



QUOTATION

KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer	: MS FIRST CAPITAL INSURANCE LIMITED #42-0116 RAFFLES QUAY HONG LEONG BUILDING SINGAPORE 048581	Document No.	: SQT24002956	Page	1
Registration No	: SME3196T	Date	: 2. Nov 2024		
Chassis No	: MRHFC5650JT001464	Customer No.	: WZF002		
Model	: CIVIC 1.6 VTI YM2018	Svc Advisor	: MARSLER		
Owner's Name	: NG YEEN PENG	Engine No	: R16B25501697		
Ins Policy No.	:	Date Time	: 2. Nov 2024 2:13:10 PM		
Date of Accident	:	Surveyor Name	:		
		Survey Date	:		
		Authorisation Date	:		

Item	Description	Qty	Unit Price	Disc %	Amount	9% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: NG YEEN PENG OWNER INSURER: INCOME ACC DATE: 02/11/2024 SURVEYED BY: DATE: REF NO: TP INSURER: MS FIRST CAPITAL TP VEH: SHB5123R						
71121-TEA-T02	BASE,FR.GRILLE CHROME	1	89.20	25	66.90	6.02	72.92
71125-TEA-T01	MOLDINGFR.GRILLE	1	121.40	25	91.05	8.19	99.24
75700-TBA-A00	EMBLEM	1	18.20	25	13.65	1.23	14.88
90301-ST0-003	NUT,PUSH 3MM	2	2.10	25	3.15	0.28	3.43
71101-TEA-T00ZZ	FACEFR.BUMPER	1	579.90	25	434.92	39.14	474.06
71102-TBA-A10	GRILLEFR.BUMPER LOWER	1	43.80	25	32.85	2.96	35.81
71103-TEA-T00	GARNISHR.FR.BUMPER SIDE	1	21.80	25	16.35	1.47	17.82
71108-TEA-T00	GARNISHL.FR.BUMPER SIDE	1	21.80	25	16.35	1.47	17.82
71193-TEA-T01	SPACERR.FR.BUMPER SIDE	1	10.40	25	7.80	0.70	8.50
71198-TEA-T01	SPACERL.FR.BUMPER SIDE	1	10.40	25	7.80	0.70	8.50
91505-TM8-003	CLIP,BUMPER	20	2.30	25	34.50	3.11	37.61
71150-TEA-T00	BEAM COMPFR.BUMPER CENTER UPP	1	260.00	25	195.00	17.55	212.55
71130-TEA-T00	BEAM COMPFR.BUMPER	1	418.60	25	313.95	28.26	342.21
80525-TBA-A01	SENSOR ASSY,AMBIENT	1	138.20	25	103.65	9.33	112.98
91555-TBA-K01	CLIPAMBIENT SENSOR	1	5.90	25	4.42	0.40	4.82
80100-TBA-A02	CONDENSER ASSY	1	704.40	25	528.30	47.55	575.85
33100-TEC-Q01	HEADLIGHT ASSY,R.	1	708.80	25	531.60	47.84	579.44
BO-NUM-COMP-L	NUMBER PLATE WITH CASING-L(N)	1	45.00		45.00	4.05	49.05
Sum Item					2447.24	220.25	2,667.49

Printed on 4/11/2024 8:56:48 AM

This is a computer generated Invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s).

Charges of \$50.00 (excluding GST) will be applicable for the request of quotation above \$2000.00

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.

All quotations and prices are subjected to GST adjustment from 8% to 9% with effect from 1st Jan 2024.



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Registration No	: SME3196T	Date	: 2. Nov 2024	Customer No.	: WZF002
Chassis No	: MRHFC5650JT001464	Svc Advisor	: MARSLER	Engine No	: R16B25501697
Model	: CIVIC 1.6 VTI YM2018	Engine No	: R16B25501697	Date Time	: 2. Nov 2024 2:13:10 PM
Owner's Name	: NG YEEN PENG	Surveyor Name	:	Survey Date	:
Ins Policy No.	:	Authorisation Date	:		
Date of Accident	:				

Item	Description	Qty	Unit Price	Disc %	Amount	9% GST Amount	Amount Incl GST
BOSUN	SUNDRIES	1	100.00		100.00	9.00	109.00
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	200.00		200.00	18.00	218.00
BC012R	PERFORM DIAGNOSTIC / SCANNING	1	450.00		450.00	40.50	490.50
BMA01D	REMOVE & INSTALL A/C CONDENSER WITH FITTINGS.	1	450.00		450.00	40.50	490.50
BKBH01S	STRAGHTEN ALIGN BULKHEAD & RENEW DAMAGE PARTS.	1	1950.00		1950.00	175.50	2125.50
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (2P)	1	1560.00		1560.00	140.40	1700.40
Sum Labor					4710.00	423.90	5,133.90

Survey By

Date & Time

Excess

Status

Signature

Total Amount 7,157.24 644.15 7,801.39

Total (Inclusive of GST) **7,801.39**

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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	04/11/2024 10:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/11/2024 23:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG ST 64 BLK 642
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3196T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG YEEN PENG
NRIC No	S7705602E
Email Address	ZENZOAZER@GMAIL.COM
Mobile Phone No	(Phone) +65-97694248
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 hire
Transmission	Auto
CC	1600
Vehicle Fuel	
First Registration Date	
Chassis no	
Effective Date/Time of Ownership	

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5138226066-01

DRIVER

Name of Driver	LIN SWEE PENG
NRIC No	S7704689E
Date Of Birth	14/02/1977
Occupation	Outdoor
Driving Pass Date	16/05/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97899557
Alt. Phone Number	-
Email Address	SWAT33@HOTMAIL.SG
Address	152A BEDOK SOUTH ROAD #16-528
Address complement	-
Postcode	461152
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	Collision - Head to Rear
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)	3
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	HENDERICK CHEONG
Gender	Male

PASSENGER 2

Name	UNKNOWN
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

AT AROUND 11.50PM, ENTERING BLK 642 CHOA CHU KANG ST 64 BLK 642 CARPARK, THERE'S A TAXI CAR PLATE SHB5123R STOP AT THE CAR PARK GANTRY, CAR PARK GANTRY NOT WORKING , SO THE TAXI DRIVER REVERSE AND HIT MY CAR SME3196T. I WAS STATIONARY AT THAT TIME. I TRY TO HONK HIM BUT NOT SUCCESSFUL.



ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident TO REQUEST FROM DRIVER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB5123R
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver ANTHONY EDWARD CHEAH
NRIC No S1469144H
Contact Number (Phone) +65-96469878
Address BLK 104A CANBERRA ST #15-475
Address complement -
Postcode 751104
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name HENDERICK CHEONG
Phone (Phone) +65-94568109
Email -

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 making 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.

[Signature] 15:23 HRS
02/11/2024

Policyholder's Signature / Date & Time

[Signature] 02/11/2024
15:23 HRS

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

A SME 3196 T

B SHB 5123 R

KB KA

Carrying


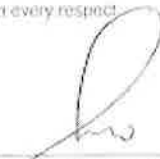

434/2022

Describe Circumstances of the Accident

AT AROUND 11:50PM, ENTERING BLK 642 CHOA CHU KANG ST-64 BLK 642 CARPARK, THERE'S A TAXI CAR PLATE SHB 5133R STOP AT THE CARPARK GANTRY, CARPARK GANTRY NOT WORKING, SO THE TAXI DRIVER REVERSE AND HIT MY CAR SINE3196F. I WAS STATIONERY AT THAT TIME I TRY TO HONK HIM BUT NOT SUCCESSFUL.

Declaration

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

	2/11/2024 1523 HRS		2/11/2024 1523 HRS	
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)

Land Transport Authority
Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 02 Nov 2024 / 14:33:30
Receipt Date/Time : 02 Nov 2024 / 14:33:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241102-001644
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHB5123R As at 02 Nov 2024/11:50:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB5123R Enquiry Fee 20241102143152130544	25.00	2.25	27.25
Sub-Total		25.00	2.25	27.25
Total Before Rounding		25.00	2.25	27.25
Rounding Difference				0.00
Total Amount Payable				27.25
Paid By				
540042XXXXXX7860		eNETS Credit Card		27.25
Total				27.25
Cash Change				0.00
Tendered Amount				27.25
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.