



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.	: SQT24001619	Page	1
Registration No	: SLF4091L	Date	: 11. Jun 2024		
Chassis No	: JHMRU1830GX200239	Customer No.	: WZF002		
Model	: HRV LX-SIN CVT YM 2016	Svc Advisor	:		
Owner's Name	: TAN KIM HWEE	Engine No	: L15B4530240		
Ins Policy No.	:	Date Time	: 11. Jun 2024 1:29:10 PM		
Date of Accident	: 7/6/2024	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: OWNER INSURER: ACC DATE: SURVEYED BY: DATE: REF NO: TP INSURER: TP VEH:						
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	60.00		120.00	10.80	130.80
91505-TM8-003	CLIP,BUMPER	14	2.30	25	24.15	2.17	26.32
75722-T7W-A01	EMBLEMRR.	1	16.10	25	12.07	1.09	13.16
75725-T8N-T00	EMBLEM,RR. I-VTEC	1	17.50	25	13.12	1.18	14.30
04715-T7A-900ZZ	FACE,RR.BUMPER	1	494.40	25	370.80	33.37	404.17
33505-T7A-J01	REFLECTOR ASSYR.RR.	1	189.20	25	141.90	12.77	154.67
33555-T7A-J01	REFLECTOR ASSYL.RR.	1	189.20	25	141.90	12.77	154.67
71593-T9A-J00	SPACER R.RR.BUMPER SIDE	1	11.50	25	8.62	0.78	9.40
71598-T9A-J00	SPACERL.RR.BUMPER SIDE	1	11.50	25	8.62	0.78	9.40
04717-T7A-000ZZ	FACER,RR.BUMPER CORNER	1	105.90	25	79.42	7.15	86.57
74410-T7A-J01ZD	PROTECTORR.RR.WHEEL ARCH	1	197.40	25	148.05	13.32	161.37
66100-T7A-300ZZ	PANEL COMP RR	1	407.30	25	305.47	27.49	332.96
04636-T7A-300ZZ	PANEL SETR.RR.OUTSIDE	1	690.90	25	518.17	46.64	564.81
				Sum Item	1892.29	170.31	2,062.60
BOSUN	SUNDRIES	1	110.00		110.00	9.90	119.90
BOBC	BODY UNDERSIDE COATING (N)	1	520.00		520.00	46.80	566.80
BOJSE	SEALANT FOR TAILGATE	1	120.00		120.00	10.80	130.80
BOJSE	SEALANT FOR REAR END PANEL	1	120.00		120.00	10.80	130.80

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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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Item	Description	Qty	Unit Price	Disc %	Amount	9% GST Amount	Amount incld GST
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	250.00		250.00	22.50	272.50
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	250.00		250.00	22.50	272.50
BP00R	APPLY BODY UNDERSIDE COATING (N).	1	520.00		520.00	46.80	566.80
BG02D	REMOVE & INSTALL RR. WINDSCREEN.(N)	1	650.00		650.00	58.50	708.50
BKBU01R	WINDSCREEN DAMKIT	1	120.00		120.00	10.80	130.80
BKBU01R	REMOVE & INSTALL REVERSE CAMERA & CALIBRATION1	1	650.00		650.00	58.50	708.50
BKBU01R	RESET VEHICLE SMART KEY ACCESS/ENTRY SYSTEM	1	650.00		650.00	58.50	708.50
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	650.00		650.00	58.50	708.50
BKTG02R	REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST &	1	650.00		650.00	58.50	708.50
BP06R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	4000.00		4000.00	360.00	4360.00
BKRP21M	CUT OFF & RENEW RR PANEL. STRAIGHTEN RR FENDERS AN	1	5000.00		5000.00	450.00	5450.00
Sum Labor					14260.00	1,283.40	15,543.40

Survey By _____
Date & Time _____
Excess _____
Status _____
Signature _____

Total Amount 16,152.29 1,453.71 17,606.00
Total (Inclusive of GST) 17,606.00

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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	11/06/2024 13:41 (SGT)
Reported by	Actual Driver
Date of Accident	07/06/2024 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4091L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIM HWEE
NRIC No	SXXXX935F
Email Address	KIM-HWEE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96424074
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1500

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	3

DRIVER

Name of Driver	LIU WEI
NRIC No	SXXXX948F
Date Of Birth	04/09/1982
Occupation	Indoor

Driving Pass Date	23/03/2010
Driving experience	14 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81869642
Alt. Phone Number	-
Email Address	KIM-HWEE@HOTMAIL.COM
Address	S
Address complement	-
Postcode	-
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)	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

REFER

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	SHB3351L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	

SKETCH PLAN

IMPORTANT NOTICE

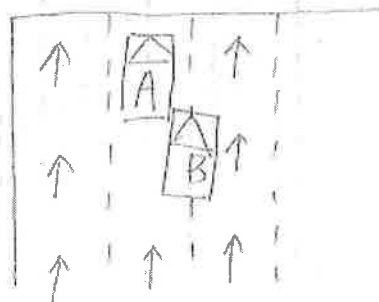
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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 lodging 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was traveling along Alexander Road. ~~Traffic~~ was
 I was approaching the traffic junction. Traffic light
 turn amber and I slow down and stop. Vehicle 2
 didn't stop in time and hit onto the rear
 of my vehicle A.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

