

# 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 : 90226452  
CHEW KWOK WAH  
NO

SINGAPORE  
TEL : FAX :  
PH : 90226452  
ATTN :

## ESTIMATE BILL

Number : EB00006172  
Date : 27/12/2022  
Case No : AD00013433  
Vehicle No : SME8836Y  
Chassis : KNAF3416MK5019897  
Year of Mfr 2018  
Policy No  
Model : KIA CERATO 1.6(A)  
EX

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	FRONT DOOR LH - REPAIR	1.0			
2	REAR DOOR LH - REPAIR	1.0			
<b>Special Nett Price - Parts Sub Total</b>					<b>0.00</b>
<b>Parts Total</b>					<b>0.00</b>
3	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	600.00	0	600.00
4	SPRAY PAINT ON THE AFFECTED AREAS	1.0	700.00	0	700.00
5	ANTI-RUST COATING	1.0	80.00	0	80.00
<b>Labour 1 Sub Total</b>					<b>1,380.00</b>
SINGAPORE DOLLARS : ONE THOUSAND FOUR HUNDRED SEVENTY-SIX AND CENTS SIXTY ONLY			<b>Less Excess</b>		0.00
			<b>SUBTOTAL</b>		1,380.00
			GST 7.00%		96.60
			<b>TOTAL</b>		<b>1,476.60</b>

Date of accident : 25/12/2022 09:35 AM. Place : T3 ARRIVAL HALL

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	27/12/2022 10:10 (SGT)
Reported by	Driver
Date of Accident	25/12/2022 09:35 (SGT)
Exact Location of Accident	65 Airport Boulevard, Basement2 North #01-24, Terminal 3, Singapore 819663
Additional Location Information	T3 ARRIVAL HALL
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SME8836Y

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW KWOK WAH
NRIC No	SXXXX600B
Email Address	KC_SGF@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90226452
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123526317-01

### DRIVER

Name of Driver	CHEW HON MENG WAYNE
NRIC No	SXXXX6571
Date Of Birth	16/06/1998

Occupation .....	Indoor
Date Of Driving Pass .....	30/08/2018
Driving experience .....	4 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91118663
Alt. Phone Number .....	-
Email Address .....	WAYNECHM@OUTLOOK.COM
Address .....	96 BEDOK NORTH AVENUE 4
Address complement .....	-
Postcode .....	460096
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 - Change/cross lane
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) .....	2
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 .....	XU JUN
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 & TIME, I WAS DRIVING STRAIGHT ALONG THE SAID LOCATION. VEHICLE B (SLW2289H) WAS CHANGE TO MY LANE FROM LEFT SIDE AND I IMMEDIATELY STOPPED MY VEHICLE. A FEW SECOND LATER, VEHICLE B MOVE FORWARD AND COLLIDED ONTO MY LEFT PORTION OF VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLW2289H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

SKETCH PLAN

**IMPORTANT NOTICE**

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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.

**3. 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.

*[Handwritten Signature]*

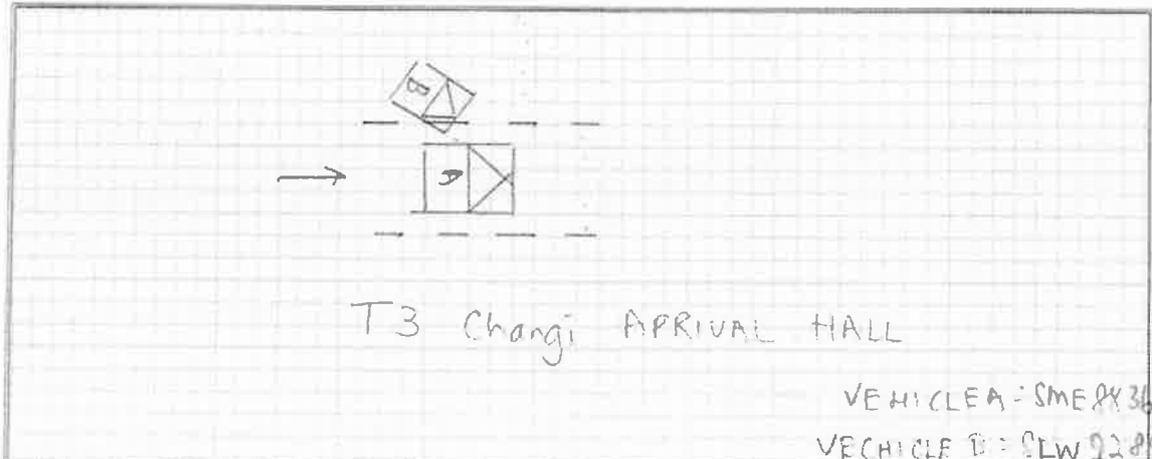


Policyholder's Signature / Date & Time

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.

Reporting Only
Claim OD
<input checked="" type="checkbox"/> 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

*[Signature]*  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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