

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 : 90250501
SANJAY MAHESHWARI
NO

SINGAPORE
TEL : FAX :
PH : 90250501
ATTN :

ESTIMATE BILL

Number : EB00006352
Date : 31/07/2023
Case No : AD00014091
Vehicle No : SLV1873H
Chassis : MMBSTA13AJH000306
Year of Mfr : 2017
Policy No :
Model : MITSUBISHI
ATTRAGE 1.2 CVT

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	FRONT FENDER RH	1.0	438.00	10	394.20
2	FRONT FENDER LAMP CHROME GARNISH RH	1.0	59.00	10	53.10
3	FRONT FENDER LOGO RH	1.0	48.00	10	43.20
4	FRONT WHEEL BEARING RH	1.0	114.00	10	102.60
5	FRONT KNUCKLE ARM RH	1.0	329.00	10	296.10
6	FRONT LOWER ARM RH	1.0	304.00	10	273.60
7	FRONT SHOCK ABSORBER RH	1.0	303.00	10	272.70
8	FRONT BUMPER	1.0	666.00	10	599.40
9	FRONT BUMPER RETAINER RH	1.0	22.00	10	19.80
10	FRONT WHEEL RIM RH	1.0	710.00	10	639.00
List Price - Parts Sub Total					2,693.70
11	FRONT DOOR RH - REPAIR	1.0			
12	REAR DOOR RH - REPAIR	1.0			
13	REAR FENDER RH - REPAIR	1.0			
14	REAR BUMPER - REPAIR	1.0			
15	FRONT TYRE RH	1.0	380.00	0	380.00
Special Nett Price - Parts Sub Total					380.00
Parts Total					3,073.70
16	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	600.00	0	600.00
17	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
18	ANTI-RUST COATING	1.0	150.00	0	150.00
19	TO REMOVE & REFIT UNDERCARRIAGE	1.0	350.00	0	350.00
20	TWO WHEEL ALIGNMENT	1.0	80.00	0	80.00
Labour 1 Sub Total					2,080.00
SINGAPORE DOLLARS : FIVE THOUSAND FIVE HUNDRED SIXTY-SIX AND CENTS ZERO ONLY			Less Excess		0.00
			SUBTOTAL		5,153.70
			GST 8.00%		412.30
			TOTAL		5,566.00

Date of accident : 28/07/2023 10:00 AM. Place : ROCHOR ROAD

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 First Submission	29/07/2023 11:20 (SGT)
Reported by	Actual Driver
Date of Accident	28/07/2023 10:00 (SGT)
Exact Location of Accident	Near Rochor Rd, Singapore
Additional Location Information	ROCHOR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1873H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SANJAY MAHESHWARI
NRIC No	SXXXX454J
Email Address	sanjumaheshwari@gmail.com
Mobile Phone No	(Phone) +65-90250501
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128414616-01

DRIVER

Name of Driver	PRIYANKA MAHESHWARI
NRIC No	SXXXX587D
Date Of Birth	19/01/1979
Occupation	Indoor

Date Of Driving Pass	02/02/2013
Driving experience	10 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81017032
Alt. Phone Number	-
Email Address	pm1901@gmail.com
Address	3 RHU CROSS
Address complement	#03-03
Postcode	437433
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 & TIME, I WAS DRIVING STRAIGHT ALONG THE MOST LEFT LANE AT THE SAID LOCATION. OUT OF SUDDEN, I FELT AN IMPACT FROM MY RIGHT AND NOTICED THAT VEHICLE B (SMV260X) ON MY RIGHT LANE WAS CAME INTO MY LANE IN HIGH SPEED AND GRAZED ONTO MY RIGHT PORTION OF 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	SMV260X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ZHOU ZHENJIANG
Passport No/FIN	FXXXX584W
Contact Number	(Phone) +65-97564197
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	4

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

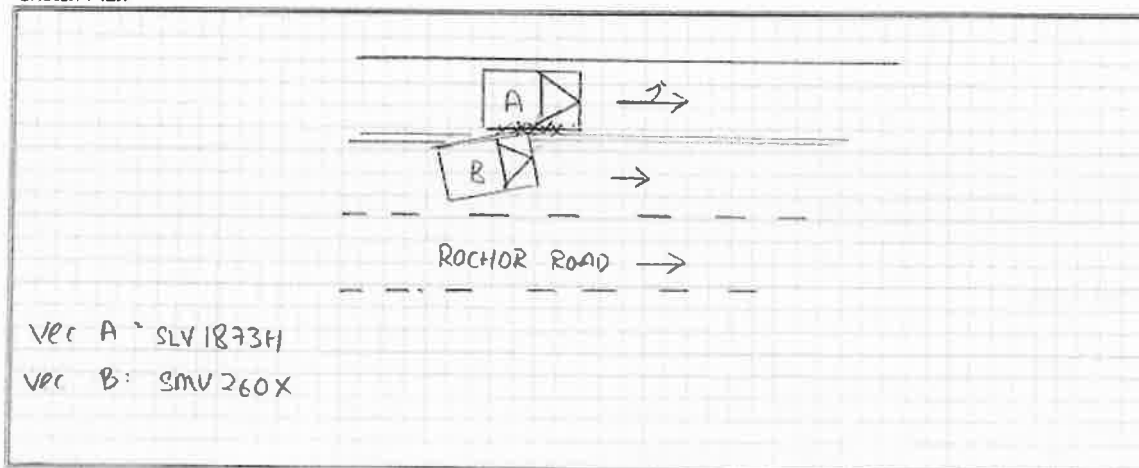
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Jun2022

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.

Puiputa Taheshwari



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)