

# 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 : 198404045D

EVERISE WAREHOUSING & TPTN PTE LTD  
NO 9 KAKI BUKIT ROAD 2  
03-02 GORDON WAREHOUSE BLDG  
SINGAPORE 417842  
TEL : +65 6743 5811 FAX : +65 6743 4671  
PH :  
ATTN : 97355288 Simon Tan

## ESTIMATE BILL

Number : EB00005327  
Date : 06/11/2019  
Case No : AD00010776  
Vehicle No : GBB5293D  
Chassis: JN1SC2F24Z0800965  
Year of Mfr 2009  
Policy No  
Model : NISSAN CABSTAR

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	HEADLAMP RH	1.0	473.40	10	426.06
2	FRONT BUMPER WITH REINFORCEMENT	1.0	945.10	10	850.59
3	FRONT CORNER PANEL RH	1.0	389.90	10	350.91
4	FRONT PANEL	1.0	1,412.70	10	1,271.43
5	FRONT PANEL EMBLEM	1.0	35.00	10	31.50
6	FRONT GRILLE	1.0	438.40	10	394.56
Nett Price - Parts Sub Total					3,325.05
7	FRONT NUMBER PLATE	1.0	30.00	0	30.00
Special Nett Price - Parts Sub Total					30.00
Parts Total					3,355.05
8	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	800.00	0	800.00
9	SPRAY PAINT ON THE AFFECTED AREAS	1.0	700.00	0	700.00
10	ANTI-RUST COATING	1.0	100.00	0	100.00
11	WIRING	1.0	40.00	0	40.00
Labour 1 Sub Total					1,640.00
SINGAPORE DOLLARS : FIVE THOUSAND THREE HUNDRED FORTY-FOUR AND CENTS SEVENTY ONLY			Less Excess		0.00
			SUBTOTAL		4,995.05
			GST 7.00%		349.65
			TOTAL		5,344.70

Date of accident : 04/11/2019 11:50 AM. Place : SATS AIRFREIGHT TERMINAL 6

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

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 Report	05/11/2019 17:53
Date Of Accident	04/11/2019 11:50
Exact Location Of Accident	SATS AIRFREIGHT TERMINAL 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5293D
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#### Insured/Policyholder

Name Of Registered Owner	EVERISE WAREHOUSING & TRANSPORTATION PTE LTD
Co Reg No	198404045D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97355288

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0006548-MVA-R006
Cover Note Number	

#### Driver

Name of Driver	ZHANG TAO
NRIC No	G8814585U
Date Of Birth	24/01/1997
Occupation	INDOOR
Date Of Driving Pass	19/09/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83665920
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address -  
 Postcode -  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured -  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
 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? NO  
 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) 1

#### 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

VEHICLE B IN FRONT OF ME STOP. I ALSO STOP. SUDDENLY, VEHICLE B REVERSE. I HORN AT HIM. BUT VEHICLE B STILL REVERSE AND HIT MY LORRY FRONT PORTION.

#### 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 YP6851R  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 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 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 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.

**EVERISE WAREHOUSING & TRANSPORTATION PTE LTD**

NO. 9 KAKI BUKIT ROAD 2 #03-02  
GORDON WAREHOUSE BUILDING  
SINGAPORE 417842

TEL: 743 5811 (10 LINES) FAX: 743 4671 / 847 3775

Policyholder's Signature  
Date & Time:

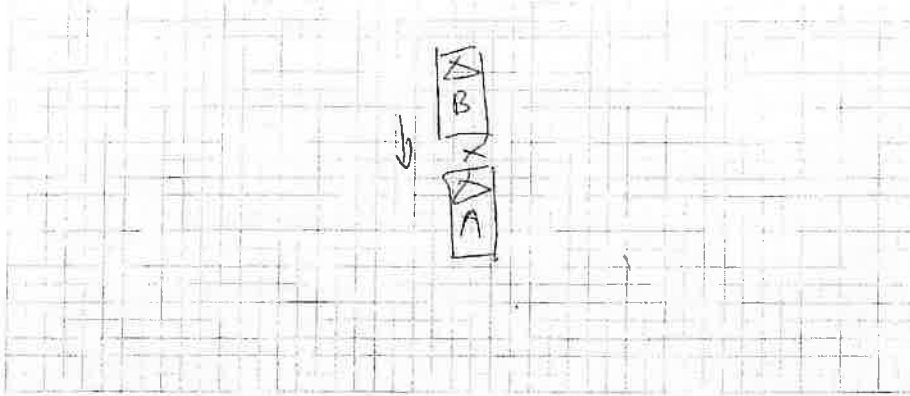
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GRAPHIC SOLUTIONS PTE LTD

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

veh B in front of me stop, & also stop suddenly  
 veh B reverse, & horn at him, but veh B  
 still reverse hit my lorry front position.

## DECLARATION

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

83, 9 KAKI BUKIT ROAD 2 203-02  
 GORDON WAREHOUSE BUILDING  
 SINGAPORE 417017

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.: