

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 : 197500270H
YEW CHOON PTE LTD
NO 8 PIONEER SECTOR 1

SINGAPORE 628420
TEL : 68611808 FAX :
PH : 85111816
ATTN :

ESTIMATE BILL

Number : EB00005405
Date : 23/01/2020
Case No : AD00010931
Vehicle No : SKL9054S
Chassis: JTHBL46F405127385
Year of Mfr 2013
Policy No
Model : TOYOTA LEXUS
LS460 AUTO

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	REAR DOOR PILLAR CENTER PILLAR LH	1.0	987.15	25	740.36
2	REAR DOOR LH	1.0	1,102.95	25	827.21
3	REAR DOOR TOP HINGE LH	1.0	165.10	25	123.83
4	REAR DOOR BOTTOM HINGE LH	1.0	666.35	25	499.76
5	REAR DOOR CHECKER LH	1.0	240.10	25	180.08
6	REAR DOOR OUTER CHROME LH	1.0	166.40	25	124.80
7	REAR DOOR PROTECTOR CHROME LH	1.0	570.81	25	428.11
8	REAR DOOR OUTER HANDLE LH	1.0	487.60	25	365.70
9	REAR DOOR OUTER HANDLE SMALL LH	1.0	180.51	25	135.38
10	REAR DOOR OUTER HANDLE SENSOR	1.0	509.10	25	381.83
11	REAR DOOR INNER BRACKET LH	1.0	66.10	25	49.58
12	REAR DOOR HANDLE RUBBER WASHER	2.0		25	
13	REAR DOOR TRIMBOARD LH	1.0	2,870.86	25	2,153.15
14	REAR DOOR LOCK LH	1.0	980.51	25	735.38
15	REAR DOOR GLASS PILLAR LH	1.0	587.69	25	440.77
16	REAR DOOR GLASS CHAMBER LH	1.0	420.51	25	315.38
17	REAR DOOR OUTER STAND GARNISH LH	1.0	166.15	25	124.61
18	REAR DOOR GLASS LH	1.0	987.60	25	740.70
19	REAR DOOR QUARTER GLASS	1.0	681.90	25	511.43
20	ROCKER PANEL LH	1.0	1,487.96	25	1,115.97
21	ROCKER GARNISH LH	1.0	727.15	25	545.36
22	REAR DOOR STEP GARNISH LH	1.0	215.10	25	161.33
23	REAR DOOR RUBBER LH	1.0	599.15	25	449.36
24	REAR DOOR PILLAR RUBBER LH	1.0	687.90	25	515.93
25	REAR DOOR REGULATOR GEAR LH	1.0	599.45	25	449.59
26	REAR DOOR REGULATOR MOTOR LH	1.0	877.21	25	657.91
27	REAR BRAKE DISC ROTOR LH	1.0	808.15	25	606.11
28	REAR WHEEL BEARING LH	1.0	758.10	25	568.58
29	REAR BRAKE DISC PAD LH	1.0	399.10	25	299.33
30	REAR FENDER LH	1.0	1,870.56	25	1,402.92
31	REAR FENDER INNER SHIELD LH	1.0	395.40	25	296.55
32	REAR WINDSCREEN GLASS MOULDING	1.0	299.10	25	224.33
33	REAR BUMPER	1.0	922.30	25	691.73
34	REAR BUMPER RETAINER LH	1.0	145.10	25	108.83

E. & O. E.

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CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

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Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
35	REAR CONTROL ARM LH	3.0	699.15	25	1,573.09
36	REAR UPPER ARM LH	1.0	758.00	25	568.50
37	REAR LOWER ARM LH	1.0	899.53	25	674.65
38	REAR SHOCK ABSORBER LH	1.0	2,870.51	25	2,152.88
39	REAR DRIVE SHAFT LH	1.0	1,988.40	25	1,491.30
40	REAR AXLE	1.0	6,977.15	25	5,232.86
41	FRONT BUMPER	1.0	808.45	25	606.34
42	FRONT BUMPER RETAINER LH	1.0	166.10	25	124.58
43	FRONT BUMPER RETAINER RH	1.0	166.10	25	124.58
44	FRONT GRILLE WITH CHROME	1.0	1,870.76	25	1,403.07
45	FRONT GRILLE EMBLEM	1.0	650.45	25	487.84
46	FRONT BUMPER NUMBER GARNISH	1.0	603.10	25	452.33
47	FRONT ENGINE LOWER DUST COVER	1.0	560.15	25	420.11
48	FRONT BUMPER LOWER GRILLE	1.0	666.15	25	499.61
List Price - Parts Sub Total					32,783.63
49	FRONT DOOR LH - REPAIR	1.0			
50	REAR WHEEL RIM LH	1.0	1,500.00	0	1,500.00
51	REAR WHEEL RIM RH	1.0	1,500.00	0	1,500.00
52	REAR TYRE LH	1.0	800.00	0	800.00
53	REAR TYRE RH	1.0	800.00	0	800.00
54	FRONT NUMBER PLATE	1.0	30.00	0	30.00
55	FRONT NUMBER PLATE HOLDER	1.0	30.00	0	30.00
56	WINDSCREEN SEALANT	2.0	24.00	0	48.00
Special Nett Price - Parts Sub Total					4,708.00
Parts Total					37,491.63
57	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	1,800.00	0	1,800.00
58	SPRAY PAINT ON THE AFFECTED AREAS	1.0	2,500.00	0	2,500.00
59	ANTI-RUST COATING	1.0	800.00	0	800.00
60	COMPUTERISED SETTING	1.0	400.00	0	400.00
61	TO REMOVE & REFIT UNDERCARRIAGE	1.0	600.00	0	600.00
62	TO REMOVE & REFIT WINDSCREEN	1.0	280.00	0	280.00
63	TO REMOVE & REFIT CUSHION & UPHOSTERY	1.0	500.00	0	500.00
64	TO REMOVE & REFIT FUEL TANK	1.0	350.00	0	350.00

