

# 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 : 91714472  
NG JIAN MING JUSTIN  
BLK 506 BEDOK NORTH AVENUE 3  
17-329  
SINGAPORE 460506  
TEL : FAX :  
PH : 91714472  
ATTN :

## ESTIMATE BILL

Number : EB00006086  
Date : 07/09/2022  
Case No : AD00013067  
Vehicle No : SMS4538K  
Chassis: JF1SK7KL5KG013006  
Year of Mfr 2019  
Policy No 5125389429  
Model : SUBARU FORESTER  
2.0I-S EYESIGHT

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	REAR FENDER PROTECTOR LH	1.0	121.90	20	97.52
2	REAR BUMPER PROTECTOR TOP LH	1.0	554.10	20	443.28
3	REAR DOOR LH	1.0	791.00	20	632.80
4	REAR DOOR GLASS REGULATOR GEAR WITH MOTOR LH	1.0	263.00	20	210.40
5	REAR DOOR LOCK LH	1.0	254.80	20	203.84
6	REAR DOOR OUTER CHROME LH	1.0	181.00	20	144.80
7	REAR DOOR STEP GARNISH LH	1.0	332.90	20	266.32
8	FRONT DOOR TRIMBOARD LH	1.0	510.60	20	408.48
List Price - Parts Sub Total					2,407.44
9	REAR FENDER LH - REPAIR	1.0			
10	REAR BUMPER - REPAIR	1.0			
11	ROCKER PANEL LH - REPAIR	1.0			
12	FRONT DOOR LH - REPAIR	1.0			
Special Nett Price - Parts Sub Total					0.00
Parts Total					2,407.44
13	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	900.00	0	900.00
14	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
15	ANTI-RUST COATING	1.0	150.00	0	150.00
Labour 1 Sub Total					1,950.00
SINGAPORE DOLLARS : FOUR THOUSAND SIX HUNDRED SIXTY-TWO AND CENTS FORTY-SIX ONLY			Less Excess		0.00
			SUBTOTAL		4,357.44
			GST 7.00%		305.02
			TOTAL		4,662.46

Date of accident : 03/09/2022 09:30 PM. Place : MARINE GARDENS DRIVE

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	05/09/2022 09:23 (SGT)
Reported by	Both
Date of Accident	03/09/2022 21:30 (SGT)
Exact Location of Accident	Near 18 Marina Gardens Dr, Singapore 018953
Additional Location Information	ALONG MARINA GARDENS DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS4538K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG JIAN MING JUSTIN
NRIC No	SXXXX983F
Email Address	TIN87@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91714472
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125389429

#### DRIVER

Name of Driver	NG JIAN MING JUSTIN
NRIC No	SXXXX983F
Date Of Birth	11/12/1985
Occupation	Indoor

Date Of Driving Pass	07/01/2011
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91714472
Alt. Phone Number	-
Email Address	TIN87@HOTMAIL.COM
Address	506 BEDOK NORTH AVENUE 3 #17-329
Address complement	-
Postcode	460506
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)	4
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	-

#### PASSENGER 1

Name	HOO KEH KO
Gender	Male

#### PASSENGER 2

Name	PANG AH MOI
Gender	Female

#### PASSENGER 3

Name	HOO LI YING
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 3 SEP 22 AT APPROXIMATELY 9.30PM AT THE EXIT OF GARDENS BY THE BAY DROP OFF POINT, I THE OWNER OF SMS4538K WAS TRAVELLING ON THE ONWARD LANE ALONG THE BEND LEADING TOWARDS MARINA GARDENS DRIVE. WHEN NEGOTIATING THE BEND, A CA WAS BLOCKING THE FRONT AND I CHANGED TO THE INWARD LANE. AMIDST COMPLETING THE LANE CHANGE, A CAR SKZ1283B ON THE INWARD LANE CAME FROM THE BACK AND SIDESWIPE ME AS HE WAS TURNING. WE STOPPED AND TOOK PICUTRES OF THE ACCIDENT AND DAMAGE AND DECIDED TO CLAIM INSURANCE ON THE INCIDENT. NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NOT RECORDED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ1283B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97255563
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' 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

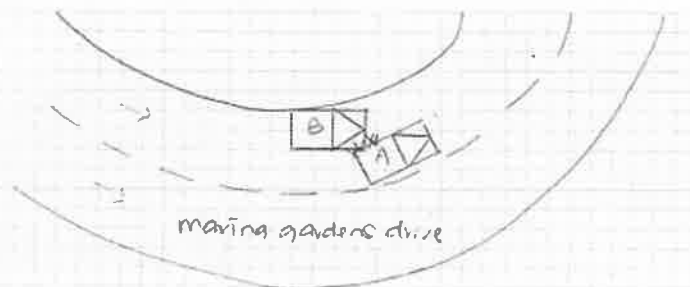


Witnessed by Reporting Centre Personnel

### Sketch Plan

VEH A : SL1S4538K

VEH B : SKZ1D83E



**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



**SINGAPORE  
POLICE FORCE**



T/20220904/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220904/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2022 00:12			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: NG JIAN MING, JUSTIN			Address: 506 BEDOK NORTH AVENUE 3 #17-329 SINGAPORE 460506		
ID Type / ID No.: NRIC NO / S8537983F			Contact No.: Home/Office: Mobile: 91714472		
Nationality: SINGAPORE CITIZEN			Email: tin87@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 11/12/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Civil Servant			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2022 21:35	Type of Location: Bend
Location:  MARINA GARDENS DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKZ1283B	Car	HONDA		Grey		0
SMS4538K	Car	SUBARU	FORESTER 2.0I-S EYESIGHT AWD CVT SR	Black		0



**SINGAPORE  
POLICE FORCE**



T/20220904/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220904/7000

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS4538K	NTUC Income Insurance Co-Operative Limited	5125389429	26/02/2022	26/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG JIAN MING, JUSTIN		ID No. S8537983F
Related Vehicle	SMS4538K (Car)		Contact No. 91714472
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

On 3 Sep 22 at approximately 9.30pm at the exit of the gardens by the bay drop off point, I, the owner of SMS4538K was travelling on the onward lane along the bend leading towards marina gardens drive. When negotiating the bend, a car was blocking the front and i changed to the inward lane. Amidst completing the lane change, a car SKZ1283B on the inward lane came from the back and sideswiped me as he was turning. We stopped and took pictures of the accident and damage and decided to claim insurance on the incident.  
No one was injured.



**SINGAPORE  
POLICE FORCE**

T/20220904/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220904/7000

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIS /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/09/2022 00:12

Classification Of Case: