

# 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 : 198900712G

AIR POWER RESOURCES PTE LTD  
NO 30 LOYANG WAY  
04-22 LOYANG INDUSTRIAL ESTATE  
SINGAPORE 508769  
TEL : 65451831 FAX : 65422808  
PH : 93859900  
ATTN : SEN

## ESTIMATE BILL

Number : EB00005886  
Date : 12/02/2022  
Case No : AD00012416  
Vehicle No : GBF5668K  
Chassis: VSKYBAM20U012234  
Year of Mfr 2016  
Policy No 5086740342-05  
Model : NISSAN NV200  
ACENTA 1.5 DCI

Term:

Sn	DESCRIPTION	QTY	U PRICE	MANUAL DISC	AMOUNT
1	TAILGATE DOOR LH	1.0	1,336.00	0	1,336.00
2	TAILGATE DOOR RH	1.0	1,002.00	0	1,002.00
3	TAILGATE DOOR HINGE TOP LH	1.0	104.00	0	104.00
4	TAILGATE DOOR HINGE TOP RH	1.0	104.00	0	104.00
5	TAILGATE DOOR GINGE BOTTOM LH	1.0	104.00	0	104.00
6	TAILGATE DOOR HINGE BOTTOM RH	1.0	104.00	0	104.00
7	REAR NUMBER PLATE OUTER TOP GARNISH WITH BRACKET	1.0	352.00	0	352.00
8	TAIL LAMP LH	1.0	277.20	0	277.20
9	TAIL LAMP RH	1.0	277.20	0	277.20
10	REAR BUMPER	1.0	485.90	0	485.90
11	REAR BUMPER REFLECTOR LH	1.0	61.90	0	61.90
12	REAR BUMPER REFLECTOR RH	1.0	61.90	0	61.90
13	TAILGATE DOOR LOCK ASSEMBLY	1.0	108.90	0	108.90
14	TAILGATE STRIKER	1.0	43.80	0	43.80
15	TAILGATE EMBLEM	1.0	64.90	0	64.90
16	TAILGATE LOGO - NV200	1.0	94.40	0	94.40
17	REAR FLOOR BOARD	1.0			
Nett Price - Parts Sub Total					4,582.10
18	END PANEL - REPAIR	1.0			
19	REAR PANEL LH - REPAIR	1.0			
20	REAR PANEL RH - REPAIR	1.0			
21	REAR FLOOR PANEL - REPAIR	1.0			
22	TAILGATE DOOR COMPANY STICKER	1.0	450.00	0	450.00
23	TAILGATE STICKER - 70KM/HR	1.0	20.00	0	20.00
24	TAILGATE STICKER - 5PAX	1.0	20.00	0	20.00
25	REVERSE SENSOR	1.0	280.00	0	280.00
26	WINDSCREEN SEALANT	4.0	24.00	0	96.00
Special Nett Price - Parts Sub Total					866.00
Parts Total					5,448.10
27	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	800.00	0	800.00
28	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
29	ANTI-RUST COATING	1.0	150.00	0	150.00

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

# 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 : 198900712G

AIR POWER RESOURCES PTE LTD  
NO 30 LOYANG WAY  
04-22 LOYANG INDUSTRIAL ESTATE  
SINGAPORE 508769  
TEL : 65451831 FAX : 65422808  
PH : 93859900  
ATTN : SEN

## ESTIMATE BILL

Number : EB00005886  
Date : 12/02/2022  
Case No : AD00012416  
Vehicle No : GBF5668K  
Chassis : VSKYBAM20U012234  
Year of Mfr : 2016  
Policy No : 5086740342-05  
Model : NISSAN NV200  
ACENTA 1.5 DCI

Term:

Sr	DESCRIPTION	QTY	U PRICE	MANUAL DISC	AMOUNT
30	WIRING	1.0	80.00	0	80.00
31	TO REMOVE & REFIT WINDSCREEN	1.0	300.00	0	300.00
32	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
	<b>Labour 1 Sub Total</b>				<b>2,280.00</b>
SINGAPORE DOLLARS : EIGHT THOUSAND TWO HUNDRED SIXTY-NINE AND CENTS SEVEN ONLY			<b>Less Excess</b>		0.00
			<b>SUBTOTAL</b>		7,728.10
			<b>GST 7.00%</b>		540.97
			<b>TOTAL</b>		<b>8,269.07</b>

Date of accident : 10/02/2022 02:50 PM. Place : PIE TOWARDS CHANGI (AFTER 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	10/02/2022 17:02 (SGT)
Date of Accident	10/02/2022 14:50 (SGT)
Exact Location of Accident	Near Woodsville Flyover, Singapore
Additional Location Information	ALONG PIE TOWARDS CHANGI DIRECTION (AFTER TOA PAYOH)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5668K
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AIR POWER RESOURCES PTE LTD
Company Reg No	1XXXXX712G
Email Address	TECH@AIRPOWER.COM.SG
Mobile Phone No	(Phone) +65-65451831
Alternative Phone No	+65-65451831

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Manual
CC	1461

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5086740342-05
Cover Note Number	20/12/2021 -19/12/2022

#### DRIVER

Name of Driver	TIM HAN LENG
----------------	--------------



NRIC No	XXXXX240C
Date Of Birth	07/11/1965
Occupation	Outdoor
Date Of Driving Pass	10/06/1991
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93829098
Alt. Phone Number	-
Email Address	HLTIMJ1965@GMAIL.COM
Address	BLK 167C PUNGGOL EAST
Address complement	#07-397
Postcode	823167
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LIM BOON CHYE
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

ON THE STATED DATE AND TIME, I WAS DRIVING ALONG PIE TOWARDS CHANGI DIRECTION ON LANE 2. THE TRAFFIC WAS HEAVY, VEHICLE WERE MOVING SLOWLY. SUDDENLY VEHICLE B (GBG1402G) HIT ONTO THE REAR OF MY VEHICLE, THE IMPACT HAD CAUSED MY VEHICLE TO SLIGHTLY TOUCH ONTO THE REAR OF VEHICLE C (SLM2308P).

#### 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	GBG1402G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SEKAR PREMCHANDIR
Passport No/FIN	GXXXX458X
Contact Number	(Phone) +65-90730692
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM2308P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHE YAHYA BIN MOHD BUJANG
NRIC No	SXXXX835C
Contact Number	(Phone) +65-92700995
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

**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 making 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**

Vehicle A : 6BF 5668K	← PIE
Vehicle B : 6B6 1U02G	
Vehicle C : 5UM 2308P	

**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 OOT/TP at other workshop**

### Declaration

**We declare the foregoing particulars are true in every respect.**



Policyholder's Signature / Date & Time

Tim H.

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



Witnessed by Reporting Centre  
Personnel