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Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
65	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
66	FOUR WHEEL ALIGNMENT	1.0	180.00	0	180.00
	Labour 1 Sub Total				7,560.00
SINGAPORE DOLLARS : FORTY-EIGHT THOUSAND TWO HUNDRED FIVE AND CENTS TWENTY-FOUR ONLY			Less Excess		0.00
			SUBTOTAL		45,051.63
			GST 7.00%		3,153.61
			TOTAL		48,205.24

Date of accident : 21/01/2020 12:30 PM. Place : CRANWELL ROAD INFRONT CHANGI COVE

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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	22/01/2020 09:19
Date Of Accident	21/01/2020 12:30
Exact Location Of Accident	CRANWELL ROAD INFRONT CHANGI COVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9054S
Insured/Policyholder	
Name Of Registered Owner	YEW CHOON PTE LTD
Co Reg No	1XXXXX270H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68611808

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS LS460 AUTO
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-20094821MVQC
Cover Note Number	

Driver

Name of Driver	NEO HOCK CHONG
NRIC No	SXXXX318I
Date Of Birth	23/07/1945
Occupation	INDOOR
Date Of Driving Pass	29/08/1962
Driving Experience	57 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96639225
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	58C TOH CRESCENT
Postcode	SINGAPORE
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COMPANY OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	WET

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

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	GBB6584H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TONG SEH CHNG
NRIC/Passport Number	SXXXX773Z
Contact Number	94997525
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.

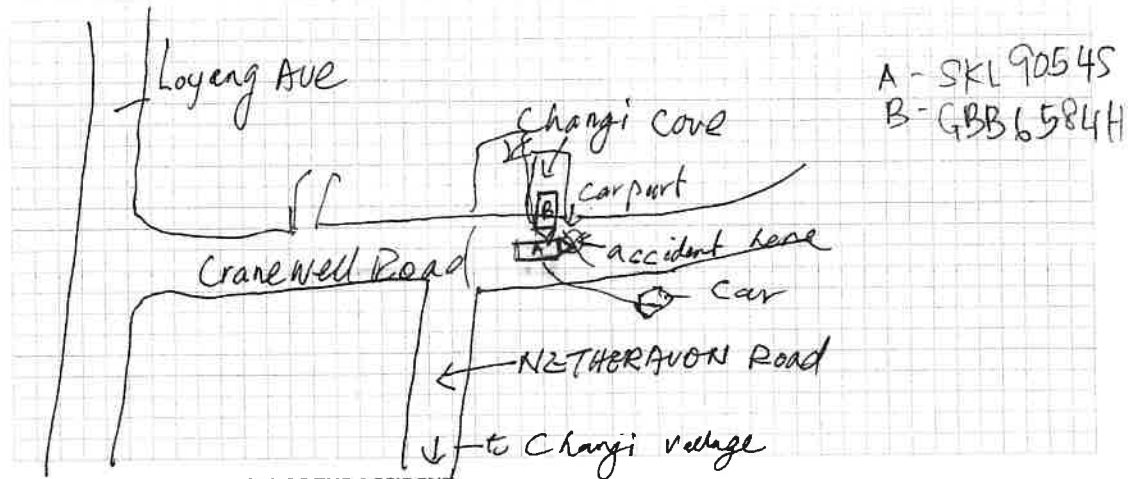


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKL 9054S	ACCIDENT DATE & TIME: 21/Jan/2020 12:30 pm
CONTACT NUMBER: 96639225	E-MAIL ADDRESS:
LOCATION: Crane Well Road in front of Changi Cove	
<p>The accident on 21/1/2020 at about 12.30pm, when I pass Changi Cove, I see a pick up waiting for exit. When I pass there, the pick up suddenly drive out and hit my car back door & serious damage it. The driver of the Pick up (GBB 6584H) admit he see the left side & not see the right side for me. There is nothing to be done, so I have to report to the insurance.</p> <p>The driver of the pick up: MR Tiong Seh Chng I/S 501677732 H/P NO: 94997525</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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

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.: