

# 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 : SXXX3939C  
ARIES LING MIN LI  
NO 1B TEO KIM ENG ROAD

SINGAPORE 416397  
TEL : FAX :  
PH : 82334796  
ATTN :

## ESTIMATE BILL

Number : EB00005829  
Date : 10/12/2021  
Case No : AD00012231  
Vehicle No : SMM7147S  
Chassis: MR2B23F3901181768  
Year of Mfr 2019  
Policy No MQ002956  
Model : TOYOTA VIOS 1.5 E  
(AUTO)

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	BOOTLID	1.0	793.20	25	594.90
2	BOOTLID HINGE RH	1.0	65.80	25	49.35
3	BOOTLID HINGE LH	1.0	65.80	25	49.35
4	BOOTLID EMBLEM	1.0	50.70	25	38.03
5	BOOTLID LOGO - VIOS	1.0	45.60	25	34.20
6	BOOTLID LOGO - E	1.0	35.50	25	26.63
7	END PANEL	1.0	742.70	25	557.03
8	REAR BUMPER	1.0	521.00	25	390.75
9	REAR BUMPER RETAINER RH	1.0	154.80	25	116.10
10	REAR BUMPER RETAINER LH	1.0	154.80	25	116.10
11	REAR BUMPER CLIP	4.0	5.50	25	16.50
12	REAR BUMPER REINFORCEMENT	1.0	332.70	25	249.53
13	REAR BUMPER REFLECTOR RH	1.0	907.50	25	680.63
14	REAR BUMPER REFLECTOR LH	1.0	907.50	25	680.63
15	REAR FENDER INNER SHIELD LH	1.0	34.80	25	26.10
List Price - Parts Sub Total					3,625.83
16	REAR FENDER RH - REPAIR	1.0			
17	REAR FENDER LH - REPAIR	1.0			
18	SPARE TYRE PANEL - REPAIR	1.0			
19	REVERSE SENSOR	1.0	280.00	0	280.00
Special Nett Price - Parts Sub Total					280.00
Parts Total					3,905.83
20	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	900.00	0	900.00
21	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
22	ANTI-RUST COATING	1.0	150.00	0	150.00
23	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					2,100.00
SINGAPORE DOLLARS : SIX THOUSAND FOUR HUNDRED			Less Excess		0.00
TWENTY-SIX AND CENTS TWENTY-FOUR ONLY			SUBTOTAL		6,005.83
			GST 7.00%		420.41
			TOTAL		6,426.24

Date of accident : 08/12/2021 07:00 PM. Place : PIE (CHANGI) NEAR TOA PAYOH

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	09/12/2021 15:53 (SGT)
Date of Accident	08/12/2021 19:00 (SGT)
Exact Location of Accident	Near 106 Jln Rajah, Block 106, Singapore 321106
Additional Location Information	PIE (CHANGI) NEAR TOA PAYOH
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7147S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ARIES LING MIN LI
NRIC No	SXXXX939C
Email Address	aries_ling1793@yahoo.com.sg
Mobile Phone No	(Phone) +65-82334796
Alternative Phone No	+65-82334796

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ002956
Cover Note Number	11/07/2021 - 10/07/2022

#### DRIVER

Name of Driver	ARIES LING MIN LI
NRIC No	SXXXX939C

Date Of Birth	01/07/1993
Occupation	Outdoor
Date Of Driving Pass	01/06/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82334796
Alt. Phone Number	+65-82334796
Email Address	aries_ling1793@yahoo.com.sg
Address	1B TEO KIM ENG ROAD
Address complement	-
Postcode	416397
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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 AT THE SAID LOCATION, I WAS DRIVING STRAIGHT. VEHICLE IN FRONT OF ME STOPPED AND I SLOWLY STOPPED MY VEHICLE. A FEW SECOND LATER, I FELT AN IMPACT FROM BEHIND AND NOTICED THAT VEHICLE B (SKS3250U) WAS COLLIDED ONTO MY REAR PORTION OF VEHICLE. THERE WAS NO INJURIES.

#### 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	SKS3250U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HOU PEIXIAO
NRIC No	GXXXX556P

Contact Number	XX	(Phone) +65-98063906
Address	XX	
Address complement	XX	
Postcode	XXXXXXXXXXXX	
Insurance Company Name	XX	
Nature Of Damage	XX	
Details of property damaged in accident	XX	
No. Of Passenger (Including Driver)	XXXXXXXXXXXX	

# 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 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;  
(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



PIE (HANGI) NEAR TOA PAYOH

Vec A = 811171475

Vec B = 8532501

### Describe Circumstances of the Accident

REFER TO GIA REPORT

[illegible]

## 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