

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 : SXXXX146H
MOHAMAD KAMARULZAMAN BIN AHMAD
 BLK 262 TAMPINES STREET 21
 04-268
 SINGAPORE 520262
 TEL : FAX :
 PH : 90013565
 ATTN :

ESTIMATE BILL

Number : EB00005634
Date : 23/02/2021
Case No : AD00011621
Vehicle No : SLV9491Z
Chassis: KNAFX411MJ5761155
Year of Mfr 2017
Policy No
Model : KIA CERATO K3 1.6A

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	BOOTLID	1.0	1,365.85	10	1,229.27
2	BOOTLID EMBLEM	1.0	28.34	10	25.51
3	BOOTLID HINGE RH	1.0	61.04	10	54.94
4	BOOTLID HINGE LH	1.0	61.04	10	54.94
5	BOOTLID LOGO - CERATO K3	1.0	27.20	10	24.48
6	BOOTLID REFLECTOR LH	1.0	710.54	10	639.49
7	BOOTLID INNER LOCK	1.0	100.80	10	90.72
8	BOOTLID WEATHERSTRIP	1.0	89.82	10	80.84
9	END PANEL	1.0	291.55	10	262.40
10	END PANEL TOP GARNISH	1.0	51.88	10	46.69
11	END PANEL TOP GARNISH CLIP	3.0	5.00	10	13.50
12	REAR BUMPER	1.0	620.41	10	558.37
13	REAR BUMPER RETAINER RH	1.0	25.44	10	22.90
14	REAR BUMPER RETAINER LH	1.0	25.44	10	22.90
15	REAR BUMPER REINFORCEMENT	1.0	286.12	10	257.51
16	REAR BUMPER LOWER GARNISH	1.0	312.89	10	281.60
17	REAR BUMPER REFLECTOR RH	1.0	89.06	10	80.15
18	REAR BUMPER REFLECTOR LH	1.0	89.06	10	80.15
19	REAR BUMPER CLIP	4.0	1.50	10	5.40
	List Price - Parts Sub Total				3,831.76
20	BOOTLID REVERSE CAMERA	1.0	580.00	0	580.00
21	REVERSE SENSOR	1.0	280.00	0	280.00
22	REAR TYRE PANEL - REPAIR	1.0			
	Special Nett Price - Parts Sub Total				860.00
	Parts Total				4,691.76
23	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	900.00	0	900.00
24	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
25	ANTI-RUST COATING	1.0	150.00	0	150.00
26	WIRING	1.0	40.00	0	40.00
27	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
	Labour 1 Sub Total				2,140.00

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 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. 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 18/02/2021 12:51 (SGT)
Date of Accident 17/02/2021 21:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information T - JUNCTION OF TAMPINES STREET 22 AND AVENUE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV9491Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMAD KAMARULZAMAN BIN AHMAD
NRIC No S1124146H
Email Address mohamad.kamarulzaman@income.com.sg
Mobile Phone No (Phone) +65-90013565
Alternative Phone No +65-90013565

VEHICLE PARTICULARS

Manufacturer Kia
Model CERATO FORTE
Variant
Exact purpose for which vehicle was being used at time of accident Private use
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115738456-01
Cover Note Number drivo CLASSIC

DRIVER

Name of Driver MOHAMAD KAMARULZAMAN BIN AHMAD
NRIC No S1124146H
Date Of Birth 28/05/1955
Occupation Indoor

Date Of Driving Pass	18/10/1977
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90013565
Alt. Phone Number	+65-90013565
Email Address	mohamad.kamarulzaman@income.com.sg
Address	BLK 262 #04-268 TAMPINES STREET 21
Address complement	-
Postcode	520262
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER (WIFE)
Gender	Female

PASSENGER 2

Name	PASSENGER (DAUGHTER)
Gender	Female

PASSENGER 3

Name	PASSENGER (SISTER IN LAW)
Gender	Female

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

I was waiting for the traffic to turn green. Suddenly while stationary, vehicle B collided to my rear. Afterwhich both drivers alighted to assess the damage, took some photos and exchange particulars. 2 Female passenger in my vehicle consulted Doctor, 1 at GP and another at A&E Changi Hospital after the accident. But not MC given to both injured passenger.

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	SKS5058X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YU HAN
NRIC No	S9233949A
Contact Number	(Phone) +65-96335367
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASSENGER (WIFE)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9491Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER (SISTER IN LAW)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9491Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time 18/02/2021 12:39

Report No: MI 17/02/2021
Time 21:09 hrs

Vehicle No: SLX2491Z Reporting Type: 1

SKETCH PLAN

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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.**
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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.

18/02/21 12:39

Policyholder's Signature / Date & Time

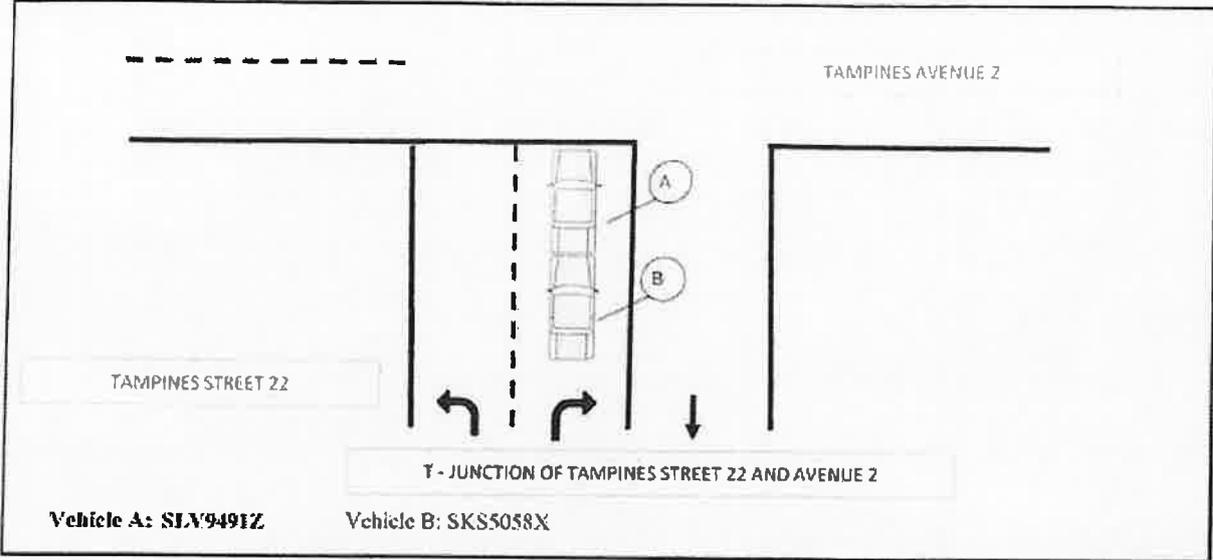
Ganesh (S993561)
Customer Care Executive
Motor Service Centre

18/02/21 12:39

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for the traffic to turn green. Suddenly while stationary, vehicle B collided to my rear. After which both drivers alighted to assess the damage. took some photos and exchange particulars. 2 Female passenger in my vehicle consulted Doctor, 1 at GP and another at A&E Changi Hospital after the accident. But not MC given to both injured passenger.

Declaration

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


18/02/21 / 12:39

Policyholder's Signature / Date & Time



Ganesh (S993561)
Customer Care Executive
Motor Service Centre

18/02/21 / 12:39

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

Witnessed by Reporting Centre Personnel