

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 : 94765771
LOKE LUP PENG
BLK 431A BEDOK NORTH ROAD
14-439
SINGAPORE 461431
TEL : FAX :
PH : 94765771
ATTN :

ESTIMATE BILL

Number : EB00006190
Date : 30/01/2023
Case No : AD00013560
Vehicle No : SKV357A
Chassis: JHMGK3850GX200182
Year of Mfr 2015
Policy No
Model : HONDA JAZZ 1.3
CVT ABS D/AIRBAG

Term:

Sn	DESCRIPTION	QTY	U PRICE	2WD DISC	AMOUNT
1	TAILGATE	1.0	885.40	20	708.32
2	TAILGATE INNER LOCK	1.0	131.60	20	105.28
3	TAILGAT LOGO - JAZZ	1.0	21.30	20	17.04
4	REAR BUMPER	1.0	529.90	20	423.92
5	REAR BUMPER RETAINER RH	1.0	17.00	20	13.60
6	REAR BUMPER RETAINER LH	1.0	17.00	20	13.60
7	TAILGATE WINDSCREEN MOULDING	1.0	118.30	20	94.64
8	REAR BUMPER CLIP	4.0	3.80	20	12.16
9	END PANEL	1.0	399.60	20	319.68
10	REAR BUMPER TOP GARNISH	1.0	65.60	20	52.48
11	SPARE TYRE PANEL	1.0	697.00	20	557.60
12	REAR FENDER LAMP RH	1.0	271.90	20	217.52
13	REAR FENDER LAMP LH	1.0	271.90	20	217.52
List Price - Parts Sub Total					2,753.36
14	REVERSE SENSOR	2.0	280.00	0	560.00
15	WINDSCREEN SEALANT	2.0	24.00	0	48.00
16	REAR FENDER RH - REPAIR	1.0			
17	REAR FENDER LH - REPAIR	1.0			
Special Nett Price - Parts Sub Total					608.00
Parts Total					3,361.36
18	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	1,200.00	0	1,200.00
19	SPRAY PAINT ON THE AFFECTED AREAS	1.0	1,100.00	0	1,100.00
20	ANTI-RUST COATING	1.0			
21	TO REMOVE & REFIT WINDSCREEN	1.0	180.00	0	180.00
22	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					2,630.00
SINGAPORE DOLLARS : SIX THOUSAND FOUR HUNDRED SEVENTY AND CENTS SIXTY-SEVEN ONLY			Less Excess		0.00
			SUBTOTAL		5,991.36
			GST 8.00%		479.31
			TOTAL		6,470.67

Date of accident : 25/01/2023 06:00 PM. Place : PIE (CHANGI) AT EXIT A, FILTER LANE

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	26/01/2023 16:39 (SGT)
Reported by	Both
Date of Accident	25/01/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (Changi) at Exit 4A, filter lane
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV357A
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOKE LUP PENG
NRIC No	S8811702F
Email Address	LUPPY_2@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94765771
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121168844-01

DRIVER

Name of Driver	LOKE LUP PENG
NRIC No	S8811702F
Date Of Birth	07/04/1988
Occupation	Indoor

Date Of Driving Pass	02/10/2010
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94765771
Alt. Phone Number	-
Email Address	LUPPY_2@HOTMAIL.COM
Address	BLK 431A #14-439
Address complement	BEDOK NORTH ROAD
Postcode	461431
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?	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	TYLER
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

I exited the expressway and slowed down as I was approaching the give-way line to check for traffic on the main road. I saw that there were vehicles travelling straight along the main road and continued to stay behind the give-way line while moving slowly. Subsequently, I experienced a collision from the rear 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	SKA4341D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED ASADULLAH BIN MOHD KHALID
NRIC No	S8433933D
Contact Number	(Phone) +65-90625596
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

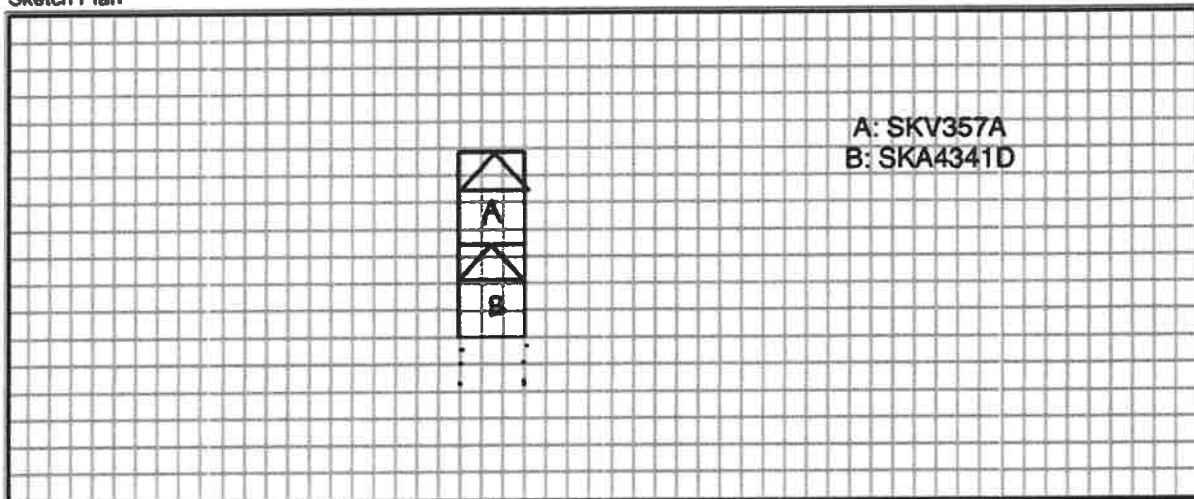
26/01/2023, 1230

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Ignatius Lim

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



A: SKV357A
B: SKA4341D

Describe Circumstance of the Accident

Refer to GEARs

Declaration

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



Policyholder's Signature / Date & Time

26/01/2023, 1230

Driver's Signature (If driver is not the policyholder) / Date & Time

Ignatius Lim

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