REF: CS3/A1620008178/ESf3 ASS, REC. BY: ASSIGNMENT SMJ 1033K Yr Regn: 26/2/19 From: Type: (4. Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / **Estimated Cost:** Truck / Trailer or OD TTP/WS/TP RES/OD RES/EVA/INV/MV Hypndoi Avante Make: To Inspect Vehicle No: Insured / Std / NI / NA A/C: Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: KMHD841CMK4866030 C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / S(Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI / N/S OIS Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Rear Front Bal. or Market Value: R/Bal. R/Bal. Consistent?: Yes or No mm IDAC Accident Rport: mm L/Bal. Consistent?: Yes or No GIA / PR Seen: Res.: Yes or No days Est. Repairs: Sin Wee Chuan Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA I REV I REP. I 24 HRS FRONT O/S Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time Days Of Repair: Date/Time. File Pass to? : Preli. Report 13/08/2020 Survey Fee: Resurvey No. of Trip: **Final Report** TYPIST Transportation: Date/Time, File Return to? Add Fee: : Site Insp (\$ \_S + RS.\_\_SI Interview (\$ Photos : Tech. Invs (\$ Others Reped Format: Weellend (\$ Lump Sum / LBJ: (% TOTAL

15.138-nt (2)Benuel (3)Chimtel (4)Conebed (3)Cot (4)Bentaliel (4)Defenuel (23)Shiftel (29)Boddel (10)Broken (11)Beccany (12)Missing (13)Tom (13)Unconfirmed (13)Bed Sprilling

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-	001			Fit Humber Plate Garnish		1 -5	1
and the same	204	991.	100	Frt Bumper	487		
-	305	992			DE/	1	]
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1000000	107	0014		Frt Bunger Side Betainer	RR.	V	12
and the same of	800	9914		Fit Bumper Reinforcement	3.	17	1
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10	101	9914	68	Frt Bumpea Sponge		7	
10	111	9914	27	Fit Bumper Protector	in second		
10	12	9914		Fit Bumper Land TOL PUE COVER	cui	1	4.1.
10	11	0013		Fit Bumper Gulle J	101	1	
10	-	0013	non Print	Fit Bumper Moulding		- > =	
10		2214		Frt Bumper Lower Spoiler	-		
10	the second second	9914		Fit Compet Cower Sporter			
10		9931	20	Frt Bumper Sensor			
10	17			Frt LH Bumper Fog Lamp Cover			
		0013	-	Fit RH Bumper Fog Lamp Cover			
10		9950.		Fit LH Bumper Fog Lamp			
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102				W Support Paner			
102	7 0	9241	21:	rt Support Panel Top Gamish Cover			
-	0 0	10177	0 1	ion			
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1036	5 9	9028	5 B	onnet Insulator			-
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1038	0	9026	P	onnet Damper		-	-
1035	1 9	2070	B	onnet Rubber			-
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1042		3011.	A	ir Con Condenser			
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1044	19	3013	A	ir Con Suction Pipe (Low Pressure)	100		
1045	1 9	3011:	IA	ir Con Suction Hose			
1040	9	90132	A	ir Con Discharge Pipe (High Pressure)		-	-
1047	19	20114	A	ir Con Discharge Hose			
1940	10	1014	IA	ir Con Liquid Pipe			
1049				ir Con Receiver Drier			-
1050		0111	100	C- C			
-				r Con Compressor Assy			
1051	133	12294	1/11	r Con Belt			
1032	199	15074	Pa	diator			
1053	199	2738	J. a	eliator Cowling			
1054	199	2742	Fa	diator Fan Assy			
1055	199	2745	Pa	diator Fan Clutch			
1056	90	2750	p.,	diator Hose Top			
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1063	00	(713	1	Costifier Resonator .			
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1073	995053	Wiper Washer Tunk		
1074	990159	Wiper Washer Tank Motor Alternator Assy		
1075	990150			
1076	992688	A SECTION OF SHAPE AND A SECTION OF SHAPE AND ADDRESS OF SHAPE AND ADDRE		
1078	992669			
1079	994431	Power Steering Cooler Pipe	-	-
1080	992692	Power Steering Hose		
1081	990010	ABS Pump Control Unit		
1082	990427	Brake Master Fump Assy	-	
1083	990403	Brake Booster Pump Assy		
1084	991005	Eugine Top Cover	-	
1085	991011	Engine Under Cover		
1086	990946	Engine Mounting		
1037	990949	Engine Mounting Frt		
1083	990950	Engine Mounting LH		
1089	990952	Engine Mounting RH		7
1090	990951	Engine Mounting Pear		
1091	992234	Gear Box Mounting		
1092	991520	Fit LH Chassis Member	•	
1093	991520	get RH Chassis Member		
1094	990728	Frt Vertical Cross Member	•	
1095		Frt Lower Cross Member		
1096	995070	Frt LH Fender Frt LH Fender Inner Panel		
1093	995147.	Frt LH Fender Lamp		
1099	995148	Frt LH Fender Protector		
1100	991740	Frt LH Fender Inner Shield		
1101	995179	Frt LH Mudflap		
1102	995170	Frt LH Wheel Rim		
1103	994025	Frt LH Rim Cover		
1104	995065	Frt LH Tyre		_
1105	995071	Frt RH Fender		
1106	991739	Frt RH Fender Inner Panel		
1107	991744	Frt RH Fender Lamp		
8011	991752	Frt RH Fender Protector	1	
1109	991740	Frt RM Fender Inner Shield	(6)	
1110	991884	Fit RH Mudflap		
1112	992087	Frt RH Wheel Rim		
1113	994025 995065	Frt RH Rim Cover		
1114	992093	Fit RH Tyre		
	-	Fit Windscreen Glass		
1115	992117.	Frt Windscreen Rubber		
1117	992093	Fit Windscreen Moulding		
1118	991019	Frt Windscreen Sealant ERP Bracket	l	
1119	991020	ERP Unit		
1120	992140		-	
1121	992142	Frt Wiper Arm Frt Wiper Blade		
1122	995045	Wiper Panel Garmsh		
1123	991126	Firewall Pagel	ļ	
1124	990753	Dashboard Assy	{ <u> </u> -	
1125	992282	Glove Box Cover		
1126	992281		ļ	
1127	994483	Clove Box Compartment	-	
1128	994485	Steering Wheel Airbag		
1129	990749	Steering Wheel Airbag Sensor	ļļ	
1130		Dashboard Airbag		
	990750	Dashboard Airbag Sensor		
1131	990029	Airbag Control Unit	ļ	
1132		Fr: Driver Seat	ļi	
1133	991922	Fit RH Seat Belt Asay	<u>.                                    </u>	
1134	991890	Frt Passenger Scat		
1135	995182	Frt LH Seat Pelt Assy		
1136	990247	Sticker :	[	
			1-	1

