# 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 :** 198104597K
LEEWAY TRANS-ACT PTE LTD
NO 4 CHANGI SOUTH LANE
01-03 NAN WAH BUILDING
SINGAPORE 486127
TEL : 62433200 FAX : 62410037
PH :
ATTN :

**Term:**

## ESTIMATE BILL

**Number :** EB00005345
**Date :** 22/11/2019
**Case No :** AD00010813
**Vehicle No :** YP9533P
**Chassis:** FK62FMA40022
**Year of Mfr** 27 Sep 2018
**Policy No**
**Model :** MITSUBISHI FUSO FK62FMZ1RDEB

| Sn | DESCRIPTION | QTY | U_PRICE | DISC | AMOUNT |
|---|---|---|---|---|---|
| 1 | TAIL LAMP RH | 1.0 | 358.10 | 25 | 268.58 |
| | **List Price - Parts Sub Total** | | | | **268.58** |
| 2 | REAR CARGO DOOR RH | 1.0 | 1,500.00 | 0 | 1,500.00 |
| 3 | REAR CARGO DOOR HINGE BOTTOM RH | 1.0 | 120.00 | 0 | 120.00 |
| 4 | REAR CARGO DOOR HINGE TOP RH | 1.0 | 120.00 | 0 | 120.00 |
| 5 | REAR CARGO DOOR COMPANY STICKER | 1.0 | 500.00 | 0 | 500.00 |
| 6 | REAR SIDE LOCK RH | 1.0 | 200.00 | 0 | 200.00 |
| 7 | REAR SIDE STEP BAR RH | 1.0 | 280.00 | 0 | 280.00 |
| 8 | REAR CARGO DOOR LH - REPAIR | 1.0 | | | |
| 9 | REAR CARGO DOOR PILLAR RH - REPAIR | 1.0 | | | |
| 10 | REAR SIDE DOOR RH - REPAIR | 1.0 | | | |
| 11 | REAR CARGO END CROSS MEMBER - REPAIR | 1.0 | | | |
| | **Special Nett Price - Parts Sub Total** | | | | **2,720.00** |
| | **Parts Total** | | | | **2,988.58** |
| 12 | LABOUR TO REMOVE & REFIT NECESSARY PARTS | 1.0 | 800.00 | 0 | 800.00 |
| 13 | SPRAY PAINT ON THE AFFECTED AREAS | 1.0 | 800.00 | 0 | 800.00 |
| 14 | ANTI-RUST COATING | 1.0 | 200.00 | 0 | 200.00 |
| 15 | WIRING | 1.0 | 40.00 | 0 | 40.00 |
| | **Labour 1 Sub Total** | | | | **1,840.00** |

SINGAPORE DOLLARS : FIVE THOUSAND ONE HUNDRED SIXTY-SIX AND CENTS FIFTY-EIGHT ONLY

| | |
|---|---|
| **Less Excess** | 0.00 |
| **SUBTOTAL** | 4,828.58 |
| GST 7.00% | 338.00 |
| **TOTAL** | **5,166.58** |

Date of accident : 14/11/2019 11:40 AM. Place : TOWARD WOODLANDS

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE



* N = Item not subjected to GST

Issued by : Anysia

MHW119153787 / Hock Wah Motor Workshop Pte Ltd - Bedok
ENTRY DATE & TIME: 21/11/2019 13:30
SUBMITTED BY: Wee Kuan Tat

**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 21/11/2019 14:16**

# 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 witholding 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 | 21/11/2019 13:30 |
| Date Of Accident | 14/11/2019 11:40 |
| Exact Location Of Accident | ALONG BKE TOWARD WOODLANDS |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | YP9533P |
| **Insured/Policyholder** | |
| Name Of Registered Owner | LEEWAY TRANS-ACT PTE LTD |
| Co Reg No | 198104597K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85014797 |
| Alternative Phone No | OFFICE-62433200 |
| **Vehicle Particulars** | |
| Manufacturer | MITSUBISHI |
| Model | FUSO FK62FMZ1RDEC |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D19MCV0004519 |
| Cover Note Number | 27/9/219-26/9/2020 |
| **Driver** | |
| Name of Driver | CHUA LIANG KWANG |
| NRIC No | S0097606G |
| Date Of Birth | 07/11/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/10/2014 |
| Driving Experience | 5 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85014797 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 4 BEDOK SOUTH AVE 1 #09-827 |
| Postcode | 460004 |
| 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) | 2 |
| Passenger 1 | NAME: : NG CHI KANG<br>GENDER: : MALE |

**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 MOVING ALONG BKE TOWARDS WOODLAND.VEHICLE B (GBG 9710P) WAS MOVING AT A FAST SPEED AND WAS TRYING TO CUT INTO MY LANE.SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B (GBG9710) HIT ONTO THE REAR OF 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 | GBG9710P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | S8635239G |
| 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.

LEEWAY TRANSACT PTE LTD

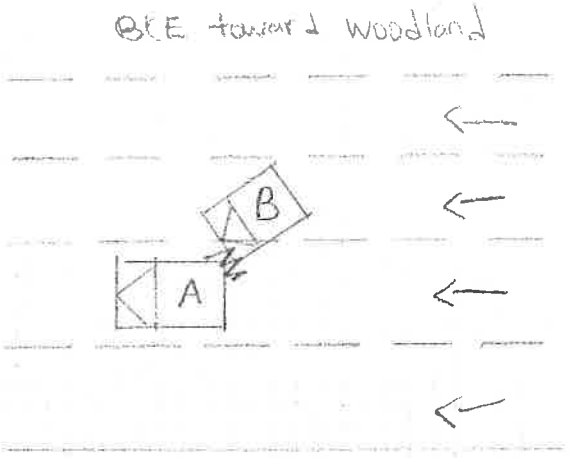
| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

## Sketch Plan Pg. 2

**SKETCH PLAN**

Veh A YP9533P

Veh B SBG9110P




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to 91A 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 |
| | | Claim TP |
| | | Claim OD/TP at other workshop |

**DECLARATION**

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

| | | |
|---|---|---|
| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |