

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 : 53162923J

LIAN GIAP NEWS AGENCY
BLK 217 PASIR RIS STREET 21
10-146
SINGAPORE 510217
TEL : FAX :
PH : 98520258
ATTN :

ESTIMATE BILL

Number : EB00006076
Date : 23/08/2022
Case No : AD00012991
Vehicle No : GBE9178L
Chassis : KDH2010189364
Year of Mfr 2015
Policy No
Model : TOYOTA HIACE 3.0
DX DIESEL TURBO

Term:

Sn	DESCRIPTION	QTY	U PRICE	MT 2WD LGV	AMOUNT
1	SLIDING DOOR LH	1.0	2,030.00	25	1,522.50
2	SLIDING DOOR GLASS LH	1.0	839.00	25	629.25
3	SLIDING DOOR INNER LOCK LH	1.0	270.10	25	202.58
4	REAR FENDER GLASS LH	1.0	839.00	25	629.25
5	REAR FENDER LH	1.0	1,640.40	25	1,230.30
List Price - Parts Sub Total					4,213.88
6	WINDSCREEN SEALANT	4.0	24.00	0	96.00
7	SLIDING DOOR COMPANY STICKER LH	1.0	350.00	0	350.00
Special Nett Price - Parts Sub Total					446.00
Parts Total					4,659.88
8	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	1,500.00	0	1,500.00
9	SPRAY PAINT ON THE AFFECTED AREAS	1.0	1,200.00	0	1,200.00
10	ANTI-RUST COATING	1.0	200.00	0	200.00
11	TO REMOVE & REFIT DOOR/FENDER GLASS	1.0	280.00	0	280.00
Labour 1 Sub Total					3,180.00
SINGAPORE DOLLARS : EIGHT THOUSAND THREE HUNDRED EIGHTY-EIGHT AND CENTS SIXTY-SEVEN ONLY			Less Excess	0.00	
			SUBTOTAL	7,839.88	
			GST 7.00%	548.79	
			TOTAL	8,388.67	

Date of accident : 22/08/2022 01:30 PM. Place : LOADING BAY OF LOGISTICS HUB (COGENT)

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 Actual 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	23/08/2022 10:46 (SGT)
Reported by	Driver
Date of Accident	22/08/2022 13:30 (SGT)
Exact Location of Accident	1 Buroh Cres, Singapore
Additional Location Information	LOADING BAY OF LOGISTICS HUB (COGENT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9178L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIAN GIAP NEWS AGENCY
Company Reg No	5XXXX923J
Email Address	LIANGIAP.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-98520258
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MT101630-R04

DRIVER

Name of Driver	NG SENG GIAP
NRIC No	SXXXX553C
Date Of Birth	11/01/1962
Occupation	Outdoor

Date Of Driving Pass	24/02/1981
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98520258
Alt. Phone Number	-
Email Address	LIANGIAP.SG@GMAIL.COM
Address	217 PASIR RIS STREET 21 #10-146
Address complement	-
Postcode	510217
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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, MY VEHICLE WAS PARKED AT THE LOADING BAY CARPARK OF LOGISTICS HUB (COGENT) AT PARKING LOT LP11. SUDDENLY THERE ARE A FEW PEOPLE SHOUTING AND I SAW MY VEHICLE WAS HIT BY VEHICLE B (XE7421L) WHICH WAS REVERSING INTO THE PARKING LOT BESIDE MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE7421L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	CHEW TIONG HAI
NRIC No	SXXXX592G
Contact Number	(Phone) +65-96246376
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

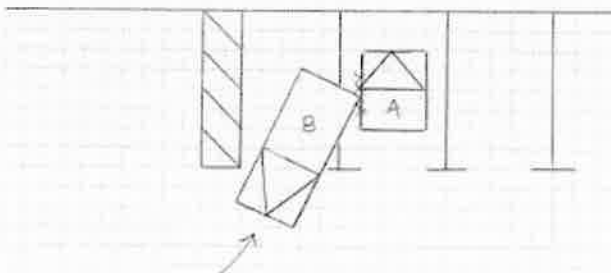
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' law yers/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' law yers/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 law yers/law firms), which may be sted 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



VEH A : GBE9138L

VEH B : XE7421L

LOADING BAY OF LOGISTICS HUB

1 BUDH CRESCENT

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