

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 : SXXX8085B
 HO HENG CHIP
 BLK 772 BEDOK RESERVOIR VIEW
 #08-141
 SINGAPORE 470772
 TEL : FAX :
 PH : 97307944
 ATTN :

ESTIMATE BILL

Number : EB00005790
Date : 11/10/2021
Case No : AD00012104
Vehicle No : SMK8589D
Chassis: GK82001222
Year of Mfr 2018
Policy No 5108970168-02
Model : HONDA SHUTTLE
 1.5G CVT

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	TAILGATE	1.0	585.00	0	585.00
2	REAR BUMPER	1.0	530.00	0	530.00
3	REAR BUMPER CLIP	4.0	3.00	0	12.00
4	REAR BUMPER REINFORCEMENT	1.0			
5	END PANEL	1.0	300.00	0	300.00
6	TAILGATE LOCK	1.0	75.00	0	75.00
7	TAILGATE LOGO - SHUTTLE	1.0	40.00	0	40.00
8	TAILGATE EMBLEM	1.0	18.00	0	18.00
9	TAILGATE CHROME	1.0	235.00	0	235.00
10	TAILGATE WINDSCREEN MOULDING	1.0			
Nett Price - Parts Sub Total					1,795.00
11	REVERSE SENSOR	1.0	280.00	0	280.00
12	REAR NUMBER PLATE	1.0	30.00	0	30.00
13	REAR NUMBER PLATE HOLDER	1.0	30.00	0	30.00
14	WINDSCREEN SEALANT	2.0	24.00	0	48.00
Special Nett Price - Parts Sub Total					388.00
Parts Total					2,183.00
15	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	800.00	0	800.00
16	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
17	ANTI-RUST COATING	1.0	150.00	0	150.00
18	TO REMOVE & REFIT WINDSCREEN	1.0	180.00	0	180.00
19	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					2,080.00
SINGAPORE DOLLARS : FOUR THOUSAND FIVE HUNDRED SIXTY-ONE AND CENTS FORTY-ONE ONLY			Less Excess		0.00
			SUBTOTAL		4,263.00
			GST 7.00%		298.41
			TOTAL		4,561.41

Date of accident : 08/10/2021 02:00 PM. Place : BEDOK NORTH AVE 3 TOWARDS BEDOK RESERVOIR

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 08/10/2021 17:22 (SGT)
Date of Accident 08/10/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEDOK NORTH AVE 3 TOWARDS BEDOK RESERVOIR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK8589D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO HENG CHIP
NRIC No S0598085B
Email Address jimmyhohengchip@gmail.com
Mobile Phone No (Phone) +65-97307944
Alternative Phone No +65-97307944

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5108970168-02
Cover Note Number drivo CLASSIC

DRIVER

Name of Driver HO WAI CHEONG SAMUEL (HE WEICHANG SAMUEL)
NRIC No S8433307G

Date Of Birth	30/10/1984
Occupation	Indoor
Date Of Driving Pass	01/03/2004
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97772849
Alt. Phone Number	-
Email Address	WAIOURU5@GMAIL.COM
Address	BLK 802 TAMPINES AVE 4 #04-13
Address complement	-
Postcode	520802
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DE SOUZA CELESTIE RHONDA
Gender	Female

PASSENGER 2

Name	HO HENG CHIP
Gender	Male

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO SIZE LARGE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6606G
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Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAM KOEK JIN
NRIC No	S2585782H
Contact Number	(Phone) +65-91018403
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 08/10/2021 17:00

Report No: ME D.O.A: 08/10/2021
Time: 14:00 hrs

Vehicle No: SMK8589D Reporting Type: _____

SKETCH PLAN

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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:

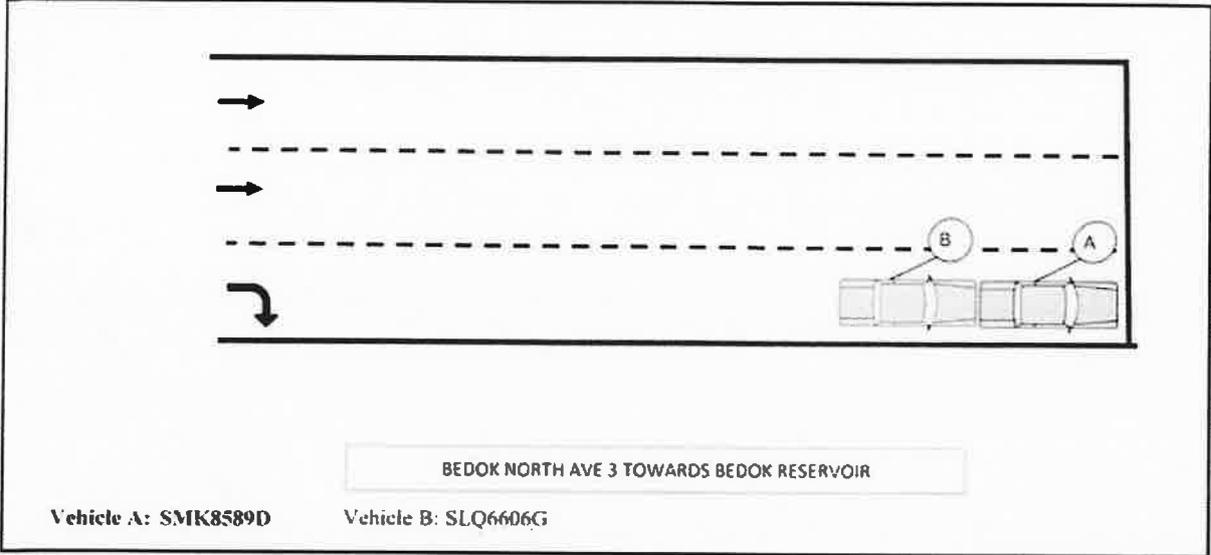
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

08/10/21 / 17:00
Policyholder's Signature / Date & Time


08/10/21 / 17:00
Driver's Signature (if driver is not the policyholder) / Date & Time


Ganesh (S993561)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the junction as the traffic is in red. Suddenly I felt an impact from rear and when I get down to check I realize vehicle B collided to my rear. After which both drivers assess the damage, took some photos and exchange particulars. No one was injured in this accident.

Declaration

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

08/10/21 / 17:00
Policyholder's Signature / Date & Time

Sanneltho
08/10/21 / 17:00
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Ganesh (S993561)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel