

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 : 84685234
LEE CHEY KEOK
BLK 468 TAMPINES STREET 44
#03-184
SINGAPORE 520468
TEL : FAX :
PH : 84685234
ATTN :

ESTIMATE BILL

Number : EB00006188
Date : 30/01/2023
Case No : AD00013558
Vehicle No : SJS5316M
Chassis: MR053BK4107047160
Year of Mfr 2009
Policy No 5130975811
Model : TOYOTA CAMRY 2.0
AUTO ABS

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	FRONT BUMPER	1.0	690.40	25	517.80
2	FRONT BUMPER RETAINER LH	1.0	98.50	25	73.88
3	FRONT BUMPER FOGLAMP LH	1.0	316.60	25	237.45
4	FRONT BUMPER FOGLAMP COVER LH	1.0	123.60	25	92.70
5	HEADLAMP LH	1.0	1,506.50	25	1,129.88
6	FRONT WHEEL RIM LH	1.0	529.00	25	396.75
7	FRONT LOWER ARM LH	1.0	776.40	25	582.30
8	FRONT SHOCK ABSORBER LH	1.0	549.50	25	412.13
9	FRONT KNUCKLE ARM LH	1.0	778.90	25	584.18
10	FRONT WHEEL BEARING LH	1.0	233.00	25	174.75
List Price - Parts Sub Total					4,201.82
11	FRONT TYRE LH	1.0	480.00	0	480.00
Special Nett Price - Parts Sub Total					480.00
Parts Total					4,681.82
12	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	450.00	0	450.00
13	SPRAY PAINT ON THE AFFECTED AREAS	1.0	350.00	0	350.00
14	ANTI-RUST COATING	1.0	50.00	0	50.00
15	WIRING	1.0	40.00	0	40.00
16	TWO WHEEL ALIGNMENT	1.0	80.00	0	80.00
17	TO REMOVE & REFIT UNDERCARRIAGE	1.0	250.00	0	250.00
Labour 1 Sub Total					1,220.00
SINGAPORE DOLLARS : SIX THOUSAND THREE HUNDRED SEVENTY-THREE AND CENTS NINETY-SEVEN ONLY			Less Excess	0.00	
			SUBTOTAL	5,901.82	
			GST 8.00%	472.15	
			TOTAL	6,373.97	

Date of accident : 10/01/2023 08:20 AM. Place : ANG MO KIO AVENUE 5

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	10/01/2023 11:08 (SGT)
Reported by	Both
Date of Accident	10/01/2023 08:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS5316M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHEY KEOK
NRIC No	SXXXX244F
Email Address	CARRIELEECHYEYKEOK@GMAIL.COM
Mobile Phone No	(Phone) +65-84685234
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	1998

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130975811

DRIVER

Name of Driver	LEE CHEY KEOK
NRIC No	SXXXX244F
Date Of Birth	15/11/1974
Occupation	Indoor



Date Of Driving Pass	16/05/2013
Driving experience	9 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84685234
Alt. Phone Number	-
Email Address	CARRIELEECHYEYKEOK@GMAIL.COM
Address	468 TAMPINES STREET 44 #03-184
Address complement	-
Postcode	520468
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)	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	LIM YAN JUN NICOLE
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 & TIME, I WAS DRIVING ALONG ANG MO KIA AVENUE 5, I HAD CHECK BEFORE I MAKE SWITCH FROM LANE 1 TO LANE 2, AND VEHICLE B (SNE3123S) WAS SWIPE FROM LANE 3 TO LANE 2, SUNDDENLY VEHICLE B WAS COLLIDED ONTO MY VEHICLE FRONT PORTION OF MY 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	SNE3123S
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

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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

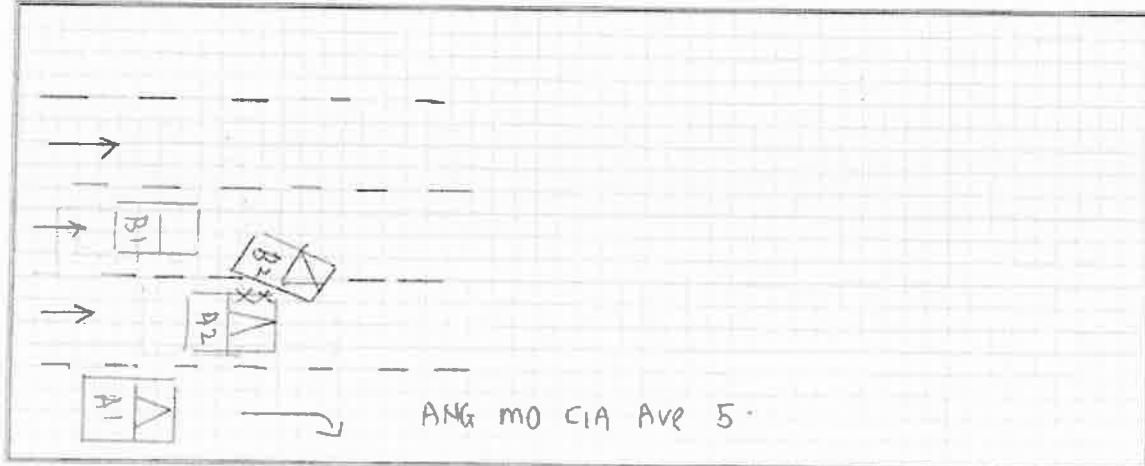
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



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

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)