

22/03/2003

ASS. REQ. BY:

Assigner: ShewinREF: C8/ASM19021233/Pvd302

Instruction:

ASSIGNMENT (Office)From (Person): Stacey Ng

of

ASM (AXA)Date/Time: 21/2/2019

Estimated Cost:

Bill to:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV/CS

To Inspect Vehicle No:

SJZ618M

Insured:

at Workshop m/s

Progressive Car

Tel:

6741 5336

of

Blk 3022A ubi Road 1 # 01-45/46

Policy No:

Claim No:

89M028QM

Sum Insured:

Excess:

NIL

Make of Veh:

(Client's Record)

D.O.A.

29/11/2019

CA / REV

REP. / REV 24 HRS

3/12/19

H.O.D. Endorsement:

Date/Time:

3:41pm @ 2/12/19

Person Contacted:

Pu WenVehicle IN OUT

Date/Time

Action/Instruction

Estimate (✓)SJZ618M-X3/12/19Revert via SMART claim, vehicle T/L pending investigation12/12/19@ 911am Spoken to Stacey we can submit our T/L report12/12/19Submit Ext T/L - mv: \$65k (Est) LTA: \$49,680 NV: \$15,320

ASS. REC. BY: ShenwinREF: ASM(AXA)

10701 2019

Investigation (Fire Case)ASSIGNMENTFrom: \_\_\_\_\_ Date: 31/12/2019

Estimated Cost: \_\_\_\_\_

☒ OD / ☐ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MVTo Inspect Vehicle No: SJZ618Mat Workshop m/s Progressive Car Care  
of Blk 3022A Ubi Road 1 # 01-45/46

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: NIL

(Client's Record)

Make of Veh: Morning

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SJZ618M Yr Regn: 05 12011Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Audi A7 3.0T C.C. 2,995 ccColour: Silver A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 148,036 km T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NAEng/No: CGW012499C/No: WAUZZZ466BN023228Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☒ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or \_\_\_\_\_Brake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or \_\_\_\_\_Modi: ☒ Nil / ☒ S/Rim / ☐ STD A/Rim or \_\_\_\_\_Tyre Size: F: 255/40 R19R: 255/40 R19BS / ☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 6.4 mm R/Bal. 5 mmL/Bal. 6.3 mm L/Bal. 5 mmD.O.A. 29/11/2019 D.O.I. 03/12/2019Survey held at Progressive Auto CUBEDes. of Damages: ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or Smoke damage  
Interior Seat burnt and Smoke damage

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time \_\_\_\_\_ Action / Instruction \_\_\_\_\_

Pls conduct full survey & investigation, and please request SCDF Report.MV - \$65 K.PARE - \$49.6 KNL - \$15.4 K

RECEIVED 12 DEC 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 12/12 - typist

Report Format: \_\_\_\_\_

Lump Sum / L&amp;L: G

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Insp (\$)

☐

: Weekend (\$)

No SCDF Report

Survey Fee:

200

Transportation:

S + RS. SI

Photos

Others

TOTAL

200

## New Message

Type \*

☒ Message

Subject \*

Message \*

Dear Stacey,  
Please be informed that IA submitted. We have Not Authorize repair. Vehicle recommended Total Loss. Pending investigation. Thanks Veron Chen



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 3/12/2019

### Survey details

Date of loss	29/11/2019
Date of appointment	2/12/2019
Date of survey	3/12/2019
Location of survey	PROGRESSIVE CAR CARE PTE LTD

### Vehicle Details:

Claim Type:	Own Damage
Vehicle number	SJZ 618M
Make and Model	AUDI A7 SPORTBACK 3.0 TFSI QU
Date of registration	31/5/2011
Excess	NIL
Market Value	\$65,000.00
Parf Rebate	\$49,680.00
Nett Loss	\$15,320.00

### Repair details

Initial Estimate	TOTAL LOSS
------------------	------------

### Proposed/Revised repair cost:

Parts	TOTAL LOSS
"Check items (Estimated)	
Labour	
Total	
Lump Sum (Estimated)	

Number of days of repair	
--------------------------	--

### Remarks:

The vehicle caught fire.

