

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 : SXXXX275C

QUEK DOON KEONG

BLK 60 NEW UPPER CHANGI ROAD

11-1214

SINGAPORE 461060

TEL : FAX :

PH : 96301007

ATTN :

ESTIMATE BILL

Number : EB00005933

Date : 08/04/2022

Case No : AD00012563

Vehicle No : SLH1026K

Chassis: RU11205532

Year of Mfr 2016

Policy No

Model : HONDA VEZEL

Term:

| Sn | DESCRIPTION | QTY | U PRICE | DISC | AMOUNT |
|---|---|-----|--------------------|------|-----------------|
| 1 | FRONT BUMPER | 1.0 | 927.50 | 20 | 742.00 |
| 2 | FRONT BUMPER RETAINER RH | 1.0 | 14.70 | 20 | 11.76 |
| 3 | FRONT BUMPER FOGLAMP COVER RH | 1.0 | 38.00 | 20 | 30.40 |
| 4 | FRONT BUMPER FOGLAMP RH | 1.0 | 330.50 | 20 | 264.40 |
| 5 | FRONT BUMPER LOWER SPOILER | 1.0 | 212.70 | 20 | 170.16 |
| 6 | HEADLAMP RH | 1.0 | 1,997.60 | 20 | 1,598.08 |
| 7 | FRONT FENDER INNER SHIELD RH | 1.0 | 112.30 | 20 | 89.84 |
| 8 | FRONT FENDER PROTECTOR RH | 1.0 | 191.70 | 20 | 153.36 |
| 9 | FRONT BUMPER REINFORCEMENT | 1.0 | 259.40 | 20 | 207.52 |
| 10 | WASHING TANK | 1.0 | 87.90 | 20 | 70.32 |
| 11 | WASHING TANK MOTOR | 1.0 | 65.90 | 20 | 52.72 |
| | List Price - Parts Sub Total | | | | 3,390.56 |
| 12 | FRONT FENDER RH - REPAIR | 1.0 | | | |
| | Special Nett Price - Parts Sub Total | | | | 0.00 |
| | Parts Total | | | | 3,390.56 |
| 13 | LABOUR TO REMOVE & REFIT NECESSARY PARTS | 1.0 | 700.00 | 0 | 700.00 |
| 14 | SPRAY PAINT ON THE AFFECTED AREAS | 1.0 | 700.00 | 0 | 700.00 |
| 15 | ANTI-RUST COATING | 1.0 | 100.00 | 0 | 100.00 |
| 16 | WIRING | 1.0 | 40.00 | 0 | 40.00 |
| | Labour 1 Sub Total | | | | 1,540.00 |
| SINGAPORE DOLLARS : FIVE THOUSAND TWO HUNDRED SEVENTY-FIVE AND CENTS SEVENTY ONLY | | | Less Excess | | 0.00 |
| | | | SUBTOTAL | | 4,930.56 |
| | | | GST 7.00% | | 345.14 |
| | | | TOTAL | | 5,275.70 |

Date of accident : 07/04/2022 12:15 PM. Place : CARPARK 130 JOO SENG 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 | 07/04/2022 14:45 (SGT) |
| Date of Accident | 07/04/2022 12:15 (SGT) |
| Exact Location of Accident | 130 Joo Seng Rd, Singapore 368357 |
| Additional Location Information | AT CARPARK 130 JOO SENG ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLH1026K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | QUEK DOON KEONG |
| NRIC No | SXXXX275C |
| Email Address | DOONKEONG.QUEK@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96301007 |
| Alternative Phone No | +65-96301007 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| 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 |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5085133352-05 |
| Cover Note Number | 24/10/2021 -23/10/2022 |

DRIVER

| | |
|----------------|-----------------|
| Name of Driver | QUEK DOON KEONG |
| NRIC No | SXXXX275C |



| | |
|--|------------------------------|
| Date Of Birth | 25/09/1960 |
| Occupation | Outdoor |
| Date Of Driving Pass | 24/01/1978 |
| Driving experience | 44 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96301007 |
| Alt. Phone Number | +65-96301007 |
| Email Address | DOONKEONG.QUEK@GMAIL.COM |
| Address | BLK 60 NEW UPPER CHANGI ROAD |
| Address complement | #11-1214 |
| Postcode | 461060 |
| 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 | Collided into Parked Vehicle |
| 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 AND TIME, MY VEHICLE WAS PARKED AT CARPARK OF BLOCK 130 JOO SEND ROAD. VEHICLE B (GBC7085U) WHICH WAS PARKED ON MY RIGHT SIDE DRIVE OUT OF THE PARKING LOT AND HIT ONTO THE FRONT RIGHT SIDE OF MY VEHICLE.

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

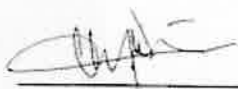
| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBC7085U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | MOHD FAIZAL BIN AHMAD |
| Work Permit No | GXXXX110L |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-98829840 |
| Address | |
| Address complement | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | 2 |

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.
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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.
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 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.
- 3. 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.
 - (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

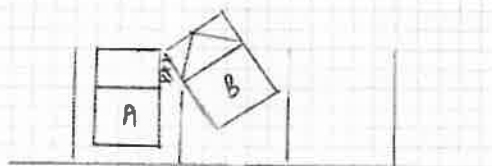


Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A : SLH 1026K
Vehicle B : ABC 7085U

Location : 130 Joo Seng Road carpark



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

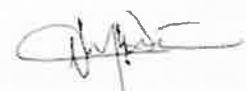
Claim OD

✓ 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