

Progressive Auto Pte Ltd
Business Reg. No. 200712509E
GST Reg. No. 200712509E
Tel: 6844 4620 Fax: 6844 4625
Email: claims@progressiveauto.sg

Date : 29/12/2022

BY E-MAIL

Your ref: SHA 1206 S

Our ref: SKV 4206 B

WITHOUT PREJUDICE

M/S AXA Insurance Pte Ltd
#27-01 AXA Tower
Singapore 068811

Dear Sir/Madam,

ACCIDENT INVOLVING : (SKV 4206 I & SHA 1206 S) ALONG PAN ISLAND EXPRESSWAY

DOA: 20/11/2022

TIME: 1700 HOURS

We refer to the above matter and write on behalf of JAMIAH BTE NANI, the registered owner of SKV 4206 B in respect of the above accident.

We are instructed that the above accident was caused by your insured's negligent driving/ or management of your insured vehicle. Your insured's vehicle SHA 1206 S collided onto the rear portion of our client's vehicle SKV 4206 B. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows:-

1. Cost of repair (\$19000 + 7% GST)	\$	20,330.00
2. Loss of Used (28 days × \$120)	\$	3,360.00
3. Buy 3rd Party's GIA Report	\$	31.00

Total Amount: \$ 23,721.00

Enclosed are the following documents for your perusal.

- 1) Driver's driving license/ Identity card
- 2) Certificate of Insurance
- 3) GIA report
- 4) LTA Search (
- 5) Original repair claim
- 6) Car Rental Agreement/ Receipt ()

The demand herein is in respect of our client's for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice any claim in respect of personal injuries.

Kindly acknowledge receipt of the above said documents within 7 days and your favourable reply is deeply appreciated.

Yours faithfully,



BL KOH

PROGRESSIVE AUTO PTE LTD

Business Reg. No: 200712509E

GST Reg. No: 200712509E

No 1 Kaki Bukit Ave 6 AutoBay

#02-48/50 Singapore 417883

Date : 29 December 2022

JAMIAH BTE NANI

C/O NO 1 KAKI BUKIT AVENUE 6

AUTOBAY #02-48/50

SINGAPORE 417883

MOTOR VEHICLE NO : SKV 4206 B VOLKSWAGEN JETTA GP 1.4 TSI 90 A/T TL
1632G5

REPAIR CLAIM \$ 19,000.00

LUMP SUM

Sub- total : \$ 19,000.00

7% GST : \$ 1,330.00

Total : \$ 20,330.00

SINGAPORE DOLLARS: TWENTY THOUSAND THREE HUNDRED AND THIRTY
ONLY

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 Actual 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	21/11/2022 19:40 (SGT)
Reported by	Both
Date of Accident	20/11/2022 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAN ISLAND EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4206B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAMIAH BTE NANI
NRIC No	SXXXX928G
Email Address	adamlangton3@gmail.com
Mobile Phone No	(Phone) +65-96227103
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2021-00003363-01

DRIVER

Name of Driver	ADAM EDWARD JOHN LANGTON BIN ADIL
NRIC No	TXXXX183F
Date Of Birth	14/12/2000
Occupation	Indoor

Date Of Driving Pass	15/03/2019
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96587942
Alt. Phone Number	-
Email Address	adamlangton3@gmail.com
Address	96 FLORA ROAD
Address complement	#04-53
Postcode	507007
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NUR DINI MANSOR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN, PHOTO AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1206S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH CHIK JOO
-	SXXXX388F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMM1916D
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	ASHRAF BIN HASSAN
NRIC No	SXXXX733D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNB8027U
Vehicle Manufacturer	MG
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	WEBB SANFORD ROBERT CHRISTOPHER
NRIC No	SXXXX949J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLV9506R
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NUR DINI MANSOR
Gender	Female
Phone No	(Phone) +65-93881313
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	20
Injuries Sustained	BACK INJURY
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	ADAM EDWARD JOHN LANGTON BIN ADIL
Gender	Male
Phone No	-
Address	96 FLORA ROAD
Address Complement	#04-53
Post Code	507007
Approximate Age Years Old	22
Injuries Sustained	BACK INJURY
Injured person in which vehicle?	SKV4206B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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**.
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. 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.

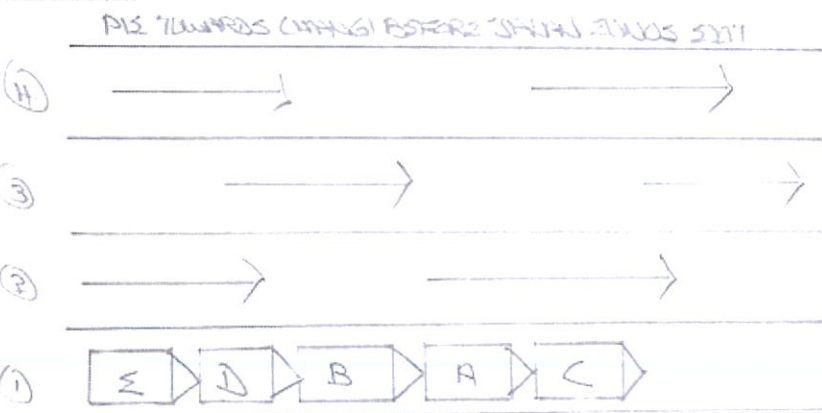
AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408823
TEL: 6450 9666 FAX: 6846 7483

Signature: Jom-ah nan
Policyholder's Signature / Date & Time: 21/11/22 16 40

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

Witnessed by Reporting Centre
Personnel: Elmer Arfonso
GXXXX824L

Sketch Plan



A 3 SKV H206 B
B 3 SHH 1206 S
C 3 SHH 1916 D
D 3 SJB 8227 U
E 3 SKV 4506 R

Describe Circumstances of the Accident

Refer to Police Report No. 3 712022112117039

Declaration

I/We declare the foregoing particulars are true in every respect.

Jamiah Nani
Policyholder's Signature / Date &
Time 21/11/22 1640

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

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408673
TEL: 6490 9666 FAX: 6846 7483
Witnessed by Reporting Centre
Personnel Elmer Alfonso
Gyxxx824L



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2022 16:28	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ADAM EDWARD JOHN LANGTON BIN ADIL		Address: 96 FLORA ROAD #04-53 SINGAPORE 507007	
ID Type / ID No.: NRIC NO / T0044183F		Contact No.: Home/Office: Mobile: 96587942	
Nationality: SINGAPORE CITIZEN		Email: ADAMLANGTON3@GMAIL.COM	
Sex: Male	Age: 21	Date of Birth: 14/12/2000	Type of Informant: Driver
Race: Caucasian		Language: English	Institution / School Name:
Occupation: DELIVERY		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2022 17:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA1206S	TAXI					0
SKV4206B	Car					0
SLV9506R	Car					0
SMM1916D	Car	BMW				0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB8027U	Car					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH CHIK JOO	ID No.	S7229388F
Related Vehicle	SHA1206S (TAXI)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ADAM EDWARD JOHN LANGTON BIN ADIL	ID No.	T0044183F
Related Vehicle	SKV4206B (Car)	Contact No.	96587942
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/11/2022	Date	21/11/2022
No. of Days granted Medical Leave	07	Degree of	Slight
Passenger			
Name	NUR DINI MANSOR	ID No.	T0126924G
Related Vehicle	SKV4206B (Car)	Contact No.	93881313
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/11/2022	Date	21/11/2022
No. of Days granted Medical Leave	07	Degree of	Slight



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221121/7039

CONTINUATION OF REPORT

Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SLV9506R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	ASHRAF BIN HASSAN		ID No.	S7641733D
Related Vehicle	SMM1916D (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	WEBB SANFORD ROBERT CHRISTOPHER		ID No.	S1758949J
Related Vehicle	SNB8027U (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

ON 20/11/2022 AT ABOUT 1700HRS, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI BEFORE JALAN EUNOS EXIT.

TRAFFIC WAS HEAVY AND SLOW MOVING.

I DROVE ON THE LANE IN SEQUENCE.

OUT OF A SUDDEN, I FELT A VERY HUGE IMPACT FROM BEHIND AND MY VEHICLE JERKED INTO THE VEHICLE INFRONT.

I IMMEDIATELY ALIGHTED TO CHECK ON MY VEHICLE AND DISCOVERED THAT IS WAS A



**SINGAPORE
POLICE FORCE**



T/20221121/7039

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 5

Report No. T/20221121/7039

CONTINUATION OF REPORT

CHAIN COLLISION INVOLVING 5 VEHICLES.

POLICE AND AMBULANCE ARRIVED AT THE SCENE BUT NO ONE WAS CONVEYED TO HOSPITAL BY THE AMBULANCE.



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/11/2022 16:28

Classification Of Case:

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1539928G



Name

JAMIAH BTE NANI

FOR CLAIMS &
GIA REPORTING ONLY

جميه بنت ناني

Race

MALAY

Date of birth

17-11-1962

Sex

F

S1539928G



Country/Place of birth
SINGAPORE

Owner

5830397



NRIC No. S1539928G



FOR CLAIMS &
GIA REPORTING ONLY

Date of issue
21-11-2017


Address

96 FLORA ROAD
#04-53
SINGAPORE 507007

FOR CLAIMS &
GIA REPORTING ONLY

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0044183F




Name
ADAM EDWARD JOHN LANGTON
BIN ADIL

Race
CAUCASIAN


Date of birth
14-12-2000

Sex
M

Country/Place of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
Name: T0044183F

ADAM EDWARD JOHN LANGTON
BIN ADIL

Birth Date: 14 Dec 2000
Issue Date: 15 Mar 2019



FOR CLAIMS &
GIA REPORTING ONLY

5475149



NRIC No. T0044183F




Date of issue
20-05-2015

Address
96 FLORA ROAD
#04-53
SINGAPORE 507007

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	15 Mar 2019

NP 428A



Licence No: T0044183F

Certificate of Insurance

Please call **+65-6322-2072** for FWD Emergency Assistance
if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

Policy number: PNPV2021-00003363-01 (Comprehensive - Executive Plan)

Car plate number: SKV4206B

Your name (As the policyholder): JAMIAH BTE NANI

Coverage start date: 17/09/2022

Coverage end date: 16/09/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive :

(a) You; and

(b) Anyone with a valid driving license who you give permission to drive your car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in accordance with your contract.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 03/08/2022



Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6820-8888**
or email us at **contact.sg@fwd.com** if any details
in this Certificate of Insurance need to be changed.

LOSS OF RENTAL CALENDER - NOVEMBER 2022

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Total : 11 Days (21-25 : 5 days, 28-30 : 3 days)

1 Saturday

2 Sundays

LOSS OF RENTAL CALENDER - DECEMBER 2022

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Christmas	Public Holiday					

Total : 17 Days (01-02 : 2 days, 05-09 : 5 days, 12-16 : 5 days)

3 Saturdays

2 Sundays



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 22/11/2022

Your Ref No: SKV 4206 B

Dear Sir/Madam,

Date of Accident: 20/11/2022 00:00 (SGT)

Vehicle No: SKV4206B

Place of Accident: PIE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA1206S	PIE, Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.