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 : 201422857D
KOH CAR HO PTE. LTD.
NO 3011 BEDOK NORTH AVE 4
#01-2010 BEDOK INDUSTRIAL PARK
SINGAPORE 489977
TEL : FAX :
PH : 91183208
ATTN :

ESTIMATE BILL

Number : EB00005463
Date : 06/04/2020
Case No : AD00011084
Vehicle No : SLR5914T
Chassis: MHFB29F3002013106
Year of Mfr 2017
Policy No
Model : TOYOTA VIOS 1.5E A

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	REAR BUMPER	1.0	967.54	25	725.66
2	REAR BUMPER RETAINER RH	1.0	98.50	25	73.88
3	REAR FENDER RH	1.0	1,072.54	25	804.41
4	REAR WHEEL HOUSING RH	1.0	827.60	25	620.70
5	REAR DOOR RH	1.0	1,270.51	25	952.88
6	REAR WINDSCREEN MOULDING	1.0	219.55	25	164.66
	List Price - Parts Sub Total				**3,342.19**
7	REAR DOOR HANDLE RH - REPAIR	1.0			
8	REAR ROCKER PANEL RH - REPAIR	1.0			
9	REAR WHEEL RIM RH	1.0	680.00	0	680.00
10	WINDSCREEN SEALANT	2.0	24.00	0	48.00
	Special Nett Price - Parts Sub Total				**728.00**
	Parts Total				**4,070.19**
11	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	900.00	0	900.00
12	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
13	ANTI-RUST COATING	1.0	150.00	0	150.00
14	TO REMOVE & REFIT WINDSCREEN	1.0	180.00	0	180.00
15	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
16	TO REMOVE & REFIT CUSHION & UPHOSTERY	1.0	150.00	0	150.00
	Labour 1 Sub Total				**2,330.00**

SINGAPORE DOLLARS : SIX THOUSAND EIGHT HUNDRED FORTY-EIGHT AND CENTS TWENTY ONLY	**Less Excess**	0.00
	SUBTOTAL	6,400.19
	GST 7.00%	448.01
	TOTAL	**6,848.20**

Date of accident : 03/04/2020 12:40 PM. Place : TAMPINES AVENUE 6 > AVE 5

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

* N = Item not subjected to GST

Issued by : Anysia

MHW120039677 / Hock Wah Motor Workshop Pte Ltd - Bedok
ENTRY DATE & TIME: 03/04/2020 14:56
SUBMITTED BY: Michelle Koh Kai Xin

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	03/04/2020 14:56
Date Of Accident	03/04/2020 12:40
Exact Location Of Accident	ALONG TAMPINES AVENUE 6 TWDS TAMPINES AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR5914T
Insured/Policyholder	
Name Of Registered Owner	KOH CAR HO PTE LTD
Co Reg No	2XXXXX857D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91183208
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (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	5105120639-01
Cover Note Number	21/02/2020 - 20/02/2021
Driver	
Name of Driver	KOH BOCK CHEE
NRIC No	SXXXX567H
Date Of Birth	22/11/1953
Occupation	INDOOR
Date Of Driving Pass	20/06/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96561645
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	518B TAMPINES CENTRAL 7 #06-66
Postcode	522518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : KOH DEJIAN 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 DRIVING ALONG TAMPINES AVENUE 6 TURNING RIGHT TOWARDS TAMPINES AVENUE 5. AFTER THE TURN, MY VEHICLE WAS TRAVELLING STRAIGHT. SUDDENLY I FELT AN IMPACT AND REALIZE VEHICLE B (GBH169G) HAD HIT ONTO THE REAR RIGHT PORTION OF MY VEHICLE. VEHICLE B WOULD LIKE TO CHANGE LANE AS THERE WERE CONSTRUCTION AT THE FRONT RIGHT LANE.

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	GBH169G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG KWONG WEE
NRIC/Passport Number	SXXXX317G
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.
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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.

KOH CAR HO PTE. LTD. Reg. No. 201422857D

Policyholder's Signature
Date & Time:

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

HOCK WAH MOTOR WORKSHOP PTE LTD REG NO 200104141D

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

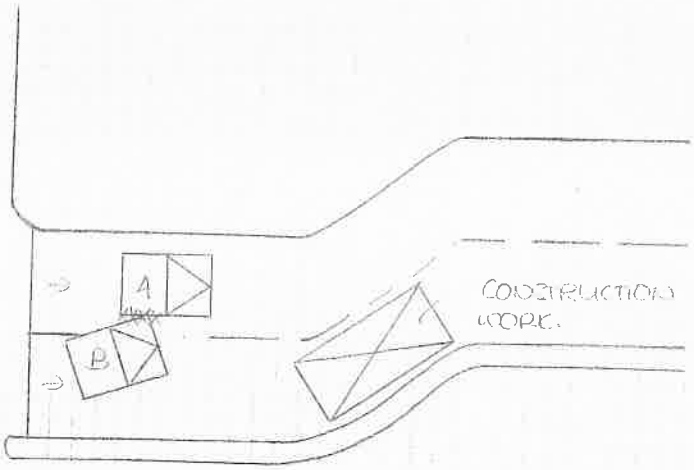
SKETCH PLAN

VEH A : SLR5914T

VEH B : GBH1649G

TAMPINES AVENUE 6

TOWARDS TAMPINES AVENUE 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GHA 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.

KOH CARHO PTE. LTD. Reg. No. 201422857D

Policyholder's Signature
Date & Time:

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

HOCK WAH MOTOR WORKSHOP PTE LTD REG NO 200104141D

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