

# 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 : SXXX0569I  
PNG KIAN LEONG  
BLK 566 CHOA CHU KANG STREET 52  
11-144  
SINGAPORE 680566  
TEL : 63057489 FAX :  
PH : 91000978  
ATTN :

## ESTIMATE BILL

Number : EB00005499  
Date : 24/07/2020  
Case No : AD00011198  
Vehicle No : SGL928C  
Chassis: JHMFD16306S211990  
Year of Mfr 2006  
Policy No  
Model : HONDA CIVIC 1.8L A

### Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	REAR BUMPER	1.0	638.70	20	510.96
2	REAR BUMPER RETAINER RH	1.0	20.40	20	16.32
3	REAR BUMPER RETAINER LH	1.0	20.40	20	16.32
4	TAIL LAMP LH	1.0	409.80	20	327.84
5	REAR INNER BOOTLAMP LH	1.0	164.20	20	131.36
6	BOOTLID HINGE LH	1.0	55.80	20	44.64
7	BOOTLID HINGE RH	1.0	55.80	20	44.64
8	BOOTLID LOGO - CIVIC	1.0	20.70	20	16.56
9	BOOTLID LOGO - 1.8 i-VTEC	1.0	78.00	20	62.40
10	BOOTLID EMBLEM	1.0	85.00	20	68.00
11	BOOTLID CHROME	1.0		20	
12	BOOTLID	1.0	892.20	20	713.76
13	END PANEL	1.0	300.50	20	240.40
14	END PANEL TOP GARNISH	1.0	66.60	20	53.28
15	REAR BUMPER LOWER MUDFLAP LH	1.0	75.00	20	60.00
16	BOOTLID LOCK ASSEMBLY	1.0	194.50	20	155.60
List Price - Parts Sub Total					2,462.08
17	TAIL LAMP INNER PANEL LH - REPAIR	1.0			
18	SPARE TYRE PANEL - REPAIR	1.0			
19	REAR FENDER LH - REPAIR	1.0			
20	REVERSE SENSOR	1.0	280.00	0	280.00
Special Nett Price - Parts Sub Total					280.00
Parts Total					2,742.08
21	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	800.00	0	800.00
22	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
23	ANTI-RUST COATING	1.0	150.00	0	150.00
24	WIRING	1.0	40.00	0	40.00
25	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					2,040.00

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

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Vehicle No : SGL928C  
Chassis: JHMF16306S211990  
Year of Mfr 2006  
Policy No  
Model : HONDA CIVIC 1.8L A

### Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
SINGAPORE DOLLARS : FIVE THOUSAND ONE HUNDRED SIXTEEN AND CENTS EIGHTY-THREE ONLY			Less Excess		0.00
			<b>SUBTOTAL</b>		4,782.08
			GST 7.00%		334.75
			<b>TOTAL</b>		<b>5,116.83</b>

Date of accident : 22/07/2020 07:40 PM. Place : BUKIT TIMAH 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	24/07/2020 09:51
Date Of Accident	22/07/2020 19:40
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL928C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PNG KIAN LEONG
NRIC No	SXXXX569I
Email Address	ANDY.PNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91000978
Alternative Phone No	OTHERS-91000978

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091790112-02
Cover Note Number	06/09/2019-05/09/2020

### Driver

Name of Driver	PNG KIAN LEONG
NRIC No	SXXXX569I
Date Of Birth	28/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1983
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91000978
Fax Number	
Contact Number	OTHERS-91000978
Email Address	ANDY.PNG@GMAIL.COM

Address	BLK 566 CHOA CHU KANG STREET 52 #11-144
Postcode	680566
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	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)	2
Passenger 1	NAME: : CHRIS HILL (PASSENGER) 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 BUKIT TIMAH ROAD. WHILE I WAS TURNING RIGHT, I SAW A MAN DASH OVER THE ROAD HOWEVER THE RED MAN WAS ON AT THAT POINT OF TIME. I APPLIED BRAKE TO COME INTO A COMPLETE STOP. SUDDENLY I FELT AN IMPACT AND REALIZE VEHICLE B (SMA2118Y) HAD HIT ONTO MY VEHICLE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA2118Y
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**

**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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)**

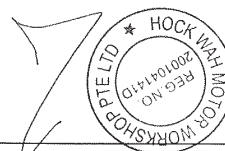
I understand, acknowledge, agree and consent that:

- (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:

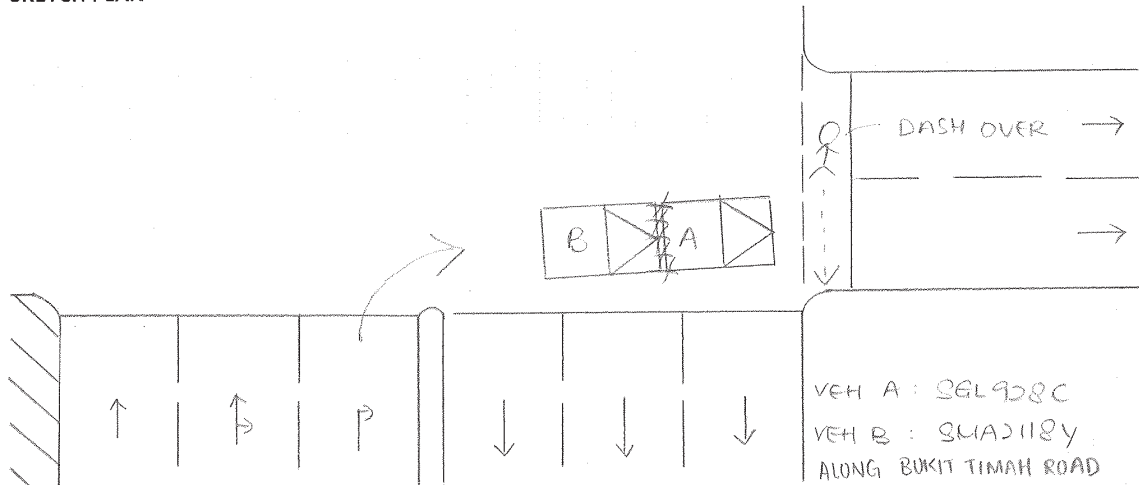
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer TO GIA 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td><td>Reporting Only</td></tr> <tr><td style="height: 25px;"></td><td>Claim OD</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Claim TP</td></tr> <tr><td style="height: 25px;"></td><td>Claim OD/TP at other workshop</td></tr> </table>		Reporting Only		Claim OD	<input checked="" type="checkbox"/>	Claim TP		Claim OD/TP at other workshop
	Reporting Only								
	Claim OD								
<input checked="" type="checkbox"/>	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 Signature:  
Name:  
NRIC/FIN No.:

