

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 : SXXX3298A
 CHUA TOON HWA
 BLK 54 GEYLANG BAHRU
 08-3595
 SINGAPORE 330054
 TEL : FAX :
 PH : 96945657
 ATTN :

ESTIMATE BILL

Number : EB00006022
 Date : 05/07/2022
 Case No : AD00012832
 Vehicle No : SLE5751P
 Chassis : RU11202013
 Year of Mfr : 2016
 Policy No : 5082474383
 Model : HONDA VEZEL

Term: CASH

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	FRONT FENDER LH	1.0	538.10	20	430.48
2	FRONT FENDER WHEEL ARCH GARNISH LH	1.0	163.90	20	131.12
3	HEADLAMP ASSEMBLY LH	1.0	1,997.60	20	1,598.08
4	FRONT FENDER INNER SHIELD LH	1.0	112.90	20	90.32
5	FRONT FENDER INNER SHIELD CLIP LH	6.0	3.90	20	18.72
6	FRONT BUMPER RETAINER LH	1.0	15.00	20	12.00
7	FRONT BUMPER	1.0	507.10	20	405.68
8	FRONT WHEEL HUB BEARING LH	1.0	158.10	20	126.48
9	FRONT LOWER ARM LH	1.0	439.90	20	351.92
10	FRONT KNUCKLE ARM LH	1.0	269.70	20	215.76
11	FRONT SHOCK ABSORBER LH	1.0	56.00	20	44.80
12	FRONT STABILIZER LINK LH	1.0	56.00	20	44.80
13	FRONT WHEEL RIM LH	1.0	833.00	20	666.40
	List Price - Parts Sub Total				4,136.56
14	FRONT TYRE LH	1.0	280.00	0	280.00
15	FRONT DOOR LH - REPAIR	1.0			
	Special Nett Price - Parts Sub Total				280.00
	Parts Total				4,416.56
16	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	700.00	0	700.00
17	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
18	ANTI-RUST COATING	1.0	100.00	0	100.00
19	TWO WHEEL ALIGNMENT	1.0	80.00	0	80.00
20	WIRING	1.0	40.00	0	40.00
21	TO REMOVE & REFIT UNDERCARRIAGE	1.0	350.00	0	350.00
	Labour 1 Sub Total				2,070.00
SINGAPORE DOLLARS : SIX THOUSAND NINE HUNDRED FORTY AND CENTS SIXTY-TWO ONLY			Less Excess		0.00
			SUBTOTAL		6,486.56
			GST 7.00%		454.06
			TOTAL		6,940.62

Date of accident : 04/07/2022 03:40 PM. Place : SLIP ROAD OF CTE TOWARDS JALAN 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	04/07/2022 16:56 (SGT)
Reported by	Driver
Date of Accident	04/07/2022 15:40 (SGT)
Exact Location of Accident	Near St. Andrew's Village, Singapore
Additional Location Information	ALONG SLIP ROAD OF CTE TOWARDS JALAN TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE5751P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA TUON HWA
NRIC No	SXXXX298A
Email Address	CHUATH1234@GMAIL.COM
Mobile Phone No	(Phone) +65-96945657
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezei
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
Policy Number / Cover Note Number	5082474383-05

DRIVER

Name of Driver	CHUA GEOK ENG
NRIC No	SXXXX450E
Date Of Birth	10/02/1958
Occupation	Indoor

Date Of Driving Pass	04/06/1982
Driving experience	40 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-84188223
Alt. Phone Number	-
Email Address	AMYCHUA8888@GMAIL.COM
Address	54 GEYLANG BAHRU #08-3595
Address complement	-
Postcode	330054
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 THE SLIP ROAD OF CTE TOWARDS JALAN TOA PAYOH DIRECTION. SUDDENLY VEHICLE B (SNC8095S) CAME OUT FROM THE MIDDLE LANE AND HIT ONTO THE FRONT LEFT PORTION OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC8095S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NG HAN SIONG
NRIC No	SXXXX279F
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

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 - 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
 - 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



