

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 : SXXX5329I
NG HOCK KWANG
BLK 462 TAMPINES ST 44
520462
SINGAPORE 520462
TEL : FAX :
PH : 91723031
ATTN :

ESTIMATE BILL

Number : EB00005468
Date : 9/4/2020
Case No : AD00011092
Vehicle No : SGP1282D
Chassis : ZGE200024413
Year of Mfr : 2009
Policy No :
Model : TOYOTA WISH 1.8 A

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	FRONT BUMPER	1.0	570.00	25	427.50
2	FRONT BUMPER SPONGE	1.0	97.00	25	72.75
3	FRONT BUMPER REINFORCEMENT	1.0	292.00	25	219.00
4	FRONT BUMPER RETAINER RH	1.0	87.00	25	65.25
5	FRONT BUMPER RETAINER LH	1.0	87.00	25	65.25
List Price - Parts Sub Total					849.75
6	FRONT NUMBER PLATE	1.0	30.00	0	30.00
7	FRONT NUMBER PLATE HOLDER	1.0	30.00	0	30.00
8	BONNET - REPAIR	1.0			
Special Nett Price - Parts Sub Total					60.00
Parts Total					909.75
9	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	500.00	0	500.00
10	SPRAY PAINT ON THE AFFECTED AREAS	1.0	700.00	0	700.00
11	ANTI-RUST COATING	1.0	80.00	0	80.00
Labour 1 Sub Total					1,280.00
SINGAPORE DOLLARS : TWO THOUSAND THREE HUNDRED FORTY-THREE AND CENTS THREE ONLY			Less Excess		0.00
			SUBTOTAL		2,189.75
			GST 7.00%		153.28
			TOTAL		2,343.03

Date of accident : 20/03/2020 05:40 PM. Place : BLK217 BEDOK NORTH STREET 1 CARPARK

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	21/03/2020 13:58
Date Of Accident	20/03/2020 17:40
Exact Location Of Accident	BLK 217 BEDOK NORTH STREET 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP1282D
Insured/Policyholder	
Name Of Registered Owner	NG HOCK KWANG
NRIC No	SXXXX329I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91469499
Alternative Phone No	OFFICE-91469499

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS010899
Cover Note Number	

Driver

Name of Driver	NG GUI LING
NRIC No	SXXXX620J
Date Of Birth	10/10/1992
Occupation	INDOOR
Date Of Driving Pass	21/03/2012
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81556155
Fax Number	
Contact Number	
EMail Address	ANGIENGUILING@GMAIL.COM

Address	BLK 450D TAMPINES STREET 42 #05-422 SINGAPORE
Postcode	524450
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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: : BRANDAN PHANG GENDER: : MALE
Passenger 2	NAME: : ALYN PHANG GENDER: : FEMALE

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

PLEASE REFER TO ATTACHED

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	SKC7538Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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 21/03/2020
1000hrs

Driver's Signature

(If driver is not the policyholder)

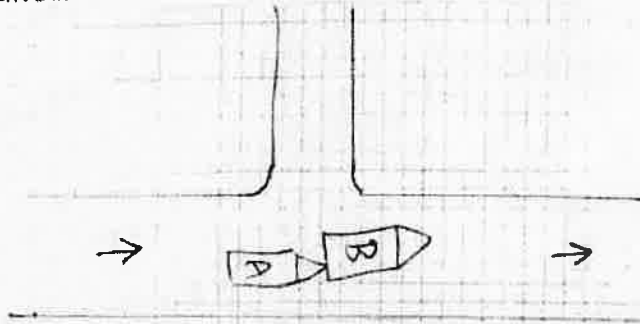
Date & Time 21/03/2020
1000hrs

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



A:SGP1282D

B:SKC7538Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B reversed without checking and hit onto Vehicle A.

DECLARATION

1/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: _____

