sex
M
Country of birth
INDIA



0150502

Identity No S7179649C

Nationality
INDIAN
Date of Issue
04-01-2012

APT BLK 116 EDGEFIELD PLAINS #02-348
SINGAPORE 820116

NRIC No: S7179649C Date: 24/10/2010

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	08 Jan 2007

Licence No: S7179649C

NF 428A