

# 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 : TAN TONG HAI  
BLK 938 HOUGANG ST 92 #06-41  
SINGAPORE 530938

ATTN: FIRST CAPITAL

Your Ref No: TP 1120-6168  
Claim Type: Third Party  
Accident Date: 27/11/2020  
TP Veh Reg No: SH 8326 R

Estimate No: EST1506431  
Date: 28 Nov 2020  
Policy No: 1800111564  
Veh Reg No: SME1812L  
Make/Model: MERCEDES BEN B180  
STYLE (R16 LED)  
Chassis No: WDD2462422J499916  
Engine No: 27091031695910  
Reg. Date: 21/09/2018

## Estimate Repair Cost to Vehicle No :SME1812L

Description	U/Price	Quantity	Price S\$	Amount S\$
<b>List Price</b>				
1 FRONT BUMPER	1,620.00	1 PC	1,620.00	
2 FRONT BUMPER HOLDER	0.00	2 PCS	0.00	
3 FRONT BUMPER CLIPS	5.00	10 PC	50.00	
4 FRONT BUMPER SENSOR - LH	190.00	2 PC	380.00	
5 FRONT BUMPER FOG LAMP CHROME - LH	86.00	1 PC	86.00	
6 FRONT BUMPER FOG LAMP COVER - LH	82.00	1 PC	82.00	
7 FRONT FENDER - LH	716.00	1 PC	716.00	
8 FRONT FENDER COWLING - LH	210.00	1 PC	210.00	
9 FRONT FENDER COWLING CLIPS - LH	10.00	10 PC	100.00	
			3,244.00	
		Less 10%	324.40	2,919.60
<b>Labour</b>				
10 TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS	500.00	1 JOB	500.00	
11 TO RESPRAY PAINT ON ACCIDENT PORTIONS	600.00	1 JOB	600.00	
12 TO CHECK WIRING	30.00	1 JOB	30.00	
13 TO TRANSFER FRONT BUMPER SENSOR	100.00	1 JOB	100.00	
14 TO TUFF-KOTE	50.00	1 JOB	50.00	
15 TO 4 WHEEL ALIGNMENT	60.00	1 JOB	60.00	
			1,340.00	1,340.00
			Total	S\$ 4,259.60
			Add GST @ 7%	298.17
			Total Amount Payable	S\$ 4,557.77

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND FIVE HUNDRED FIFTY SEVEN AND CENTS SEVENTY SEVEN 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 Submission	01/12/2020 10:45 (SGT)
Date of Accident	27/11/2020 20:30 (SGT)
Exact Location of Accident	Paya Lebar Rd & Ubi Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1812L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN TONG HAI
NRIC No	SXXXX971A
Email Address	RAYTTH1988@GMAIL.COM
Mobile Phone No	(Phone) +65-96794605
Alternative Phone No	+65-96794605

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800111564
Cover Note Number	-

#### DRIVER

Name of Driver	TAN TONG HAI
NRIC No	SXXXX971A
Date Of Birth	20/06/1958
Occupation	Indoor

Date Of Driving Pass .....	14/02/1990
Driving experience .....	30 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96794605
Alt. Phone Number .....	+65-96794605
Email Address .....	RAYTTH1988@GMAIL.COM
Address .....	938 HOUGANG ST 92 #06-41
Address complement .....	-
Postcode .....	530938
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SH8326R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	ANDY TAN HAN FEI
- .....	SXXXX157I
Contact Number .....	(Phone) +65-88583113
Address .....	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



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3. Information provided must be **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind 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 GRs Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will if or 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.
8. **Consent under the Personal Data Protection Act (PDPA)**
- I understand, acknowledge, agree and consent that:
- (i) 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/information set out in this form and any other personal information provided by me or my workshop to the insurers for the purpose of **investigation, information gathering and decision making** in relation to the claim(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' law/enforcement 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 policies 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 newspapers/packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (ii) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law/enforcement firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and;
- (iii) my Personal Information may/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law/enforcement firms), which may be asked outside of Singapore, for one or more of the above Purposes.

[illegible]

Describe Circumstances of the Accident

on BT HW 2120 (Friday) at about 2.20 PM while turning  
right ~~the~~ from ~~the~~ US1 AVENUE 1 towards PAYS LEAR  
ROAD, suddenly a TAXI NO. SH 5226 R (8) appear  
in front and at vehicle some 10 ft (10) front  
(left hand side) got scammed onto the taxi  
NO. SH 5226 R (8) rear right hand side with  
paint scratches.

### Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Contra  
Personnel