

# 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 : SXXX3459Z  
YEO HWEE HENG  
NO 9 CHIN TERRACE

SINGAPORE 509879  
TEL : FAX :  
PH : 91127765  
ATTN :

## ESTIMATE BILL

Number : EB00005541  
Date : 06/10/2020  
Case No : AD00011344  
Vehicle No : SKH6965D  
Chassis: WDD2120362B044946  
Year of Mfr 2014  
Policy No  
Model : MERCEDES BENZ  
E250 SEDAN (R17)

### Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	FRONT BUMPER	1.0	1,380.00	10	1,242.00
2	FRONT BUMPER RETAINER LH	1.0	25.00	10	22.50
3	HEADLAMP LH	1.0	3,222.00	10	2,899.80
4	FRONT FENDER LH	1.0	990.00	10	891.00
5	FRONT WHEEL RIM LH	1.0	1,100.00	10	990.00
6	FRONT WHEEL HUB BEARING LH	1.0	700.00	10	630.00
7	FRONT LOWER ARM LH	1.0	490.00	10	441.00
8	FRONT DOOR LH	1.0	2,050.00	10	1,845.00
9	REAR DOOR LH	1.0	2,290.00	10	2,061.00
10	FRONT SHOCK ABSORBER LH	1.0	865.00	10	778.50
11	FRONT KNUCKLE ARM LH	1.0	490.00	10	441.00
12	FRONT BUMPER SENSOR LH	1.0	280.00	10	252.00
13	FRONT BUMPER FOGLAMP COVER LH	1.0	60.00	10	54.00
14	WING MIRROR BRACKET LH	1.0	940.00	10	846.00
15	WING MIRROR GLASS LH	1.0	250.00	10	225.00
16	WING MIRROR LOWER COVER LH	1.0	110.00	10	99.00
17	WING MIRROR LAMP COVER LH	1.0	360.00	10	324.00
Nett Price - Parts Sub Total					14,041.80
18	FRONT TYRE LH	1.0	580.00	0	580.00
Special Nett Price - Parts Sub Total					580.00
Parts Total					14,621.80
19	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	1,300.00	0	1,300.00
20	SPRAY PAINT ON THE AFFECTED AREAS	1.0	1,200.00	0	1,200.00
21	ANTI-RUST COATING	1.0	200.00	0	200.00
22	WIRING	1.0	40.00	0	40.00
23	TO REMOVE & REFIT UNDERCARRIAGE	1.0	350.00	0	350.00
24	TWO WHEEL ALIGNMENT	1.0	80.00	0	80.00
Labour 1 Sub Total					3,170.00
SINGAPORE DOLLARS : NINETEEN THOUSAND THIRTY-SEVEN AND CENTS TWENTY-THREE ONLY			Less Excess		0.00
			SUBTOTAL		17,791.80
			GST 7.00%		1,245.43
			TOTAL		19,037.23

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE



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E250 SEDAN (R17)

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
Date of accident : 05/10/2020 01:15 AM. Place : BEDOK NORTH AVENUE 4					

E. & O. E.

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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	05/10/2020 15:14
Date Of Accident	05/10/2020 13:15
Exact Location Of Accident	BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH6965D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO HWEE HENG
NRIC No	S1663459Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91127765
Alternative Phone No	OTHERS-91127765

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 CGI
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5112884988
Cover Note Number	DRIVO CLASSIC (T.A)

### Driver

Name of Driver	YEO HWEE HENG
NRIC No	S1663459Z
Date Of Birth	09/04/1964
Occupation	INDOOR
Date Of Driving Pass	02/04/1984
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91127765
Fax Number	
Contact Number	OTHERS-91127765
Email Address	NOEMAIL

Address	9 CHIN TERRACE
Postcode	509879
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 - 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)	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

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	SKF7241M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DUAN LIFANG LILY
NRIC/Passport Number	S7478705C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 05/10/2020 / 15:24

Report No: MT:

D.O.A: 05/10/2020

Time: 13:15 hrs

Vehicle No: SKH6965D Reporting Type:


### SKETCH PLAN

#### 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. 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.

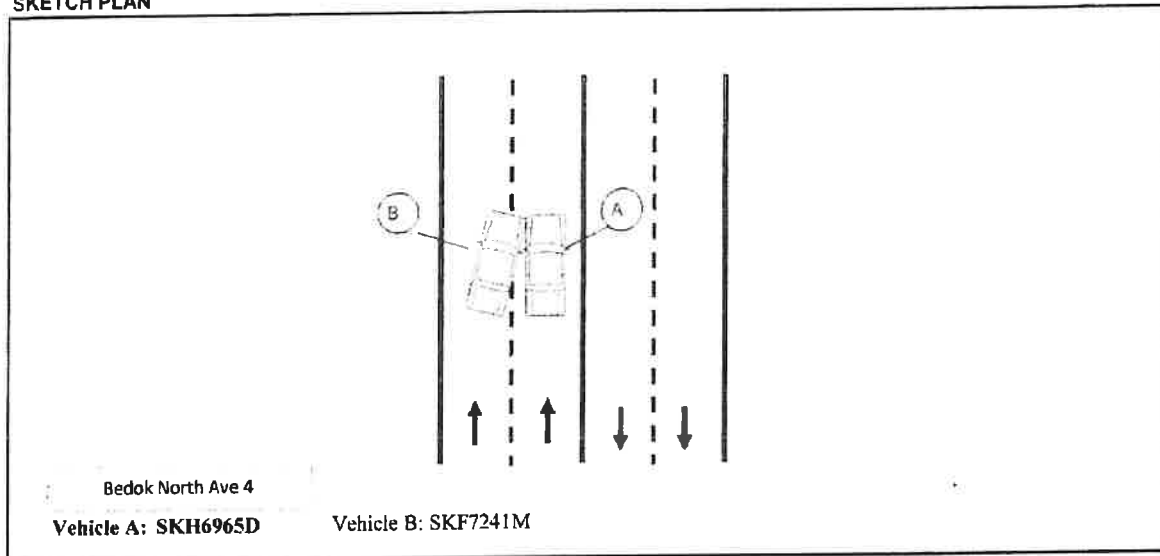
  
05/10/20 / 15:24  
Policyholder's Signature / Date & Time

05/10/20 / 15:24  
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre  
  
Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN

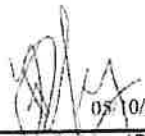


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along lane 1. As I was passing by vehicle B, vehicle B suddenly swerved to it's right, into lane 1 as driver of vehicle B was intending to make an U-turn. This resulted in the right front area of vehicle B to side swiped into the left side of my vehicle A.

Declaration

I/We declare the foregoing particulars are true in every respect.

  
05/10/20 / 15:24  
Policyholder's Signature / Date & Time

05/10/20 / 15:24  
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre  
  
Witnessed by Reporting Centre Personnel