Vehicle recommended Total Loss

Pending for investigation



## Service Request Details

Claim

S9M028QM

Reference

None 

Loss Date

November 29, 2019

Report Date

Dec 2, 2019 1:15:19 PM

Request Date

December 2, 2019

Due Date

December 9, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Fire

### Actions

---

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

---

Make  
AUDI

Model  
A7 SPORTBACK 3.0 TFSI

Service Address

Primary Contact/Insured

MUHARREM UNSAL  
150 LORONG J TELOK KURAU, #02-02 JERSEY LODGE, 423491, Singapore  
  
mu100@yahoo.com

Claim Handler

NG Stacey  
6568804351  
stacey.ng@axa.com.sg

Additional Instructions  
WS: PROGRESSIVE CAR OD XS: NIL FIRE CASE- CONDUCT FULL SURVEY AND INVESTIGATION

1

MessagesInvoicesHistoryDocumentsAssessmentMetricsNotes

New Message

TYPE?

SENT12/2/19 3:09 PM

FROMNG Stacey

SUBJECTFIRE CASE

BODYHi LKK Please conduct full survey and investigati...



## FIRE CASE

Type

🔗 Question

Message

Hi LKK Please conduct full survey and investigation. In addition, please request SCDF report. Thank you.

Reply

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	424Z
<b>Vehicle Details</b>	
Vehicle No.:	SJZ618M
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Dec 2019
Vehicle Make:	AUDI
Vehicle Model:	A7 SPORTBACK 3.0 TFSI QU
Primary Colour:	Silver
Manufacturing Year:	2011
Engine No.:	CGW012499
Chassis No.:	WAUZZZ4G6BN023228
Maximum Power Output:	220.0 kW (295 bhp)
Open Market Value:	\$75,163.00
Original Registration Date:	31 May 2011
First Registration Date:	31 May 2011
Transfer Count:	1
Actual ARF Paid:	\$75,163.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 May 2021
PARF Rebate Amount:	\$41,339.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 May 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$56,011.00
COE Rebate Amount:	\$8,341.00
<b>Total Rebate Amount:</b>	<b>\$49,680.00</b>

The information contained herein is correct as at 03 Dec 2019

OK



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	424Z
Vehicle Details	
Vehicle No.:	SJZ618M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	02 Dec 2019
Vehicle Make:	AUDI
Vehicle Model:	A7 SPORTBACK 3.0 TFSI QU
Primary Colour:	Silver
Manufacturing Year:	2011
Engine No.:	CGW012499
Chassis No.:	WAUZZZ4G6BN023228
Maximum Power Output:	220.0 kW (295 bhp)
Open Market Value:	\$75,163.00
Original Registration Date:	31 May 2011
First Registration Date:	31 May 2011
Transfer Count:	1
Actual ARF Paid:	\$75,163.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 May 2021
PARF Rebate Amount:	\$41,339.00
Intended COE Rebate Details	
COE Expiry Date:	30 May 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$56,011.00
COE Rebate Amount:	\$8,356.00
<b>Total Rebate Amount:</b>	<b>\$49,695.00</b>

The information contained herein is correct as at 02 Dec 2019

OK

New Cars

Used Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources

ELEGANT, AFFORDABLE  
AND FULLY EQUIPPED.  
Mazda6 from \$108,888.



FIND OUT MORE



SEARCH

A7 Sportback 3.0A

Price Range

Depreciation

Year Reg

Vehicle Type



Search

View All

Advanced Search

Home » Used Cars » Midas Cars Pte Ltd » Audi A7 Sportback 3.0A TFSI Quattro S-Line

Audi A7 Sportback 3.0A TFSI Quattro S-Line

Overview

Financial

Insurance

Accessories

Similar

Research

Photos

Map

Price

\$68,800

Depreciation ⓘ

\$19,540 /yr

View models with similar depre

Reg Date

12-May-2011

(1yr 5mths 8days COE left)

Mileage

110,000 km (12.8k /yr)

Manufactured ⓘ

2011

Road Tax ⓘ

\$2,380 /yr

Transmission

Auto

Dereg Value ⓘ

\$51,105 as of today (change)

OMV ⓘ

\$81,378

COE ⓘ

\$44,129

ARF ⓘ

\$81,378

Engine Cap

2,995 cc

Power

220.0 kW (295 bhp)

Curb Weight ⓘ

1,785 kg

No. of Owners ⓘ

3

Type of Vehicle

Luxury Sedan

Features

3.0L V6 Supercharged TFSI Engine, 7 Speed Dual-Clutch Transmission With Manual Select, 295 BHP. All Wheel Drive. ESP. Keyless Entry And Start/Stop. View specs of the Audi A6 (2011-2018)

Accessories

Multi Disc DVD Player, Bluetooth, Climate Control, Auto Xenon Lights, Electric Memory Seats, Parking Assist, Reverse Sensors/Camera, Auto Tailgate.

Description

Maintained Regularly. New Road Tax. Nice Number Plate \*818. Seldom Driven. S-line Bodykit. Full Stock Condition. No Modifications. 20" Inch Sports Rims. Accident Free, STA Inspection Welcome. Full Loan, Low Bank Interest Rate And Affordable Insurance Quotes. Call Us Now To Arrange For Viewing, Grab It Before It's Gone.

Category

PARF Car

Status

Available

Resources



Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Car Valuation - Free

Find out the market value of your existing car for free. Get started



Shortlist

Compare

Add note

Report Error

More Actions

## Seller Information

Midas Cars Pte Ltd

9 vehicles for sale. 12 sold in past 3 mths

1 Bukit Batok Crescent #05-62

WCEGA Plaza

Search cars nearby

Ken

87174900

Posted on: 29-Nov-2019 | Last Updated on: 29-Nov-2019

## Upfront Payment

» more Financial Info

Transfer Fee ⓘ

\$25

Down ⓘ

SHORTLISTED

HISTORY

\$20,640 (change)

Maximum 70% Loan

1s Compare ⓘ



\$2,953

Based on 2.98% interest rate

## 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	02/12/2019 11:42
Date Of Accident	29/11/2019 09:00
Exact Location Of Accident	150 LORONG J TELOK KURAU CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ618M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHARREM UNSAL
NRIC No	S7682424Z
Email Address	MU100@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96156415
Alternative Phone No	OTHERS-96156415
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A7 SPORTBACK-3.0 TFSI QU (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA377149
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHARREM UNSAL
NRIC No	S7682424Z
Date Of Birth	31/12/1976
Occupation	INDOOR
Date Of Driving Pass	26/09/2002
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96156415
Fax Number	
Contact Number	OTHERS-96156415
EMail Address	MU100@YAHOO.COM

Address	150 LORONG J TELOK KURAU #02-02 SINGAPORE
Postcode	423491
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	FIRE, EXPLOSION OR LIGHTNING
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### 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 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

## 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:

2/12/2019

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



2/12/2019

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

permen

## Sketch Plan #2

### SKETCH PLAN

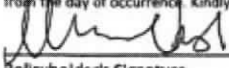
	<p><b>Vehicle</b></p> <p>A -</p> <p>B -</p>
<p><b>Legend</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Vehicle</p> </div> <div style="text-align: center;">  <p>Motorcycle</p> </div> </div>	

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

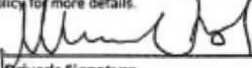
<p>My car was parked at my home car park at 150 Lorong 1 Telok Kurau. Upon entering my vehicle on 29 November 2019 about 9am, I noticed a very heavy smell and fog, upon inspection, I noticed parts of the console, dashboard, seat was burnt, and heavy smog soot was present at all window glass. These are the components that I can see are not working: -</p> <ol style="list-style-type: none"> <li>① Instrument cluster</li> <li>② MMI entertainment screen</li> <li>③ Power steering</li> <li>④ Air bag</li> <li>⑤ Indicator and wiper control arms</li> <li>⑥ Auto adjusting headlights</li> <li>⑦ Head light control</li> <li>⑧ Fuel gauge</li> <li>⑨ A lot of concrete damage</li> </ol>
--

### DECLARATION

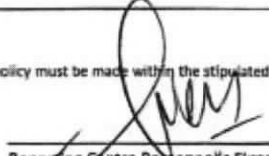
I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen(14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

