

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 : 96374242

ANDREW LAU ZHIQING
BLK 211 ANG MO KIO AVENUE 3
09-1432
SINGAPORE 560211
TEL : FAX :
PH : 96374242
ATTN :

ESTIMATE BILL

Number : EB00005950
Date : 27/04/2022
Case No : AD00012613
Vehicle No : SJT2507T
Chassis: KNAFU411MA5130405
Year of Mfr 2009
Policy No
Model : KIA CERATO EX
FORTE 1.6L A/T ABS

Term:

Sn	DESCRIPTION	QTY	U PRICE	AB 2WD 4DR DISC	AMOUNT
1	REAR DOOR LH	1.0	632.00	0	632.00
List Price - Parts Sub Total					632.00
2	REAR FENDER LH - REPAIR	1.0			
3	REAR BUMPER - REPAIR	1.0			
4	FRONT DOOR LH - REPAIR	1.0			
Special Nett Price - Parts Sub Total					0.00
Parts Total					632.00
5	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	600.00	0	600.00
6	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
7	ANTI-RUST COATING	1.0	150.00	0	150.00
Labour 1 Sub Total					1,550.00
SINGAPORE DOLLARS : TWO THOUSAND THREE HUNDRED THIRTY-FOUR AND CENTS SEVENTY-FOUR ONLY			Less Excess		0.00
			SUBTOTAL		2,182.00
			GST 7.00%		152.74
			TOTAL		2,334.74

Date of accident : 27/04/2022 02:15 AM. Place : SIMS AVENUE AFTER JUNCTION OF GEYLANG LORONG 17

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	27/04/2022 15:00 (SGT)
Date of Accident	27/04/2022 02:05 (SGT)
Exact Location of Accident	Near 122 Sims Ave, Singapore 387445
Additional Location Information	ALONG SIMS AVENUE AFTER JUNCTION OF GEYLANG LORONG 17
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2507T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANDREW LAU ZHIQING
NRIC No	SXXXX133D
Email Address	ANDREWLAUPERSONAL@GMAIL.COM
Mobile Phone No	(Phone) +65-96374242
Alternative Phone No	+65-96374242

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS010053-R02
Cover Note Number	30/09/2021-29/09/2022

DRIVER

Name of Driver	ANDREW LAU ZHIQING
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NRIC No	SXXXX133D
Date Of Birth	06/08/1990
Occupation	Outdoor
Date Of Driving Pass	07/04/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-96374242
Alt. Phone Number	+65-96374242
Email Address	ANDREWLAUPERSONAL@GMAIL.COM
Address	BLK 211 ANG MO KIO AVENUE 3
Address complement	#09-1432
Postcode	560211
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	Side Swipe
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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, I WAS DRIVING ALONG SIMS AVENUE (AFTER THE JUNCTION OF GEYLANG LORONG 17 LANE 2). SUDDENLY VEHICLE B (YQ135J) FROM LEFT LANE SWERVED INTO MY LANE AND HIT ONTO THE REAR LEFT 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	YQ135J
Vehicle Manufacturer	Hino
Vehicle Model	-

Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle
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)	3

SKETCH PLAN

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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.
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.



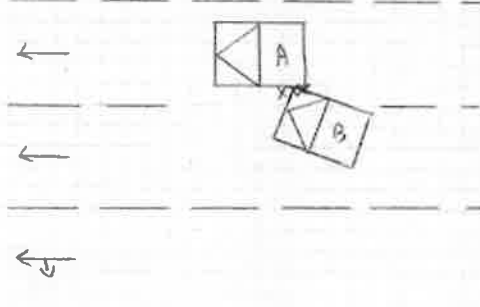
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sims Avenue After Junction of Geylang Loring 17 ←
 Vehicle A = SJ125077
 Vehicle B = Y8135J



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

