

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 : YEOW SEN KONG DAVID
BLK 482 PASIR RIS DRIVE 4 #03-381
SINGAPORE 510482

ATTN: FIRST CAPITAL

Your Ref No: TP 0820-6030
Claim Type: Third Party
Accident Date: 30/07/2020
TP Veh Reg No: SHA 4738 D

Estimate No: EST1506129
Date: 01 Aug 2020
Policy No: MT/00800390
Veh Reg No: SJX1959H
Make/Model: KIA CERATO FORTE
1.6SX AT ABS D/AB
2WD 4DR
Chassis No: KNAFW411MA5200459
Engine No: G4FCAH363568
Reg. Date: 25/05/2010

Estimate Repair Cost to Vehicle No :SJX1959H

Description	U/Price	Quantity	Price	Amount
			<u>S\$</u>	<u>S\$</u>
List Price				
1 SIDE MIRROR W/REFLECTOR - RH	426.00	1 PC	426.00	
			426.00	
		Less 10%	42.60	383.40
Labour				
2 TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS	450.00	1 JOB	450.00	
3 TO RESPRAY PAINT ON ACCIDENT PORTIONS	900.00	1 JOB	900.00	
4 TO CHECK WIRING	20.00	1 JOB	20.00	
			1,370.00	1,370.00
			Total	S\$ 1,753.40
			Add GST @ 7%	122.74
			Total Amount Payable	S\$ 1,876.14

TOTAL: SINGAPORE DOLLAR ONE THOUSAND EIGHT HUNDRED SEVENTY SIX AND CENTS FOURTEEN ONLY

For Progressive Car Care Pte Ltd


AUTHORISED SIGNATURE

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	01/08/2020 12:58
Date Of Accident	30/07/2020 14:50
Exact Location Of Accident	NEWTON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX1959H
Insured/Policyholder	
Name Of Registered Owner	YEOW SEN KONG DAVID
NRIC No	SXXXX342B
Email Address	DAVIDSKYSIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90072122
Alternative Phone No	OTHERS-90072122
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE-1.6 SX (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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00800390
Cover Note Number	
Driver	
Name of Driver	YEOW SEN KONG DAVID
NRIC No	SXXXX342B
Date Of Birth	13/12/1965
Occupation	INDOOR
Date Of Driving Pass	02/01/1986
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90072122
Fax Number	
Contact Number	OTHERS-90072122
Email Address	DAVIDSKYSIN@GMAIL.COM

Address	BLK 482 PASIR RIS DRIVE 4 #03-381 SINGAPORE
Postcode	510482
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 - CHANGE/CROSS LANE
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 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	SHA4738D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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: 1 Aug 20

12.44

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: PW

Sketch Plan #2

SKETCH PLAN

BEFORE	AFTER	Vehicle
		A - SJX 959H B - SHA 4738D
		Legend Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE: 30 JULY '20
 TIME: 14:50 HRS.
 LOCATION: NEWTON RD (TOWARDS THOMPSON).
 RD CONDITION: DRY.

I WAS DRIVING ALONG NEWTON RD TOWARDS THOMPSON RD DIRECTION ON THE EXTREME LEFT LANE. WHEN APPROACHING THE BUS STOP I SAW A BUS STOPPING. I CHECKED MY SIDE MIRROR WAS CLEAR FOR ME TO MAKE AN OVERTAKE TO THE NEXT RIGHT LANE IN THE SAME TIME I SAW A TAXI WAS BEHIND ME FROM MY REAR MIRROR. AFTER I SWITCHING MY LANE I SAW THE TAXI BEHIND ME SUDDENLY SPEED UP & HIT MY CAR. THE IMPACT CAUSED DAMAGE OF MY CAR FROM MY REAR DOOR TO THE FRONT.

AFTER THE ACCIDENT, THE TAXI DRIVER WAS VERY AGGRESSIVE & VIOLENT.

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: 1 AUG 20
 12:45

Driver's Signature

(If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.: