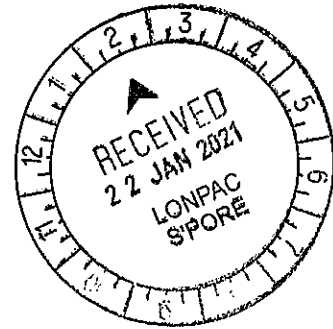


Fax: 62962706

THE MOTOR CLAIM DEPARTMENT

LONPAC Insurance Bhd
100 Beach Road #19-00
Shaw Tower
S 189702



Date : 22 January 2021

Progressive Car Care Pte Ltd
Blk 3022A Ubi Road 1
#01-45/46
Singapore 408716
Email - claims@procarcare.com.sg

Dear Sir / Madam,

Accident involving : SLN2452A & YP4131Z
On : 19 January 2021
Along / At : Serangoon Road

I am the registered owner of motor vehicle no, SLN2452A which was involved in the above accident.

As a result of your insured vehicle no, YP4131Z negligence thereby causing the above-said accident.

Please appoint your assessor to inspect my vehicle at the above-mentioned workshop as currently vehicle is ~~IN~~ NOT IN.

Please find enclosed herewith the repairer's estimate for your reference.

Thank you



Signature of Owner

Progressive Car Care Pte Ltd

Blk 3022A Ubi Road, #01-45/46 Singapore 408716
 TEL: 6741 5336 FAX: 6741 7208 Email: claims@progressivecarcare.com.sg
 GST: 201006949C RCB NO: 201006949C

M/S : FOO YONG KIANG
 BLK 210C COMPASSVALE LANE #12-186
 SINGAPORE 543210

Estimate No: EST1506571
Date: 19 Jan 2021
Policy No: 2100508576
Veh Reg No: SLN2452A
Make/Model: MITSUBISHI ATTRA
Chassis No: MMBSTA13AHF005781
Engine No: 3A92UGA9413
Reg. Date: 27/04/2017

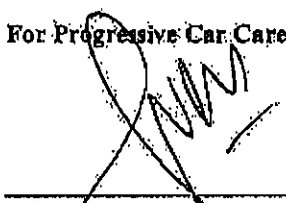
ATTN: LONPAC
Your Ref No: TP 0121-6229
Claim Type: Third Party
Accident Date: 19/01/2021
TP Veh. Reg No: YP 4131 Z

Estimate Repair Cost to Vehicle No : SLN2452A

Description	U/Price	Quantity	Price	Amount
			<u>S\$</u>	<u>S\$</u>
List Price				
1 REAR BUMPER	708.00	1 PC	708.00	
2 REAR BUMPER SIDE HOLDER - LH & RH	26.00	2 PCS	52.00	
3 REAR BUMPER BRACKET - LH & RH	55.00	2 PC	110.00	
4 REAR BUMPER CLIPS	4.00	10 PC	40.00	
5 REAR FENDER COWLING - RH	38.00	1 PC	38.00	
6 REAR FENDER COWLING CLIP	4.00	8 PCS	32.00	
7 REAR RIM - RH	710.00	1 PC	710.00	
8 REAR ABSORBER - RH	188.00	1 PC	188.00	
			1,878.00	
		Less 10%	187.80	1,690.20
Labour				
9 TO REMOVE, REALIGN, REPAIR, CUT/WELD, KNOCK OUT DENTS & REPLACE ACCIDENT PARTS	400.00	1 JOB	400.00	
10 TO RESPRAY PAINT ON ACCIDENT PORTIONS	400.00	1 JOB	400.00	
11 TO 4 WHEEL ALIGNMENT	60.00	1 JOB	60.00	
12 TO REMOVE, REPLACE UNDERCARRIAGE	200.00	1 JOB	200.00	
13 TO REPLACE RIM AND WHEEL BALANCING	60.00	1 JOB	60.00	
			1,120.00	1,120.00
			Total	S\$ 2,810.20
			Add GST @ 7%	196.71
			Total Amount Payable	S\$ 3,006.91

TOTAL: SINGAPORE DOLLAR THREE THOUSAND AND SIX AND CENTS NINETY ONE ONLY

For Progressive Car Care Pte Ltd


 AUTHORIZED SIGNATURE

SP0U211J0007 / PROGRESSIVE CAR CARE PTE LTD
 ENTRY DATE & TIME: 19/01/2021 16:42 (SGT)
 SUBMITTED BY: Lily Lim Buey Heng
 VERSION: 1 (19/01/2021 16:42 (SGT))

SINGAPORE ACCIDENT STATEMENT

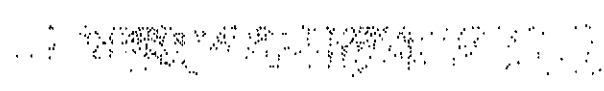
IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 if required.

ACCIDENT STATEMENT

Date of Submission: 19/01/2021 16:42 (SGT)
 Date of Accident: 19/01/2021 09:00 (SGT)
 Exact Location of Accident: Serangoon Rd, Singapore
 Additional Location Information: -
 Country/State of Loss: Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SLN2452A
 INSURED POLICYHOLDER: 
 Is company? No
 Name of Registered Owner: FOO YONG KIANG
 NRIC No: SXXXX024H
 Email Address: KELVIN.FOO@CAREER-STRENGTHS.COM
 Mobile Phone No: (Phone) +85-93897436
 Alternative Phone No: +85-93897436

VEHICLE PARTICULARS

Manufacturer: Mitsubishi
 Model: Attrage
 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: 2100508576
 Cover Note Number: -

DRIVER

Name of Driver: LOW FEI CHING
 NRIC No: SXXXX926G
 Date of Birth: 02/11/1979
 Occupation: Indoor

Date Of Driving Pass 20/02/2008
Driving experience 12 YEARS AND 11 MONTHS
Gender Female
Mobile Number (Phone) +65-93897436
Alt. Phone Number
Email Address irenelfo@gmail.com
Address BLK 210C COMPASSVALE LANE #12-186
Address complement
Postcode 543210
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Spouse
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? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP4191Z
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Commercial vehicle.
Name of Driver TAN ENG GUAN
Contact Number (Phone) +65-92481719
Address
Address complement

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

Describe Circumstances of the Accident

A was driving in the centre lane towards Tea Payoh HDB Hub (Tea Payoh Corridor 6) after coming out from filter lane from Serangoon Road.

A continued driving at the lane towards Tea Payoh Corridor 6 when B left side of the truck hit A's right side near the right back wheel.

The weather was sunning and clear, ground was not wet. The traffic was fairly heavy and slow moving. A's vehicle was driving around 40 km/hr. B should be similar as traffic was fairly heavy.

B acknowledged that he had not seen A's vehicle when he was cutting the lane. The date was 9 Jan 2021, time was around 9 am.

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 Centre Personnel

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 Authorized 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 reassess 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 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:

(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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time <i>[Signature]</i> July 19/01/2021	Driver's Signature (If driver is not the Policyholder) / Date & Time <i>[Signature]</i> July 19/01/2021	Witnessed by Reporting Centre Personnel <i>[Signature]</i>
Sketch Plan 		

Serangoon Road