

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 : 97722169
PHOON MUN ONN
NO

SINGAPORE
TEL : FAX :
PH : 97722169
ATTN :

ESTIMATE BILL

Number : EB00005958
Date : 06/05/2022
Case No : AD00012643
Vehicle No : SJS5019X
Chassis : KNAFU411LA5101130
Year of Mfr : 2009
Policy No :
Model : KIA CERATO EX
FORTE 1.6L M/T ABS

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	REAR BUMPER	1.0	607.00	0	607.00
2	REAR BUMPER CLIP	4.0	3.50	0	14.00
3	RERA BUMPER LOWER GARNISH	1.0	102.00	0	102.00
4	REAR BUMPER REINFORCEMENT	1.0	304.00	0	304.00
5	BOOTLID EMBLEM	1.0	41.00	0	41.00
6	BOOTLID LOGO - CERATO FORTE	1.0	26.00	0	26.00
7	BOOTLID LOGO - C& C	1.0			
List Price - Parts Sub Total					1,094.00
8	REVERSE SENSOR	1.0	280.00	0	280.00
9	END PANEL - REPAIR	1.0			
10	BOOTLID - REPAIR	1.0			
Special Nett Price - Parts Sub Total					280.00
Parts Total					1,374.00
11	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	700.00	0	700.00
12	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
13	ANTI-RUST COATING	1.0	100.00	0	100.00
14	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					1,750.00
SINGAPORE DOLLARS : THREE THOUSAND THREE HUNDRED FORTY-TWO AND CENTS SIXTY-EIGHT ONLY			Less Excess		0.00
			SUBTOTAL		3,124.00
			GST 7.00%		218.68
			TOTAL		3,342.68

Date of accident : 05/05/2022 05:50 PM. Place : TPE > PUNGGOL NEAR IKEA

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	06/05/2022 13:12 (SGT)
Date of Accident	05/05/2022 17:50 (SGT)
Exact Location of Accident	Near 762 Pasir Ris Street 71, Block 762, Singapore 510762
Additional Location Information	TPE > PUNGGOL NEAR IKEA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS5019X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHOON MUN ONN
NRIC No	SXXXX529A
Email Address	vincent_phoon@hotmail.sg
Mobile Phone No	(Phone) +65-97722169
Alternative Phone No	+65-85185775

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA007604
Cover Note Number	11/03/2022 - 10/03/2023

DRIVER

Name of Driver	PHOON WEE SENG, VINCENT (PAN WEICHENG)
NRIC No	SXXXX344F



Date Of Birth	06/01/1988
Occupation	Outdoor
Date Of Driving Pass	29/11/2008
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85185775
Alt. Phone Number	-
Email Address	vincent_phoon@hotmail.sg
Address	BLK338A ANCHORVALE CRESCENT
Address complement	#02-73
Postcode	541338
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Clear
Road Surface	Dry

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)	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, I TRAVELLING STRAIGHT ALONG FIRST LANE OF THE SAID LOCATION. VEHICLE IN FRONT OF ME SLOW DOWN AND I FOLLOW SUIT. OUT OF SUDDEN, I FELT AN IMPACT FROM BEHIND AND NOTICED THAT VEHICLE B (SJU3898C) WAS COLLIDED ONTO MY REAR PORTION OF VEHICLE. REAR PORTION OF VEHICLE B ALSO COLLIDED BY VEHICLE C (SKN7223Z).

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	SJU3898C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DARREN TAN QINGFENG
NRIC No	SXXXX981C

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKN7223Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NAZARUDDIN BIN MASHRUDDIN
NRIC No	SXXXX248E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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.

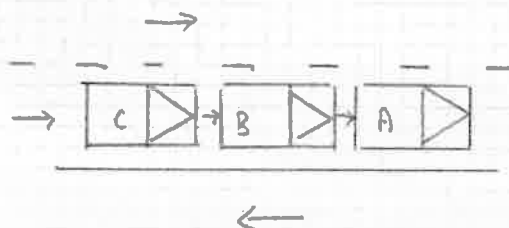
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vec A: SJS 5019X
Vec B: SJU 3898C
Vec C: SEW 72272
Location TPE NEAR IKEA



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