

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 : 90706633

NELSON WONG CHOON SIEN
BLK 101 CASHEW ROAD
#10-02
SINGAPORE 679672
TEL : FAX :
PH : 90706633
ATTN :

ESTIMATE BILL

Number : EB00006137
Date : 15/11/2022
Case No : AD00013287
Vehicle No : SDR988H
Chassis: WAUZZZ4G5HN021081
Year of Mfr 2016
Policy No 5119650337-02
Model : AUDI A6 1.8 TFSI
ULTRA (PI) (NAV)

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	WING MIRROR HOUSING LH	1.0	1,149.60	0	1,149.60
2	WING MIRROR GLASS LH	1.0	925.85	0	925.85
3	WING MIRROR SIGNAL LAMP LH	1.0	97.00	0	97.00
4	WING MIRROR COVER LH	2.0	137.15	0	274.30
List Price - Parts Sub Total					2,446.75
5	FRONT DOOR LH - REPAIR	1.0			
Special Nett Price - Parts Sub Total					0.00
Parts Total					2,446.75
6	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	300.00	0	300.00
7	SPRAY PAINT ON THE AFFECTED AREAS	1.0	400.00	0	400.00
8	ANTI-RUST COATING	1.0	50.00	0	50.00
Labour 1 Sub Total					750.00
SINGAPORE DOLLARS : THREE THOUSAND FOUR HUNDRED TWENTY AND CENTS FIFTY-TWO ONLY			Less Excess		0.00
			SUBTOTAL		3,196.75
			GST 7.00%		223.77
			TOTAL		3,420.52

Date of accident : 12/11/2022 06:29 PM. Place : GRANGE ROAD TOWARDS ORCHARD LINK

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	14/11/2022 14:58 (SGT)
Reported by	Both
Date of Accident	12/11/2022 18:29 (SGT)
Exact Location of Accident	Near 2 Orchard Link, #04-01, Singapore 237978
Additional Location Information	ALONG GRANGE ROAD TOWARDS ORCHARD LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR988H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NELSON WONG CHOON SIEN
NRIC No	SXXXX855D
Email Address	
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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	1798

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119650337-02

DRIVER

Name of Driver	NELSON WONG CHOON SIEN
NRIC No	SXXXX855D
Date Of Birth	09/06/1970
Occupation	Indoor

Date Of Driving Pass	[REDACTED]
Driving experience	29 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
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)	3
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	IRENE TAN
Gender	Female

PASSENGER 2

Name	DARRIUS WONG
Gender	Male

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 MIDDLE LANE OF GRANGE ROAD. VEHICLE B (SMRT BUS - SMB5066M) WAS ON MY LEFT. WHEN WE ARE TURNING RIGHT INTO ORCHARD LINK, VEHICLE B WAS VERY NEAR TO MY VEHICLE THEREFORE I SOUNDED MY HORN AND STOP MY VEHICLE. SUDDENLY I FELT AN IMPACT, VEHICLE B HAD HIT ONTO THE LEFT PORTION OF MY VEHICLE, MY WING MIRROR LH WAS BADLY DAMAGED.

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	OVERWRITE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB5066M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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/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.

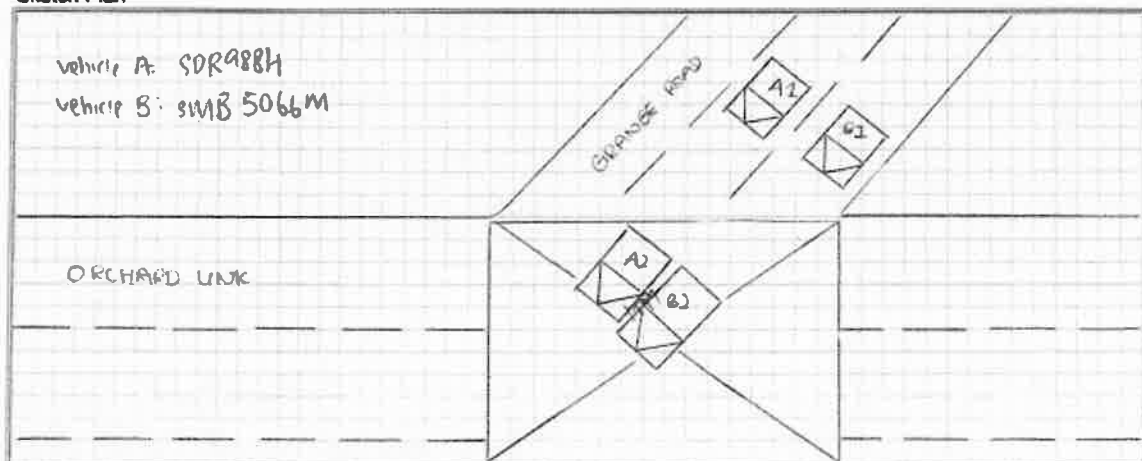
Policyholder's Signature / Date & Time

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



WJun2022

REFER TO GIA REPORT

Claim OD/TP at other workshop

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

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