MPA220064955 / Progressive Car Care Pte Ltd - HQ ENTRY DATE & TIME: Q3/08/2020 10:31 SUBMITTED BY: Cheong Ming Ming

# 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 witholding of material facts may allow insurance companies to
- 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.
- 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

03/08/2020 10:31

Date Of Accident

01/08/2020 11:40

**Exact Location Of Accident** 

CHANGI ROAD OUTSIDE SING LIAN BUILDING

Country/State of Loss

SINGAPORE

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMJ2033K

Insured/Policyholder

Name Of Registered Owner

TEO JEE TONG

NRIC No

SXXXX208G

**Email Address** 

DTEOAK@HOTMAIL.COM

Mobile Phone No

(LOCAL) +65-96604609

Alternative Phone No

OTHERS-96604609

Vehicle Particulars

Manufacturer

**HYUNDAI** 

Model

AD AVANTE 1.6 GLS (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

VPA/P2379671

Cover Note Number

## Driver

Name of Driver

TEO JEE TONG

NRIC No

SXXXX208G

Date Of Birth

10/04/1965

Occupation

OUTDOOR

**Date Of Driving Pass** 

02/03/1987

**Driving Experience** 

33 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96604609

Fax Number

Contact Number

OTHERS-96604609

**EMail Address** 

DTEOAK@HOTMAIL.COM

Address

APT BLK 842B TAMPINES STREET 82

#16-30

Postcode

522842

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

....

ambulance?

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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 KAREN - 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?

YES

Remarks/ Reasons:

THE VIDEO WAS OVERWRITTEN

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 11

Vehicle Registration Number

SLM4625K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan #2

# 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 record 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:
  - processing, handling and/or dealing with my daims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my daims;
  - [iii] carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims fincluding 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 daims history for the purpose of fraud detection, investigation and management in present and all future daims.
- (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, requirtors, 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.

Policyhoider's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN		•		
		1		Vehicle A-SMJ 2033 K B-SLM 4625
				B-() M 467
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		A	Sing Lian	Legend
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		1		Vehicle Motorcycle
DESCRIBE CIRCUMSTANCE	OF THE ACCIDENT			
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After 1 check	the traffic, 1	wanted a	go to stro	zight and sudboli
vehicle B come	at my right sic	le. Then	vehicle B	collicled onto
my vehicle. After				sow my vehicle
have damaged	at my right sid	e of vehi	clc. We e	echonge particular
and we left	the scene.			
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CLARATION				ţ.
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A STATE OF THE PARTY CHECK	you procy an many persons.			ĮV
cyholder's Signature	Driver's Signature		Reporting Centre	Personnel's Signature
e &. Time:	(if driver is not the policyholi Date & Time:	der)	Name: NRIC/FIN No.:	