  
 Policyholder's Signature  
 Date & Time:

21/12/2019

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

21/12/2019

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

permen

## 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 29/11/19 0900		2 Exact location of accident 150 Lorong J Telok Kurau C/P		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 type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input 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 type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SJZ618M**

6 Insured / policyholder (see insurance cert.)  
Name **Muharrem Unsal**  
(capital letters)  
Address **150 Lorong J Telok Kurau #02-02 S 4 3491**  
NRIC / Passport no. **SA6824247**  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP **9615 6415**

7 Vehicle  
Make, type **Audi A7 sportback 3.0 TFSI**

8 Insurance company  
**AA** ☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **GA 377149**

9 Driver  
☒ Same as Owner  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence **3**  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

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

C1	Chain Collision
C2	Collided into Bicycle
C3	Collided into Motorcyclist
C4	Collided into Parked Vehicle
C5	Collided into Pedestrian
C6	Collided into Property
C7	Collision - Change/Cross Lane
C8	Collision - Cross Junction
C9	Collision - Head on Collision
C10	Collision - Head to Rear
C11	Collision - Major/Minor Rd
C12	Collision - Opening Door of Vehicle
C13	Collision - Roundabout
C14	Collision - U-Turn
C15	Drunk Driving / Drug Influence
C16	Fire, Explosion or Lightning
C17	Flood
C18	Hit and Run / Vandalism / Damaged whilst Parked
C19	Hit by Fallen Tree / Other Objects
C20	No Collision
C21	Side Swipe
C22	Tire

Registration No. (VEHICLE B)

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 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 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

← State TOTAL number of boxes marked with a cross →

REFER TO ATTACHED

Alternatively please make reference to one of the sketches on Page 4:

15 Signatures of drivers

A

14 My remarks

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

<b>INDIVIDUAL STATEMENT (Part II)</b>						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)																						
Insured	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>				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: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____																					
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/>								If no, state where it is at present _____ Tel no. _____													
Of which vehicle are you the owner?	<input type="checkbox"/> A																					
	<input type="checkbox"/> B																					
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																					
	If no, state action to be taken: <input 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		Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?													
	31/12/76		Indoor		Outdoor		26/0/2002		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
	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" style="width: 100%; border-collapse: collapse;"> <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?		Was injured conveyed to hospital by ambulance?													
							Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>													
							Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>													
							Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>													
							Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____																					
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																					
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/>		Raining <input type="checkbox"/>		Others <input type="checkbox"/>															
	15 Road surface		Wet <input type="checkbox"/>		Dry <input checked="" type="checkbox"/>		Others <input type="checkbox"/>															
	16 Speed of vehicles		A <input type="checkbox"/> km/hr		B <input checked="" type="checkbox"/> km/hr																	
	17 What warnings were given by driver or other party? _____																					
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>																					
	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) <input checked="" type="checkbox"/>																						
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 _____											



# 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 :** AXA INSURANCE PTE LTD  
8 SHENTON WAY #24-01  
AXA TOWER  
S068811

**ATTN:** Motor Claim Department

Your Ref No: OD 1219-7283  
Claim Type: Own Damage  
Accident Date: 29/11/2019

**Estimate No:** EST1505525  
**Date:** 02 Dec 2019  
**Policy No:** GA377149  
**Veh Reg No:** SJZ618M  
**Make/Model:** AUDI A7 SPORTBACK  
3.0 TFSI QU  
**Chassis No:** WAUZZZ4G6BN023228  
**Engine No:** CGW012499  
**Reg. Date:** 31/05/2011

## Estimate Repair Cost to Vehicle No :SJZ618M

Description	U/Price	Quantity	Price S\$	Amount S\$
<b>Spare Parts</b>				
1 VEHICLE DAMAGED (FIRE CASE)	0.00	1 PC	0.00	0.00
			0.00	0.00
			Total	S\$ 0.00

TOTAL: SINGAPORE DOLLAR ONLY

**For Progressive Car Care Pte Ltd**

AUTHORISED SIGNATURE

Lkk shawin  
03/12/2019 @ 0915 hours.  
SL

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: