

# 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 : 53257368D

ACE VENDING  
NO

SINGAPORE  
TEL : FAX :  
PH : 9746 9918  
ATTN :

## ESTIMATE BILL

Number : EB00005329  
Date : 07/11/2019  
Case No : AD00010778  
Vehicle No : GY3278G  
Chassis : JN1MG4E25Z0712711  
Year of Mfr 2005  
Policy No DMCV3018501700  
Model : NISSAN URVAN

### Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	TAILGATE	1.0	1,998.30	10	1,798.47
2	TAILGATE LOGO - URVAN	1.0	19.50	10	17.55
3	REAR BUMPER	1.0	660.60	10	594.54
4	TAILGATE LOGO - 3.0D1	1.0	19.50	10	17.55
5	TAILGATE EMBLEM	1.0	59.70	10	53.73
6	END PANEL INNER PANEL	1.0	453.00	10	407.70
7	END PANEL TOP GARNISH	1.0	65.31	10	58.78
8	TAILGATE LOCK	1.0	354.50	10	319.05
9	TAILGATE RUBBER	1.0	180.80	10	162.72
10	TAILGATE TRIMBOARD	1.0	152.50	10	137.25
11	REAR BUMPER STEP PANEL	1.0	169.00	10	152.10
12	REAR BUMPER RETAINER RH	1.0	17.40	10	15.66
13	REAR BUMPER RETAINER LH	1.0	17.40	10	15.66
14	REAR BUMPER BRACKET RH	1.0		10	
15	REAR BUMPER BRACKET LH	1.0		10	
16	REAR STEP GARNISH CENTER	1.0		10	
17	SPARE TYRE BRACKET	1.0	175.00	10	157.50
18	TAILGATE ABSORBER LH	1.0	277.10	10	249.39
19	TAILGATE ABSORBER RH	1.0	277.10	10	249.39
Nett Price - Parts Sub Total					4,407.04
20	REVERSE SENSOR	1.0	280.00	0	280.00
21	REAR NUMBER PLATE	1.0	30.00	0	30.00
22	TAILGATE STICKER - 70KM/H	1.0	30.00	0	30.00
23	TAILGATE ARM COVER	1.0	12.40	0	12.40
24	WINDSCREEN SEALANT	2.0	24.00	0	48.00
25	END PANEL OUTER PANEL	1.0	152.40	0	152.40
26	REAR FLOOR PANEL - REPAIR	1.0			
Special Nett Price - Parts Sub Total					552.80
Parts Total					4,959.84
27	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	1,200.00	0	1,200.00
28	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
29	ANTI-RUST COATING	1.0	250.00	0	250.00
30	TO REMOVE & REFIT WINDSCREEN	1.0	180.00	0	180.00

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

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Policy No DMCV3018501700  
Model : NISSAN URVAN

### Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
31	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
	Labour 1 Sub Total				2,680.00
SINGAPORE DOLLARS : EIGHT THOUSAND ONE HUNDRED SEVENTY-FOUR AND CENTS SIXTY-THREE ONLY			Less Excess		0.00
			SUBTOTAL		7,639.84
			GST 7.00%		534.79
			TOTAL		8,174.63

Date of accident : 06/11/2019 02:30 PM. Place : CLEMENTI AVE 6

E. & O. E.

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## 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	07/11/2019 08:46
Date Of Accident	06/11/2019 14:30
Exact Location Of Accident	ALONG CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY3278G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE VENDING
Co Reg No	53257368D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97469918

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT20190230
Cover Note Number	08/03/2019-07/03/2020

### Driver

Name of Driver	ONG KIAN LIM
NRIC No	S1644249F
Date Of Birth	31/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91697276
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 64 KALLANG BARHU #06-377
Postcode	330064
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

ON THE STATED DATE AND TIME I WAS DRIVING ALONG CLEMENTI AVE 6. WHEN THE TRAFFIC LIGHT WAS RED I STOPPED MY VEHICLE AT THE JUNCTION. SUDDENLY I FELT A IMPACT AND REALIZED THAT VEHICLE B (SMM560C) HAD HIT ONTO MY VEHICLE.

#### 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	SMM560C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ONG BOON KHENG
NRIC/Passport Number	S1661635D
Contact Number	84282609
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.
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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.



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

Clement Ave 6

Vehicle A

GY32765

Vehicle B

SMM 564



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to GIA 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
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Claim OD	
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Claim TP	
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Claim OD/TP at other workshop	
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## DECLARATION

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

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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.:

