

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 : SXXXXX727I
TAY THIAM SENG
NO

SINGAPORE
TEL : FAX :
PH : 98774500
ATTN :

ESTIMATE BILL

Number : EB00005621
Date : 02/02/2021
Case No : AD00011587
Vehicle No : SBT629H
Chassis : KNAFH221395023875
Year of Mfr : 2008
Policy No :
Model : KIA CERATO

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	REAR BUMPER <i>cut</i>	1.0	621.00	0	621.00
2	REAR BUMPER RETAINER LH <i>11X</i>	1.0	24.00	0	24.00
3	REAR BUMPER REINFORCEMENT <i>11X</i>	1.0	304.00	0	304.00
4	REAR BUMPER CENTER LOWER GARNISH <i>gross</i>	1.0	102.00	0	102.00
List Price - Parts Sub Total					1,051.00
5	REVERSE SENSOR <i>shrubd</i>	2.0	280.00	0	560.00
Special Nett Price - Parts Sub Total					560.00
Parts Total					1,611.00
6	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	350.00	0	350.00
7	SPRAY PAINT ON THE AFFECTED AREAS	1.0	300.00	0	300.00
8	ANTI-RUST COATING	1.0	50.00	0	50.00
Labour 1 Sub Total					700.00
SINGAPORE DOLLARS : TWO THOUSAND FOUR HUNDRED SEVENTY-TWO AND CENTS SEVENTY-SEVEN ONLY			Less Excess		0.00
			SUBTOTAL		2,311.00
			GST 7.00%		161.77
			TOTAL		2,472.77

Date of accident : 02/02/2021 11:50 AM. Place : CTE BEFORE EXIT YCK 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 Submission	02/02/2021 15:47 (SGT)
Date of Accident	02/02/2021 11:50 (SGT)
Exact Location of Accident	Near 107 Saraca Terrace, Singapore 805522
Additional Location Information	CTE BEFORE EXIT YCK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBT629H
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY THIAM SENG
NRIC No	SXXXX727I
Email Address	maychan1717@yahoo.com
Mobile Phone No	(Phone) +65-98774500
Alternative Phone No	+65-91715652

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MU003472
Cover Note Number	02/04/2020 - 01/04/2021

DRIVER

Name of Driver	KWAN SHU KUN (GUAN SHUKUN)
NRIC No	SXXXX527E
Date Of Birth	10/08/1984
Occupation	Indoor

Date Of Driving Pass	10/10/2003
Driving experience	17 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91715652
Alt. Phone Number	-
Email Address	jokwansk@gmail.com
Address	BLK329A ANCHORVALE STREET
Address complement	#16-503
Postcode	541329
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE & TIME, I TRAVELLING STRAIGHT AT THE SECOND LANE. THERE WAS ROADWORK AT THE FIRST LANE. VEHICLE IN FRONT APPLY BRAKE AND I FOLLOW SUIT. OUT OF SUDDEN, I FELT AN IMPACT FROM BEHIND AND NOTICED THAT VEHICLE B (SKK6889A) WAS COLLIDED ONTO MY REAR PORTION OF VEHICLE. REAR PORTION OF VEHICLE B WAS COLLIDED BY VEHICLE C (SJL8192U) AND REAR PORTION OF VEHICLE C WAS COLLIDED BY VEHICLE D (SLB3760S)

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	SKK6889A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJL8192U
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private hire
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLB3760S
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

EACH 2000 YRS. CONTAINING 2000

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 willful 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 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.
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.

(ii) 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and

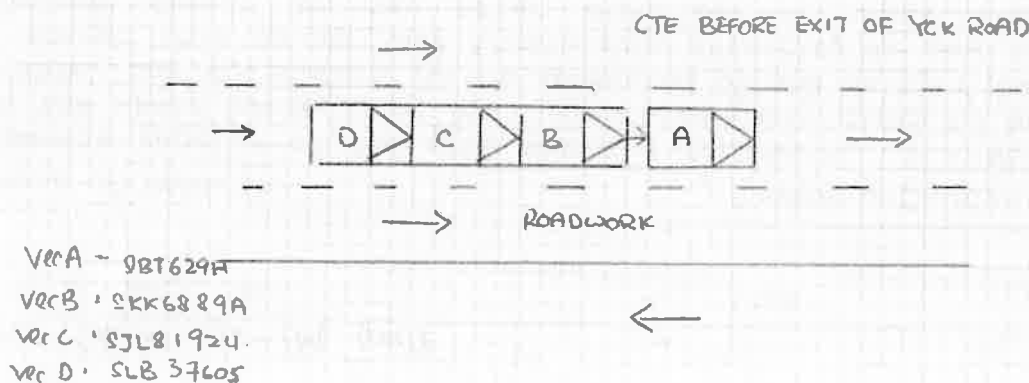
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

REFER 6111 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

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

Witnessed by Reporting Centre Personnel

