

HOCK WAH MOTOR WORKSHOP PTE LTD

BLK 3011 BEDOK INDUSTRIAL PARK E
BEDOK NORTH AVE 4,
#01-2008/10/12 SINGAPORE 489977
TEL : 6441 5655 FAX : 6441 5355/6243 8121
R.O.C No : 200104141D GST Reg. No. 20-0104141-D

TO : 53348270D
J2 PREMIUM SERVICES
NO

SINGAPORE
TEL : FAX :
PH : 97945940
ATTN :

ESTIMATE BILL

Number : EB00005259
Date : 02/09/2019
Case No : AD00010645
Vehicle No : SLK2791L
Chassis: JMYXTGF3WGZ00442
Year of Mfr 2016
Policy No
Model : MITSUBISHI
OUTLANDER 2.4 CVT

Term:

Sn	DESCRIPTION	QTY	U PRICE	ABS D AIR BAG AWD DISC S/R	AMOUNT
1	BOOTLID LOGO - OUTLANDER	1.0	90.00	10	81.00
2	FRONT FENDER RH	1.0	630.00	10	567.00
3	FRONT FENDER WHEEL PROTECTOR RH	1.0	179.00	10	161.10
4	FRONT FENDER SHIELD RH	1.0	148.00	10	133.20
5	HEADLAMP RH	1.0	1,916.00	10	1,724.40
6	HEADLAMP LOWER BRACKET RH	1.0	30.00	10	27.00
7	HEADLAMP CHROME RH	1.0	43.00	10	38.70
8	FRONT GRILLE ASSEMBLY	1.0	571.00	10	513.90
9	SUPPORT PANEL	1.0	958.00	10	862.20
10	FRONT BUMPER	1.0	855.00	10	769.50
11	FRONT BUMPER RETAINER RH	1.0	20.00	10	18.00
12	FRONT BUMPER RETAINER LH	1.0	20.00	10	18.00
13	FRONT BUMPER SIDE CHROME RH	2.0	198.00	10	356.40
14	FRONT BUMPER FOGLAMP CHROME RH	1.0	101.00	10	90.90
15	FRONT BUMPER FOGLAMP COVER RH	1.0	71.00	10	63.90
16	FRONT BUMPER LOWER CENTER GRILLE	1.0	299.00	10	269.10
17	FRONT BUMPER LOWER CENTER GARNISH	1.0	334.00	10	300.60
18	FRONT BUMPER LOWER GARNISH RH	1.0	50.00	10	45.00
Nett Price - Parts Sub Total					6,039.90
19	BONNET - REPAIR	1.0			
Special Nett Price - Parts Sub Total					0.00
Parts Total					6,039.90
20	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	700.00	0	700.00
21	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
22	ANTI-RUST COATING	1.0	150.00	0	150.00
23	WIRING	1.0	40.00	0	40.00
Labour 1 Sub Total					1,690.00
SINGAPORE DOLLARS : EIGHT THOUSAND TWO HUNDRED SEVENTY AND CENTS NINETY-NINE ONLY			Less Excess		0.00
			SUBTOTAL		7,729.90
			GST 7.00%		541.09
			TOTAL		8,270.99

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

HOCK WAH MOTOR WORKSHOP PTE LTD

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OUTLANDER 2.4 CVT

Sn	DESCRIPTION	QTY	U PRICE	ABS D/AIRBAG AND DISC S/R	AMOUNT
Date of accident : 31/08/2019 12:30 PM. Place : HILL STREET TURNING TO STAMFORD ROAD					

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

* N = Item not subjected to GST

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 Report	02/09/2019 10:21
Date Of Accident	31/08/2019 12:30
Exact Location Of Accident	HILL ST TURNING TO STAMFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2791L
Insured/Policyholder	
Name Of Registered Owner	J2 PREMIUM SERVICES
Co Reg No	53348270D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97945940

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087412338-02
Cover Note Number	12/01/2019 - 11/01/2020

Driver

Name of Driver	JUMA'AT BIN PARMAN
NRIC No	S6821575G
Date Of Birth	11/07/1968
Occupation	INDOOR
Date Of Driving Pass	07/04/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97300053
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK155 PASIR RIS STREET 13 #01-47
Postcode	510155
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR'S SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: JUNADAH BINTE ELIAS GENDER: FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE STATED DATE & TIME, I TRAVELLING ALONG THE FIRST LANE OF HILL STREET AND WISH TO TURNING LEFT TO STAMFORD ROAD. MY VEHICLE WAS STATIONARY TO LET PEDESTRIAN CROSS THE ROAD, WHILE THE ROAD WAS CLEAR AND I START MOVING MY VEHICLE. HOWEVER, VEHICLE B (SLU3048R) MOVING VERY FAST FROM BEHIND AND COLLIDED ONTO MY FRONT RIGHT PORTION OF VEHICLE. AFTER THE ACCIDENT, VEHICLE B DID NOT STOP AND MOVE AWAY AND I STOP HIM AND GET THE PARTICULAR OF DRIVER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	COULD NOT DOWNLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU3048R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARYL WEE YI YANG
NRIC/Passport Number	S9716870I
Contact Number	83284333

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident (to speed up the claims process).
2. This form is to be completed by the Policyholder and/or the Authorised Driver.
3. Information reported should be as truthful and accurate as possible. Any false claims or statements are subject to investigation and may lead to insurers or their 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 to 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

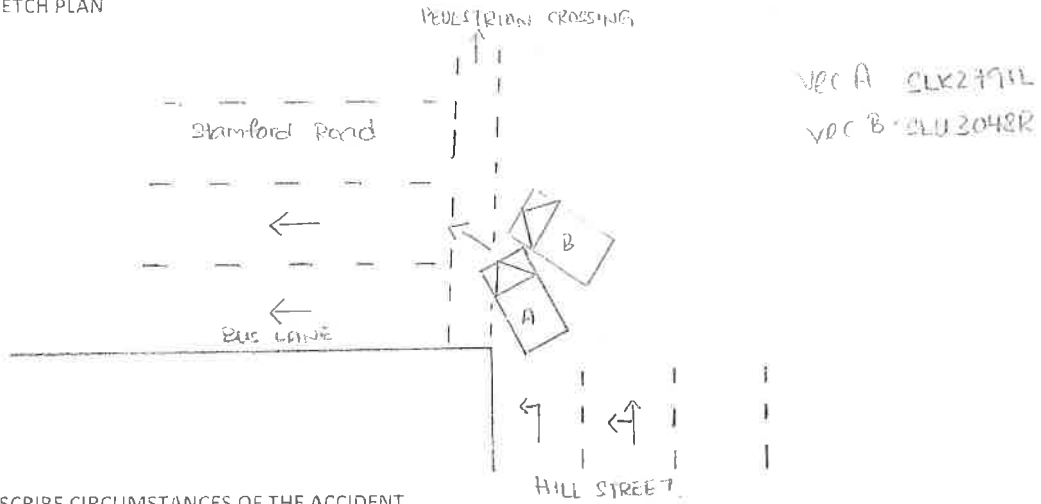
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER GIM REPORT.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	Reporting Only
	Claim OD
	<input checked="" type="checkbox"/> Claim TP
	Claim OD/TP at other workshop

DECLARATION

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

Policyholder Signature _____
Date & Time: _____

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

Reporting Centre Personnel
Name:
NRIC/FIN No.:

