Fax: 6296706

RECEIVED
22 JAN 2021
LONPAC
S'PORE

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 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: claims@procarepte.com.sg
GST:201006949C RCB NO:201006949C

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

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 No: EST1506571
Date: 19 Jan 2021
Policy No: 2100508576
Veh Reg No: SLN2452A
Make/Model: MITSUBISHI ATTRAGE
Chassis No: MMBSTA13AHH005781
Engine No: 3A92UGA9413
Reg. Date: 27/04/2017

Estimate Repair Cost to Vehicle No :SLN2452A

	Description	U/Price	Quantity	Price S$	Amount S$
	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

AUTHORISED SIGNATURE

SP0U211J0007 / PROGRESSIVE CAR CARE PTE LTD
ENTRY DATE & TIME: 19/01/2021 15:42 (SGT)
SUBMITTED BY: Lily Lim Buey Hiang
VERSION: 1 (19/01/2021 15:42 (SGT))

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	19/01/2021 15:42 (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) +65-93897436
Alternative Phone No	+65-93897436

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) +65-93897438
Alt. Phone Number	-
Email Address	irenelfc@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	YP4131Z
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 [redacted]
Insurance Company Name [redacted]
Nature Of Damage [redacted]
Details of property damaged in accident [redacted]
No. Of Passenger (Including Driver) [redacted]

Describe Circumstances of the Accident

A was driving in the centre lane towards Toa Payoh HDB Hub (Toa Payoh Lorong 6) after ~~driving~~ coming out from filter lane from Braddell Road.
A continued driving at the lane towards Toa Payoh Lorong 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 ~~falling~~ heavy and slow moving. A's vehicle was driving around 40-50 km/hr, B should be similar as traffic was ~~going~~ heavy.
B acknowledged that he had not seen A's vehicle when he was ~~exiting~~ the lane. The date was 19 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

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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' 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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
[signature]	[signature] 19/01/2021	[signature]

Sketch Plan