

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 : 52833772J

SH LIM CONSTRUCTION
NO 5001 BEACH ROAD
06-09 GOLDEN MILE COMPLEX
SINGAPORE 199588
TEL : FAX :
PH : 96312167
ATTN :

ESTIMATE BILL

Number : EB00005859
Date : 10/01/2022
Case No : AD00012307
Vehicle No : GBJ9056D
Chassis: WDF4156032U256359
Year of Mfr 2018
Policy No
Model : MERCEDES BENZ
CITAN 112 6G-DCT

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	TAILGATE EMBLEM	1.0	1,350.00	(10)	1,485.00
2	TAILGATE	1.0	35.00	(10)	38.50
3	TAILGATE LOGO - CITAN	1.0	45.00	(10)	49.50
4	TAILGATE LOGO - 112	1.0	50.00	(10)	55.00
5	REAR FENDER LAMP RH	1.0	135.00	(10)	148.50
6	REAR BUMPER	1.0	850.00	(10)	935.00
7	REAR BUMPER RETAINER RH	1.0	150.00	(10)	165.00
8	REAR BUMPER REFLECTOR RH	1.0	180.00	(10)	198.00
9	REAR BUMPER TOP CORNER REFLECTOR GARNISH RH	1.0	80.00	(10)	88.00
Nett Price - Parts Sub Total					3,162.50
10	TAILGATE STICKER - 70KM/H	1.0	30.00	0	30.00
11	TAILGATE STICKET - 3PAX	1.0	30.00	0	30.00
12	WINDSCREEN SEALANT	2.0	24.00	0	48.00
Special Nett Price - Parts Sub Total					108.00
Parts Total					3,270.50
13	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	800.00	0	800.00
14	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
15	ANTI-RUST COATING	1.0	100.00	0	100.00
16	TO REMOVE & REFIT WINDSCREEN	1.0	180.00	0	180.00
17	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					2,030.00
SINGAPORE DOLLARS : FIVE THOUSAND SIX HUNDRED SEVENTY-ONE AND CENTS FIFTY-FOUR ONLY			Less Excess		0.00
			SUBTOTAL		5,300.50
			GST 7.00%		371.04
			TOTAL		5,671.54

Date of accident : 09/01/2022 03:20 PM. Place : ORCHARD BOULEVARD TURNING INTO TOMLINSON 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	10/01/2022 11:09 (SGT)
Date of Accident	09/01/2022 15:20 (SGT)
Exact Location of Accident	18 Tomlinson Rd, Singapore
Additional Location Information	ALONG ORCHARD BOULEVARD TURNING INTO TOMLINSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9056D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SH LIM CONSTRUCTION
Company Reg No	5XXXX772J
Email Address	eddielim88@gmail.com
Mobile Phone No	(Phone) +65-96312167
Alternative Phone No	+65-96312167

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Citan
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113109537-02
Cover Note Number	26/09/2021-25/09/2022

DRIVER

Name of Driver	LIM SENG HOE
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NRIC No	SXXXX427H
Date Of Birth	14/12/1957
Occupation	Outdoor
Date Of Driving Pass	26/08/1977
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96312167
Alt. Phone Number	-
Email Address	eddielim88@gmail.com
Address	19 KOVAN ROAD #07-10
Address complement	-
Postcode	548191
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	TEO LYE YIN
Gender	Female

PASSENGER 2

Name	LIN WEI LING
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

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE A (GBJ9056D) ALONG ORCHARD BOULEVARD TURNING INTO TOMLINSON ROAD.
I STOP MY VEHICLE AS THE TRAFFIC LIGHT WAS RED AND HEAVY TRAFFIC AT THE POINT OF TIME.
SUDDENLY VEHICLE B (SGK9252P) CAME FROM BEHIND AND COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE.

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	SGK9252P
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)	1

SKETCH PLAN

IMPORTANT NOTICE

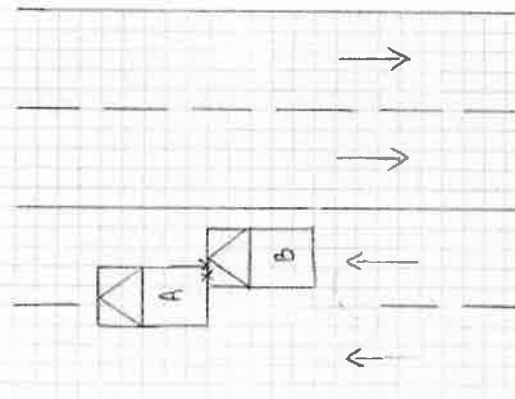
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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;
(a) 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' 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

Location : Temerin Sdn Road
 vehicle A : GBJ 9056 D
 vehicle B : SGK 9252 P



Describe Circumstances of the Accident

REFER TO GIA 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