

HOCK WAH MOTOR WORKSHOP PTE LTD

BLK 3011 BEDOK INDUSTRIAL PARK E
BEDOK NORTH AVE 4,
#01-2008/10/12/14 SINGAPORE 489977
TEL : 6441 5655 FAX : 6441 5355/6243 8121
R.O.C No : 200104141D GST Reg. No. 20-0104141-D

TO : 92990542

SYED MUHAMMAD ZULHELMI BIN MOHAMAD SHARIFF
BLK 520 PASIR RIS STREET 52
02-15
SINGAPORE 510520
TEL : FAX :
PH : 92990542
ATTN :

ESTIMATE BILL

Number : EB00006289
Date : 11/05/2023
Case No : AD00013868
Vehicle No : SMK4557Y
Chassis : KMHD841CMKU8931C
Year of Mfr : 2019
Policy No : M0039698
Model : HYUNDAI AD
AVANTE 1.6 GLS (A)

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	REAR FENDER RH	1.0	2,104.00	0	2,104.00
2	REAR DOOR STICKER RH	1.0	27.00	0	27.00
3	REAR WHEEL RIM RH	1.0	843.00	0	843.00
4	REAR WHEEL HUB BEARING RH	1.0	454.00	0	454.00
List Price - Parts Sub Total					3,428.00
5	REAR DOOR RH - REPAIR	1.0			
6	REAR TYRE RH	1.0	480.00	0	480.00
Special Nett Price - Parts Sub Total					480.00
Parts Total					3,908.00
7	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	800.00	0	800.00
8	SPRAY PAINT ON THE AFFECTED AREAS	1.0	800.00	0	800.00
9	ANTI-RUST COATING	1.0	100.00	0	100.00
10	TO REMOVE & REFIT UNDERCARRIAGE	1.0	250.00	0	250.00
11	FOUR WHEEL ALIGNMENT	1.0	180.00	0	180.00
Labour 1 Sub Total					2,130.00
SINGAPORE DOLLARS : SIX THOUSAND FIVE HUNDRED TWENTY-ONE AND CENTS FOUR ONLY			Less Excess		0.00
			SUBTOTAL		6,038.00
			GST 8.00%		483.04
			TOTAL		6,521.04

Date of accident : 09/05/2023 09:00 AM. Place : 521A PASIR RIS MSCP

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	10/05/2023 14:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/05/2023 09:00 (SGT)
Exact Location of Accident	Near 521A Pasir Ris Street 52, Singapore 511521
Additional Location Information	521A PASIR RIS MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4557Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYED MUHAMMAD ZULHELMI BIN MOHAMAD SHARIFF
NRIC No	SXXXX912H
Email Address	syed.zulhelmi.alsyahab@gmail.com
Mobile Phone No	(Phone) +65-92990542
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	M0039698

DRIVER

Name of Driver	SYED MUHAMMAD ZULHELMI BIN MOHAMAD SHARIFF
NRIC No	SXXXX912H
Date Of Birth	25/11/1991
Occupation	Indoor

Date Of Driving Pass	03/08/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92990542
Alt. Phone Number	-
Email Address	syed.zulhelmi.alsyahab@gmail.com
Address	520 PASIR RIS STREET 52 #02-15
Address complement	-
Postcode	510520
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)	1
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	-

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 WANT TO EXIT OUT ENTRANCE AND IN FRONT OF THE VEHICLE B(XE4056C) WAS WANTED TO TURNING IN SO BOTH OF VEHICLE WAS STUCK AT THE ROAD , INITIALLY I INSTRUCTED THE DRIVER TO STEER HIS WHEELS TO STRAIGHTEN SO THAT I COULD REVERSE, HOWEVER, THE DRIVER INSISTED THAT I SHOULDN'T DO SO, ONE OF THE CREW CAME DOWN TO GROUND GUIDE ME, HOWEVER UPON THE GUIDANCE OF AND THE ADJUSTMENTS OF BOTH VEHICLES, OUR VEHICLES ENCOUNTERED A SIDE-IMPACT COLLISION ONTO MY VEHICLE RIGHT REAR PORTION.

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	XE4056C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SADLI BIN MASWAN
NRIC No	SXXXX930H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

 10 MAY 2023
1420WRS

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

VECA = Bmk 455TY
VECB = XE 4056C

IN OUT

521 PASIR RIS
MSCP

vJun2022

5

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)