

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 : 96301007
QUEK DOON KEONG
BLK 60 NEW UPPER CHANGI ROAD
11-1214
SINGAPORE 461060
TEL : FAX :
PH : 96301007
ATTN :

ESTIMATE BILL

Number : EB00006136
Date : 14/11/2022
Case No : AD00013280
Vehicle No : SLH1026K
Chassis : RU11205532
Year of Mfr : 2016
Policy No : 5085133352-06
Model : HONDA VEZEL

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	TAILGATE	1.0	1,193.10	20	954.48
2	TAILGATE EMBLEM	1.0	19.30	20	15.44
3	TAILGATE LOGO - VEZEL	1.0	43.30	20	34.64
4	TAILGATE INNER LOCK	1.0	96.60	20	77.28
5	REAR BUMPER	1.0	405.30	20	324.24
6	REVERSE SENSOR	1.0	411.70	20	329.36
List Price - Parts Sub Total					1,735.44
7	WINDSCREEN SEALANT	2.0	24.00	0	48.00
8	REAR NUMBER PLATE	1.0	30.00	0	30.00
9	REAR NUMBER PLATE	1.0	30.00	0	30.00
10	END PANEL - REPAIR	1.0			
Special Nett Price - Parts Sub Total					108.00
Parts Total					1,843.44
11	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	800.00	0	800.00
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 WINDSCREEN	1.0	180.00	0	180.00
15	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					2,030.00
SINGAPORE DOLLARS : FOUR THOUSAND ONE HUNDRED FORTY-FOUR AND CENTS FIFTY-EIGHT ONLY			Less Excess		0.00
			SUBTOTAL		3,873.44
			GST 7.00%		271.14
			TOTAL		4,144.58

Date of accident : 10/11/2022 02:30 PM. Place : JOO SENG ROAD

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	11/11/2022 12:09 (SGT)
Reported by	Both
Date of Accident	10/11/2022 14:30 (SGT)
Exact Location of Accident	Near 12 Joo Seng Rd, Singapore 360012
Additional Location Information	JOO SENG ROAD > ALJUNIED ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1026K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK DOON KEONG
NRIC No	SXXXX275C
Email Address	doonkeong.quek@gmail.com
Mobile Phone No	(Phone) +65-96301007
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5085133352-06

DRIVER

Name of Driver	QUEK DOON KEONG
NRIC No	SXXXX275C
Date Of Birth	25/09/1960
Occupation	Indoor

Date Of Driving Pass	24/01/1978
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96301007
Alt. Phone Number	-
Email Address	doonkeong.quek@gmail.com
Address	BLK60 NEW UPPER CHANGI ROAD
Address complement	#11-1214
Postcode	461060
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	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 TRAVELING ALONG THE SAID LOCATION. VEHICLE IN FRONT OF ME STOPPED AND I FOLLOW SUIT. A FEW SECOND LATER, I FELT AN IMPACT FROM BEHIND AND NOTICED THAT VEHICLE B (SLD2333M) 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	SLD2333M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MR. ANG
NRIC No	SXXXX019B
Contact Number	(Phone) +65-93890510
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

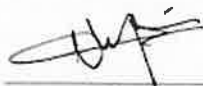
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) 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/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


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

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JOO SENG ROAD

Vec A - SLF1026K

Vec B - SLD2333M

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="padding: 2px;">Reporting Only</td> </tr> <tr> <td style="padding: 2px;">Claim OD</td> </tr> <tr> <td style="padding: 2px;">/ Claim TP</td> </tr> <tr> <td style="padding: 2px;">Claim OD/TP at other workshop</td> </tr> </table>	Reporting Only	Claim OD	/ Claim TP	Claim OD/TP at other workshop
Reporting Only					
Claim OD					
/ Claim TP					
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)