

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 : SXXXX897F

KOH JIEXI, NICHOLAS
BLK 608B TAMPINES NORTH DRIVE 1
11-320
SINGAPORE 522608
TEL : FAX :
PH : 91006768
ATTN :

ESTIMATE BILL

Number : EB00005498
Date : 21/07/2020
Case No : AD00011193
Vehicle No : SJR6862B
Chassis: MR053HY9305119509
Year of Mfr 2009
Policy No
Model : TOYOTA VIOS E
AUTO

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	END PANEL	1.0	551.70	25	413.78
2	END PANEL TOP GARNISH	1.0	200.76	25	150.57
3	REAR BUMPER	1.0	431.90	25	323.93
4	REAR BUMPER RETAINER LH	1.0	87.90	25	65.93
5	REAR BUMPER RETAINER RH	1.0	87.90	25	65.93
6	REAR BUMPER BRACKET RH	1.0	77.30	25	57.98
7	REAR BUMPER BRACKET LH	1.0	77.30	25	57.98
8	BOOTLID LOCK	1.0	102.50	25	76.88
9	BOOTLID RUBBER	1.0	186.50	25	139.88
10	BOOTLID LOGO - VIOS	1.0	59.30	25	44.48
11	BOOTLID LOGO - E	1.0	49.50	25	37.13
12	BOOTLID EMBLEM	1.0	59.50	25	44.63
List Price - Parts Sub Total					1,479.10
13	REAR FENDER LH - REPAIR	1.0			
14	BOOTLID - REPAIR	1.0			
15	SPARE TYRE PANEL - REPAIR	1.0			
16	REVERSE SENSOR	1.0	280.00	0	280.00
17	REAR BUMPER LOWER SPOILER	1.0	680.00	0	680.00
Special Nett Price - Parts Sub Total					960.00
Parts Total					2,439.10
18	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	700.00	0	700.00
19	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
20	ANTI-RUST COATING	1.0	100.00	0	100.00
21	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					1,750.00
SINGAPORE DOLLARS : FOUR THOUSAND FOUR HUNDRED EIGHTY-TWO AND CENTS THIRTY-FOUR ONLY			Less Excess		0.00
			SUBTOTAL		4,189.10
			GST 7.00%		293.24
			TOTAL		4,482.34

Date of accident : 20/07/2020 02:15 PM. Place : SIN MING DRIVE > SIN MING ROAD

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	20/07/2020 15:12
Date Of Accident	20/07/2020 14:15
Exact Location Of Accident	SIN MING DRIVE > SIN MING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6862B
Insured/Policyholder	
Name Of Registered Owner	KOH JIEXI, NICHOLAS
NRIC No	SXXXX897F
Email Address	NICHOLASKOH89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91006768
Alternative Phone No	OTHERS-91006768

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (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	5109575201-01
Cover Note Number	08/07/2020 - 07/07/2021

Driver

Name of Driver	KOH JIEXI, NICHOLAS
NRIC No	SXXXX897F
Date Of Birth	22/11/1989
Occupation	INDOOR
Date Of Driving Pass	08/04/2019
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91006768
Fax Number	
Contact Number	OTHERS-91006768
Email Address	NICHOLASKOH89@GMAIL.COM

Address	BLK608B TAMPINES NORTH DRIVE 1 #11-320
Postcode	522608
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON THE STATED DATE & TIME, I WAS STATIONARY MY VEHICLE AT THE SAID LOCATION DUE TO THE TRAFFIC LIGHT WAS RED. VEHICLE B (SHA4980U) ALSO STATIONARY BEHIND MY VEHICLE, VEHICLE C (GBE3643A) COLLIDED ONTO REAR PORTION OF VEHICLE B AND THE IMPACT CAUSED VEHICLE B COLLIDED ONTO MY REAR PORTION OF VEHICLE. THERE WERE NO INJURIES.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4980U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	96162836
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE3643A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	81887024
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

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

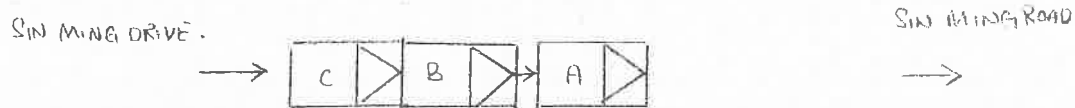


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



Vec A = 8JR 6862B

vec B = 311480 u

VEC C - GBE3643 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER 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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel Name: _____
NRC/FIN No.: _____