

# 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 : SXXXXX155B  
YEOH KAH HENG  
BLK 41A BEDOK RIA CRESCENT  
02-45  
SINGAPORE 489929  
TEL : FAX :  
PH : 93661633  
ATTN :

## ESTIMATE BILL

Number : EB00005487  
Date : 16/06/2020  
Case No : AD00011150  
Vehicle No : SJJ7842U  
Chassis: JTDER12W603000795  
Year of Mfr 2008  
Policy No  
Model : TOYOTA WISH 1.8 A

### Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	TAILGATE	1.0	1,272.00	25	954.00
2	TAILGATE DAMPER RH	1.0	227.00	25	170.25
3	TAILGATE DAMPER LH	1.0	227.00	25	170.25
4	TAILGATE EMBLEM	1.0	63.00	25	47.25
5	TAILGATE LOGO	1.0	59.00	25	44.25
6	END PANEL	1.0	519.00	25	389.25
7	END PANEL TOP GARNISH	1.0	245.12	25	183.84
8	REAR BUMPER	1.0	513.00	25	384.75
9	REAR BUMPER RETAINER RH	1.0	87.00	25	65.25
10	REAR BUMPER RETAINER LH	1.0	87.00	25	65.25
11	REAR BUMPER REFLECTOR LH	1.0	69.00	25	51.75
12	REAR BUMPER CLIP	4.0	5.00	25	15.00
13	REAR FENDER LAMP LH	1.0	524.00	25	393.00
List Price - Parts Sub Total					2,934.09
14	REVERSE SENSOR	1.0	280.00	0	280.00
15	REAR BUMPER SPOILER	1.0	680.00	0	680.00
16	REAR FENDER LH - REPAIR	1.0			
Special Nett Price - Parts Sub Total					960.00
Parts Total					3,894.09
17	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	900.00	0	900.00
18	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
19	ANTI-RUST COATING	1.0	150.00	0	150.00
20	WIRING	1.0	40.00	0	40.00
21	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					2,140.00
SINGAPORE DOLLARS : SIX THOUSAND FOUR HUNDRED FIFTY-SIX AND CENTS FORTY-EIGHT ONLY			Less Excess		0.00
			SUBTOTAL		6,034.09
			GST 7.00%		422.39
			TOTAL		6,456.48

Date of accident : 13/06/2020 09:45 AM. Place : BEDOK SOUTH AVE 3 X BEDOK SOUTH RD JUNCTION

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	13/06/2020 11:48
Date Of Accident	13/06/2020 09:45
Exact Location Of Accident	BEDOK SOUTH AVE 3 X BEDOK SOUTH RD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7842U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEOH KAH HENG
NRIC No	SXXXX155B
Email Address	SAMYEOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93661633
Alternative Phone No	OFFICE-93661633

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2019-00014595
Cover Note Number	25/09/2019-24/09/2020

### Driver

Name of Driver	YEOH KAH HENG
NRIC No	SXXXX155B
Date Of Birth	20/10/1960
Occupation	INDOOR
Date Of Driving Pass	28/09/1978
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93661633
Fax Number	
Contact Number	OFFICE-93661633
Email Address	SAMYEOH@HOTMAIL.COM

Address	41A BEDOK RIA CRESCENT 02-45
Postcode	489929
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	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 - HEAD TO REAR
Weather Conditions	RAINING
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)	2
Passenger 1	NAME: CHIA YEE CHIEW 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

REFER TO SKETCH PLAN

#### 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	SMQ1949M
Vehicle Make/Model/Colour	NISSAN SYLPHY 1.6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAJA MATHEW
NRIC/Passport Number	SXXXX429Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

13/6/2020  
12:16 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

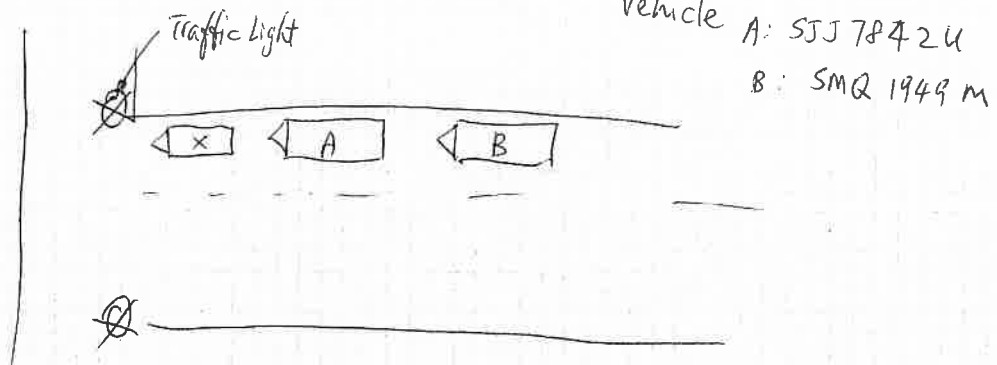
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the traffic light junction waiting for the traffic light to turn green. Suddenly, I felt an impact from the rear of my vehicle. I alighted from my vehicle and found vehicle B had rear ended my vehicle. We both exchanged our particulars, and the driver of vehicle B admitted that he hit my vehicle.

No injury at the point of accident.

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 timeframe 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

Date & Time:

13/6/2020

12:16 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PPN No.: