

# 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 : 98400895  
CHIA SOO KWANG  
NO 4 BEDOK CLOSE SINGAPORE

SINGAPORE 469870  
TEL : FAX :  
PH : 98400895  
ATTN :

## ESTIMATE BILL

Number : EB00006132  
Date : 07/11/2022  
Case No : AD00013257  
Vehicle No : SNA8312B  
Chassis: GR11033942  
Year of Mfr 2021  
Policy No  
Model : HONDA FIT BASIC  
1.3 CVT

Term: CASH

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	TAILGATE	1.0	1,019.10	20	815.28
2	TAILGATE WEATHERSTRIP	1.0	266.70	20	213.36
3	TAILGATE LOCK	1.0	254.70	20	203.76
4	TAILGATE LOGO - FIT	1.0	20.70	20	16.56
5	TAILGATE EMBLEM	1.0	42.60	20	34.08
6	TAILGATE WINDSCREEN MOULDING	1.0	101.40	20	81.12
7	REAR BUMPER	1.0	708.30	20	566.64
8	REAR BUMPER RETAINER RH	1.0	38.70	20	30.96
9	REAR BUMPER RETAINER LH	1.0	38.70	20	30.96
10	REAR BUMPER BRACKET RH	1.0	39.80	20	31.84
11	REAR BUMPER BRACKET LH	1.0	39.80	20	31.84
12	END PANEL	1.0	526.80	20	421.44
13	END PANEL TOP GARNISH	1.0	341.70	20	273.36
14	SPARE TYRE SPONGE	1.0	226.30	20	181.04
15	REAR CENTER LOCK SENSOR	1.0		20	
16	TAILGATE OUTER GARNISH	1.0	357.50	20	286.00
17	REVERSE SENSOR WIRE	1.0		20	
18	REVERSE SENSOR ECU	1.0		20	
List Price - Parts Sub Total					3,218.24
19	WINDSCREEN SEALANT	2.0	24.00	0	48.00
20	REAR NUMBER PLATE	1.0	30.00	0	30.00
21	REAR NUMBER PLATE HOLDER	1.0	30.00	0	30.00
22	REVERSE SENSOR	2.0	280.00	0	560.00
23	REVERSE CAMERA	1.0	580.00	0	580.00
24	ROOF PANEL - REPAIR	1.0			
25	SPARE TYRE PANEL - REPAIR	1.0			
Special Nett Price - Parts Sub Total					1,248.00
Parts Total					4,466.24
26	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	1,200.00	0	1,200.00
27	SPRAY PAINT ON THE AFFECTED AREAS	1.0	1,500.00	0	1,500.00
28	ANTI-RUST COATING	1.0	200.00	0	200.00
29	TO REMOVE & REFIT WINDSCREEN	1.0	180.00	0	180.00
30	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

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Model : HONDA FIT BASIC  
1.3 CVT

Term: CASH

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
	Labour 1 Sub Total				3,230.00
SINGAPORE DOLLARS : EIGHT THOUSAND TWO HUNDRED THIRTY-FOUR AND CENTS NINETY-EIGHT ONLY			Less Excess		0.00
			SUBTOTAL		7,696.24
			GST 7.00%		538.74
			TOTAL		8,234.98

Date of accident : 04/11/2022 06:00 PM. Place : SLIP ROAD OF UPPER PAYA LEBAR ROAD > BARTLEY ROAD EAST

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CUSTOMER SIGNATURE

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## 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	05/11/2022 10:00 (SGT)
Reported by	Driver
Date of Accident	04/11/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF UPPER PAYA LEBAR ROAD > BARTLEY ROAD EAST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8312B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA SOO KWANG
NRIC No	SXXXX777E
Email Address	chookwang2000@hotmail.com
Mobile Phone No	(Phone) +65-98400895
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1317

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122952920-01

#### DRIVER

Name of Driver	CHIA WEI-LIN ADRIAN
NRIC No	SXXXX431D
Date Of Birth	03/08/1966

Occupation	Indoor
Date Of Driving Pass	30/01/1993
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82824520
Alt. Phone Number	-
Email Address	adrianchia@hotmail.com
Address	4 BEDOK CLOSE
Address complement	-
Postcode	469870
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	Collision - Head to Rear
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 & TIME, I WAS STATIONARY AT THE SAID JUNCTION TO CHECK TRAFFIC FLOW. OUT OF SUDDEN, I FELT AN IMPACT FROM BEHIND AND NOTICED THAT VEHICLE B (SLC7737D) WAS COLLIDED ONTO MY REAR PORTION OF 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	SLC7737D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	IRIS NG
Contact Number	(Phone) +65-91399271
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**

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

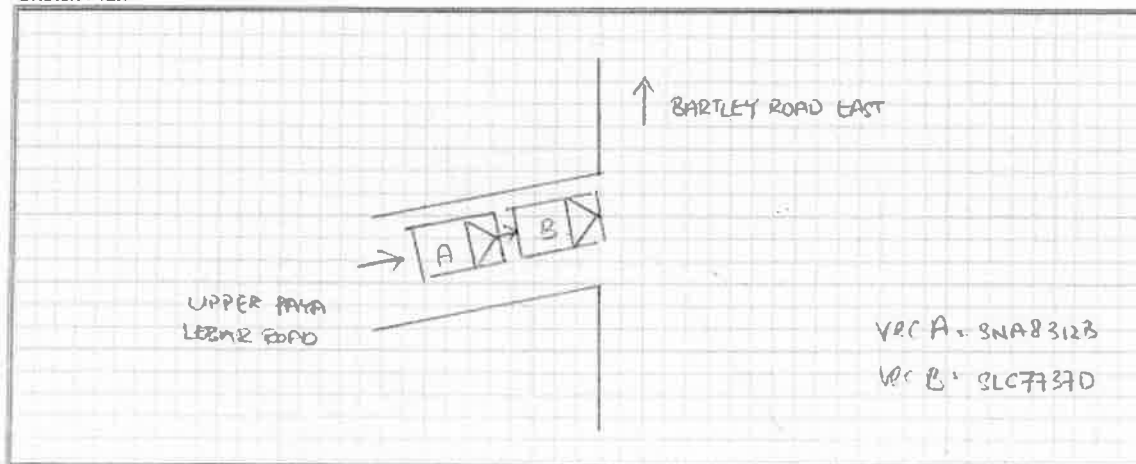
(c) my Personal Information may/are disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**







vJun2022

Describe Circumstance 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Reporting Only</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Claim OD</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Claim TP</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Claim OD/TP at other workshop</td> </tr> </table>	<input checked="" type="checkbox"/>	Reporting Only	<input type="checkbox"/>	Claim OD	<input type="checkbox"/>	Claim TP	<input type="checkbox"/>	Claim OD/TP at other workshop
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<input type="checkbox"/>	Claim OD								
<input type="checkbox"/>	Claim TP								
<input type="checkbox"/>	Claim OD/TP at other workshop								

**Declaration**

I/We declare the foregoing particulars are true in every respect.

 _____ Policyholder's Signature / Date & Time	 _____ Actual Driver's Signature (if driver is not the policyholder) / Date & Time	  _____ Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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