

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 : 96961519
YEO AI LING BELINDA (YANG AILING)
BLK 813 TAMPINES STREET 81
#11-552
SINGAPORE 520813
TEL : FAX :
PH : 96961519
ATTN :

ESTIMATE BILL

Number : EB00006185
Date : 30/01/2023
Case No : AD00013553
Vehicle No : SLD9552B
Chassis: GK31217914
Year of Mfr 2016
Policy No 5101315507-04
Model : HONDA FIT 1.3G F
PACKAGE A

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	BONNET	1.0	575.90	20	460.72
2	BONNET HINGE RH	1.0	40.00	20	32.00
3	BONNET HINGE LH	1.0	40.00	20	32.00
4	SUPPORT PANEL	1.0	420.80	20	336.64
5	SUPPORT PANEL TOP GARNISH	1.0	28.00	20	22.40
6	SUPPORT PANEL INNER CENTER GARNISH LH	1.0		20	
7	RADIATOR	1.0	1,250.00	20	1,000.00
8	RADIATOR COWLING	1.0	125.00	20	100.00
9	RADIATOR FAN	1.0	65.00	20	52.00
10	RADIATOR MOTOR	1.0	362.90	20	290.32
11	AIR CON CONDENSER	1.0	810.00	20	648.00
12	FRONT GRILLE ASSEMBLY	1.0	356.00	20	284.80
13	FRONT BUMPER	1.0	901.70	20	721.36
14	FRONT BUMPER RETAINER LH	1.0	15.00	20	12.00
15	FRONT BUMPER RETAINER RH	1.0	15.00	20	12.00
16	FRONT BUMPER BRACKET RH	1.0	30.90	20	24.72
17	FRONT BUMPER BRACKET LH	1.0	30.90	20	24.72
18	FRONT BUMPER REINFORCEMENT	1.0	246.70	20	197.36
19	FRONT BUMPER LOWER GARNISH	1.0	30.90	20	24.72
20	FRONT BUMPER SIDE GRILLE RH	1.0	30.90	20	24.72
21	HEADLAMP LH	1.0		20	
22	HEADLAMP RH	1.0		20	
List Price - Parts Sub Total					4,300.48
23	FRONT FENDER LH - REPAIR	1.0			
24	FRONT FENDER RH - REPAIR	1.0			
25	FRONT NUMBER PLATE	1.0	30.00	0	30.00
26	FRONT NUMBER PLATE HOLDER	1.0	30.00	0	30.00
27	RADIATOR COOLANT	1.0	180.00	0	180.00
Special Nett Price - Parts Sub Total					240.00
Parts Total					4,540.48
28	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	900.00	0	900.00
29	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
30	ANTI-RUST COATING	1.0	150.00	0	150.00

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

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PACKAGE A

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
31	TO SERVICE & TOP-UP AIR-CON GAS	1.0	180.00	0	180.00
	Labour 1 Sub Total				2,130.00
SINGAPORE DOLLARS : SEVEN THOUSAND TWO HUNDRED FOUR AND CENTS TWELVE ONLY			Less Excess		0.00
			SUBTOTAL		6,670.48
			GST 8.00%		533.64
			TOTAL		7,204.12

Date of accident : 22/01/2023 02:50 PM. Place : BEDOK RESERVOIR ROAD > BEDOK RESERVOIR VIEW

E. & O. E.

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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	26/01/2023 09:32 (SGT)
Reported by	Both
Date of Accident	22/01/2023 14:50 (SGT)
Exact Location of Accident	Near 2 Bedok Reservoir View, Singapore 479232
Additional Location Information	ALONG BEDOK RESERVOIR ROAD TOWARDS BEDOK RESERVOIR VIEW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9552B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO AI LING BELINDA (YANG AILING)
NRIC No	SXXXX089E
Email Address	belyeoal@gmail.com
Mobile Phone No	(Phone) +65-96961519
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5101315507-04

DRIVER

Name of Driver	YEO AI LING BELINDA (YANG AILING)
NRIC No	SXXXX089E
Date Of Birth	26/11/1977

Occupation	Indoor
Date Of Driving Pass	03/11/2003
Driving experience	19 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96961519
Alt. Phone Number	-
Email Address	belyeoal@gmail.com
Address	813 TAMPINES STREET 81 #11-552
Address complement	-
Postcode	520813
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	YANG SHUFEN
Gender	Female

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 AT THE JUNCTION OF BEDOK RESERVOIR ROAD TURNING RIGHT INTO BEDOK RESERVOIR VIEW. VEHICLE B (SMY7080L) WAS IN FRONT OF MY VEHICLE. WHEN THE TRAFFIC LIGHT TURNS GREEN, SUDDENLY VEHICLE B REVERSE AND STEP ON THE ACCELERATE PEDAL. VEHICLE B THEN HIT ONTO THE FRONT PORTION OF MY 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	SMY7080L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHANG YOUQING
Passport No/FIN	GXXXX000L
Contact Number	(Phone) +65-98193577
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO AI LING BELINDA (YANG AILING)
Gender	Female
Phone No	(Phone) +65-96961519
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD9552B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YANG SHUFEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD9552B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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

	<p>VEHICLE A : SLD95528</p> <p>B : SMY17080L</p>
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win2022

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

Claim TP

Claim OD/TP at other workshop

Declaration

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

[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)