

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

Not Authorized
10/5/22
1/5/22
6 days
The high the rep-

M/S: CHINA TAIPING INSURANCE (SINGAPORE) PTE

3 Anson Road
Springleaf Tower #16-00
Singapore 079909

TEL: 63896111

FAX: 6221033

ATTN: Motor Claim Department \ CHINA

Estimate No: EST1508126

Date: 06 May 2022

Policy No: P10551919R00

Veh Reg No: SLC4245B

Make/Model: TOYOTA COROLLA
ALTIS 1.6 CVT

Chassis No: MR053REH104548949

Engine No: 1ZRX562610

Reg. Date: 13/05/2016

Your Ref No: TP 0522-6773

Claim Type: Third Party

Accident Date: 05/05/2022

TP Veh Reg No: SJQ9934M

Estimate Repair Cost to Vehicle No :SLC4245B

| Description | U/Price | Quantity | Price | Amount |
|---|-----------|----------|-----------|-----------|
| | | | SS | SS |
| List Price | | | | |
| 1 FRONT BUMPER <i>De</i> | 563.0000 | 1 PC | 563.00 | — |
| 2 FRONT BUMPER SIDE HOLDER -LH/RH <i>MS sent</i> | 67.2000 | 2 PC | 134.40 | 1/2 |
| 3 FRONT BUMPER CLIPS <i>nei</i> | 5.5000 | 10 PC | 55.00 | — |
| 4 HEAD LAMP - LH | 3,180.200 | 1 PC | 3,180.20 | ? |
| 5 FOG LAMP - LH <i>17</i> | 329.0000 | 1 PC | 329.00 | X |
| 6 FOG LAMP GARNISH - LH <i>17</i> | 128.8000 | 1 PC | 128.80 | X |
| 7 FRONT FENDER -LH <i>30/5/22</i> | 965.3000 | 1 PC | 965.30 | — |
| 8 FRONT FENDER COWLING -LH <i>MS</i> | 240.8000 | 1 PC | 240.80 | — |
| 9 FRONT FENDER COWLING CLIPS -LH <i>nei</i> | 5.5000 | 10 PC | 55.00 | — |
| 10 FRONT FENDER DUAL VVTI WORDINGS <i>nei</i> | 47.7000 | 1 PC | 47.70 | — |
| 11 FRONT FENDER QUARTER GARNISH -LH <i>17</i> | 46.9000 | 1 PC | 46.90 | X |
| 12 FRONT DOOR -LH <i>MS/sent</i> | 1,355.200 | 1 PC | 1,355.20 | — |
| 13 FRONT DOOR STICKER -LH <i>nei</i> | 50.9000 | 1 PC | 50.90 | — |
| 14 FRONT DOOR RUBBER -LH <i>nei</i> | 191.0000 | 1 PC | 191.00 | — |
| 15 FRONT DOOR TOP HINGE -LH | 103.1000 | 1 PC | 103.10 | ? |
| 16 FRONT DOOR LOWER HINGE -LH | 103.1000 | 1 PC | 103.10 | ? |
| 17 FRONT DOOR OUTER CHANNEL MOULDING <i>17</i> | 120.4000 | 1 PC | 120.40 | X |
| 18 REAR DOOR -LH <i>MS/sent</i> | 1,323.000 | 1 PC | 1,323.00 | — |
| 19 REAR DOOR STICKER -LH <i>nei</i> | 46.2000 | 1 PC | 46.20 | — |
| 20 REAR DOOR RUBBER - LH <i>nei</i> | 191.0000 | 1 PC | 191.00 | — |
| 21 REAR DOOR OUTER CHANNEL MOULDING -LH <i>17</i> | 146.2000 | 1 PC | 146.20 | X |
| 22 ROCKER PANEL OUTER GARNISH -LH <i>17</i> | 480.5000 | 1 PC | 480.50 | X |
| 23 SIDE MIRROR ASSY -LH <i>17</i> | 1,335.500 | 1 PC | 1,335.50 | X |
| 24 SIDE MIRROR OUTER COVER -LH <i>17</i> | 116.0000 | 1 PC | 116.00 | X |
| 25 FRONT LOWER ARM - LH | 776.4000 | 1 PC | 776.40 | ? |
| 26 FRONT LOWER ARM BALL JOINT - LH | 779.4000 | 1 PC | 779.40 | ? |
| 27 FRONT ABSORBER -LH | 464.7000 | 1 PC | 464.70 | ? |
| 28 FRONT ABSORBER TOP MOUNTING <i>17</i> | 232.2000 | 1 PC | 232.20 | X |
| 29 FRONT KNUCKLE - LH | 666.9000 | 1 PC | 666.90 | ? |
| 30 FRONT KNUCKLE BEARING - LH | 77.0000 | 1 PC | 77.00 | ? |
| 31 REAR KNUCKLE BEARING -LH | 1,015.700 | 1 PC | 1,015.70 | ? |
| 32 REAR WHEEL AXLE <i>17</i> | 3,616.700 | 1 PC | 3,616.70 | X |
| 33 FRONT RIM - LH <i>cut</i> | 2,133.000 | 1 PC | 2,133.00 | 800 s/n |
| 34 REAR RIM - LH <i>cut</i> | 2,133.000 | 1 PC | 2,133.00 | 800 s/n |
| | | | 23,203.20 | |
| | Less 25% | | 5,800.80 | 17,402.40 |

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Claim Type: Third Party

Accident Date: 05/05/2022

TP Veh Reg No: SJQ9934M

Estimate Repair Cost to Vehicle No :SLC4245B

| Description | U/Price | Quantity | Price S\$ | Amount S\$ |
|---|-----------|----------|----------------------|---------------|
| Special Net | | | | |
| 35 REAR TYRE -LH <i>SL</i> | 280.0000 | 1 PC | 280.00 <i>X</i> | |
| 36 FRONT TYRE - LH <i>SL</i> | 280.0000 | 1 PC | 280.00 <i>X</i> | |
| | | | 560.00 | 560.00 |
| Labour | | | | |
| 37 TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS | 800.0000 | 1 JOB | 800.00 <i>600</i> | |
| 38 TO RESPRAY PAINT ON ACCIDENT PORTIONS | 1,400.000 | 1 JOB | 1,400.00 <i>1200</i> | |
| 39 TO CHECK WIRING | 40.0000 | 1 JOB | 40.00 <i>30</i> | |
| 40 TO TRANSFER 2 DOOR & DOOR FITTINGS | 180.0000 | 1 JOB | 180.00 <i>120</i> | |
| 41 TO TUFF-KOTE | 120.0000 | 1 JOB | 120.00 <i>90</i> | |
| 42 TO 4 WHEEL ALIGNMENT | 80.0000 | 1 JOB | 80.00 <i>✓</i> | |
| 43 TO REMOVE, REPLACE FRONT LEFT UNDERCARRIAGE | 300.0000 | 1 JOB | 300.00 <i>120 ?</i> | |
| 44 TO REMOVE, REPLACE FRONT REAR UNDERCARRIAGE | 150.0000 | 1 JOB | 150.00 <i>17 X</i> | |
| 45 TO REMOVE, REFIT 2 RIM & BALANCE TYRES | 70.0000 | 1 JOB | 70.00 <i>17 X</i> | |
| | | | 3,140.00 | 3,140.00 |

Total S\$ 21,102.40

Add GST @ 7% 1,477.17

Total Amount Payable S\$ 22,579.57

TOTAL: SINGAPORE DOLLAR TWENTY TWO THOUSAND FIVE HUNDRED SEVENTY NINE AND CENTS FIFTY SEVEN ONLY

For Progressive Car Care Pte Ltd

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:


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 | 06/05/2022 14:40 (SGT) |
| Date of Accident | 05/05/2022 23:15 (SGT) |
| Exact Location of Accident | Tampines Ave 2, Singapore |
| Additional Location Information | TAMPINES AVENUE 2 SINGAPORE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLC4245B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------|
| Is company? | No |
| Name Of Registered Owner | MURUGAIAH BALAKRISHNAN |
| NRIC No | SXXXX138B |
| Email Address | MURUGANBALAKRISHNAN28@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91058953 |
| Alternative Phone No | +65-91058953 |

VEHICLE PARTICULARS

| | |
|--|--------------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| Variant | TOYOTA / COROLLA ALTIS 1.6 CVT |
| 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 |
| Transmission | Auto |
| CC | 1598 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | Auto & General Insurance (Singapore) Pte. Limited. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 10551919R00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------------|
| Name of Driver | MURUGAIAH BALAKRISHNAN |
| NRIC No | SXXXX138B |

| | |
|--|--|
| Date Of Birth | 28/07/1949 |
| Occupation | Indoor |
| Date Of Driving Pass | 01/02/1973 |
| Driving experience | 49 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91058953 |
| Alt. Phone Number | +65-91058953 |
| Email Address | MURUGANBALAKRISHNAN28@GMAIL.COM |
| Address | APT BLK 309 TAMPINES STREET 32 #08-118 |
| Address complement | - |
| Postcode | 520309 |
| 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 vehicle 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 RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 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 | SJQ9934M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | AMBROS TAN KIAN YEE |
| NRIC No | SXXXX583F |

| | |
|---|---|
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | China Taiping Insurance (Singapore) Pte. Ltd. |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

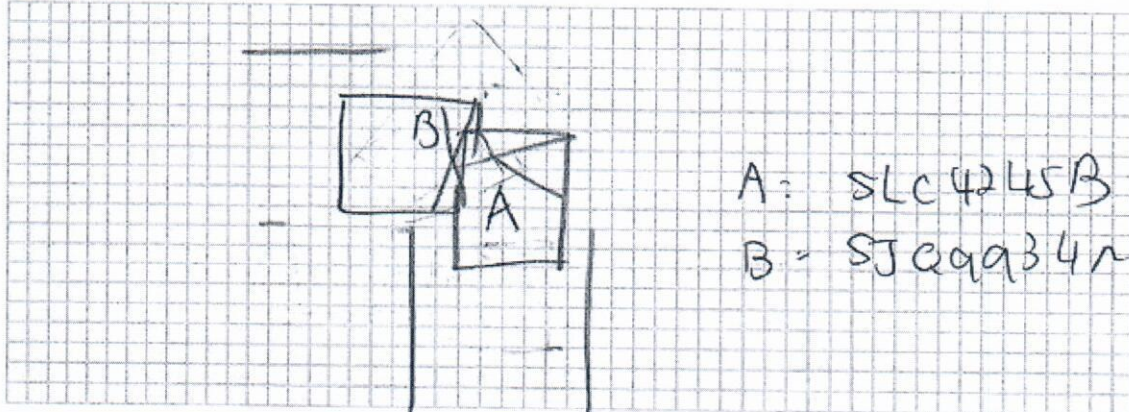
SKETCH PLANIMPORTANT NOTICE

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 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. 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

Sketch Plan

DRIVING ALONG

Describe Circumstances of the Accident

I was Tampines Ave 2 Centre lane (2nd lane)
 the other driver was Tampines St 21 Junction
 he turn to the east 2nd lane to my side
 I ask him why he ~~turn~~ lane he told how lane
 for 24hrs.

SJQ 9934 M SODDENLY CUT INTO MY LANE.
 CAUSING HIT ONTO MY CAR SL4245B.

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.

M. Brubaker
 Policyholder's Signature / Date &
 Time

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

Ami
 Witnessed by Reporting Centre
 Personnel

Vehicle Details

| Vehicle No. | Make / Model |
|----------------------------------|---|
| SLC4245B | TOYOTA / COROLLA ALTIS 1.6 CVT |
| Vehicle Type : | Vehicle Attachment 1 : |
| P10 - Passenger Motor Car | No Attachment |
| Vehicle Scheme : | Chassis No. : |
| Normal | MR053REH104548949 |
| Propellant : | Engine No. : |
| Petrol | 1ZRX562610 |
| Motor No. : | Engine Capacity : |
| - | 1598 cc |
| Power Rating : | Maximum Power Output : |
| - | 90.0 kW (120 bhp) |
| Maximum Laden Weight : | Unladen Weight : |
| 1650 kg | 1215 kg |
| Year Of Manufacture : | Original Registration Date : |
| 2016 | 13 May 2016 |
| Lifespan Expiry Date : | COE Category : |
| - | A - Car up to 1600cc & 97kW (130bhp) |
| Quota Premium : | COE Expiry Date : |
| \$47,889.00 | 12 May 2026 |
| Road Tax Expiry Date : | PARF Eligibility Expiry Date : |
| 12 May 2022 | 12 May 2026 |
| Inspection Due Date : | Intended Transfer Date : |
| 12 May 2023 | 06 May 2022 |
| CO2 Emission : | CEV/VES Rebate Utilised Amount : |
| 151.00 (g/km) | - |
| CO Emission : | HC Emission : |