



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.	: SQT24001620	Page	1
Registration No	: SKQ2013E	Date	: 11. Jun 2024		
Chassis No	: MRHGM6660EP000123	Customer No.	: WZF002		
Model	: CITY 1.5SV CVT 2014 (EURO 4)	Svc Advisor	:		
Owner's Name	: TAN TONG KAI	Engine No	: L15Z11414232		
Ins Policy No.	:	Date Time	: 11. Jun 2024 1:46:37 PM		
Date of Accident	: 1/6/2024	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:						
BP01R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (1P)	1	3000.00		3000.00	270.00	3270.00
BKDR21R	REMOVE & TRANSFER ITEMS TO NEW RR L DR. ADJUST	1	2000.00		2000.00	180.00	2180.00
BKDR11R	REMOVE & TRANSFER ITEMS TO NEW FR L DR. ADJUST	1	2000.00		2000.00	180.00	2180.00
Sum Labor					7000.00	630.00	7,630.00

Survey By							
Date & Time				Total Amount	7,000.00	630.00	7,630.00
Excess				Total (Inclusive of GST)			7,630.00
Status							
Signature							

Printed on 11/6/2024 1:48:34 PM

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.

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	01/06/2024 15:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/06/2024 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOH TUCK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ2013E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN TONG KAI
NRIC No	SXXXX739J
Email Address	TONGKAI_TAN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96716882
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	TAN TONG KAI
NRIC No	SXXXX739J
Date Of Birth	05/07/1950
Occupation	Indoor

Driving Pass Date	17/05/1983
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96716882
Alt. Phone Number	-
Email Address	TONGKAI_TAN@YAHOO.COM.SG
Address	S
Address complement	-
Postcode	-
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)	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	TAN SUI LUN
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

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	SHA8738C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

MS First Car

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

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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 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.

3. 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

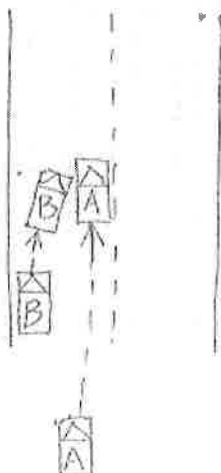
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 Toh Tuck Road. Going straight.
 I saw vehicle B was ~~stop~~ stationary along the road and
 not moving. I slow down and check ~~on vehicle B~~
 and proceed to travel along the road. After I
 passed ~~vehicle B~~, vehicle B started to turn right
 and hit onto the left side 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

