

**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

Kindly Help to arrange
Surveyor to Survey this
Vehicle
Thanks

QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer	: INDIA INTERNATIONAL INSURANCE 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711	Document No.	: SQT18000356	Page	1
Registration No	: SGK4180X	Date	: 23. Jan 2018		
Chassis No	: MRHFB1630FP000086	Customer No.	: WZI007		
Model	: 2015 CIVIC 1.6L AUTO (EURO 4)	Svc Advisor	: LIM CHOU SIONG		
Owner's Name	: CHNG HAK PENG (ZHUANG)	Engine No	: R16B25100177		
Ins Policy No.	:	Date Time	: 23. Jan 2018 7:18:39 PM		
Date of Accident	: 14/1/2018	Surveyor Name	:		
		Survey Date	:		
		Authorisation Date	:		

Item	Description	Qty	Unit Price	Disc %	Amount	GST Amt	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: CHNG HAK PENG (ZHUANG XUEPENG) OWNER INSURER: NTUC INCOME INS CO-OPERATIVE LTD ACC DATE: 14/1/2018 SURVEYED BY: DATE: REF NO: TP INSURER: INDIA INTERNATIONAL INSURANCE PTE LTD TP VEH: SHA3782G						
04715-TR0-G10ZZ	FACERR.BUMPER	1	700.70	25	525.52	36.79	562.31
71593-TR0-A02	SPACERR.RR.BUMPER SIDE	1	18.30	25	13.72	0.96	14.68
71598-TR0-A02	SPACERL.RR.BUMPER SIDE	1	18.30	25	13.72	0.96	14.68
91505-TM8-003	CLIPBUMPER	2	2.00	25	3.00	0.21	3.21
91506-S9A-003	CLIP BBUMPER	2	2.40	25	3.60	0.25	3.85
	Sum Item				559.56	39.17	598.73
BOSUN	SUNDRIES	1	30.00		30.00	2.10	32.10
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	80.00		80.00	5.60	85.60
BKBU02R	REPLACE RR BUMPER, REPAIR RR BUMPER LOWER SPOILER,	1	1200.00		1200.00	84.00	1284.00
BP03R	SPRAY PAINTING ON RR BUMPER, RR BUMPER LOWER 1		1500.00		1500.00	105.00	1605.00
	Sum Labor				2810.00	196.70	3,006.70

Survey By	_____						
Date & Time	_____	Total Amount	3,369.56	235.87		3,605.43	
Excess	_____	Total (Inclusive of GST)				3,605.43	
Status	_____						
Signature	_____						



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	64 CECIL STREET	Date	: 23. Jan 2018		
	#04-00 & #05-00 IOB BUILDING	Customer No.	: WZI007		
	SINGAPORE 049711	Svc Advisor	: LIM CHOU SIONG		
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Ins Policy No.	:	Authorisation Date	:		
Date of Accident	: 14/1/2018				

Item	Description	Qty	Unit Price	Disc %	Amount	GST Amt	Amount incl GST
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C S Lim
81006303 (HR)

Printed on 23/1/2018 7:30:40 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)

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 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 ability.
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 Report	15/01/2018 18:43
Date Of Accident	14/01/2018 16:00
Exact Location Of Accident	JUNC COMMONWEALTH AVE W & CLEMENTI AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGK4180X
Insured/Policyholder	
Name Of Registered Owner	CHNG HAK PENG
NRIC No	S7302687C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97459245
Alternative Phone No	OFFICE-97459245
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTIS A/T ABS D/AIRBAG 2WD
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070624739-02
Cover Note Number	
Driver	
Name of Driver	CHNG HAK PENG (ZHUANG XUEPENG)
NRIC No	S7302687C
Date Of Birth	21/01/1973
Occupation	INDOOR
Date Of Driving Pass	31/07/1996
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97459245
Fax Number	
Contact Number	OFFICE-97459245
Email Address	NOEMAIL

Address	1D PINE GROVE #05-13
Postcode	593001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3782G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 willful 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



A: 5GR Y180X

B: 14A 7826

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/1/8 16:02 I was stationary stopped along Commonwealth Ave W as the traffic light at the junction was red. Suddenly vehicle B collided into my vehicle rear portion.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #15-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0010
 Operating Hours : Monday to Friday, 09:00 - 12:00
 UEN: S63000020 / GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA178007659 Vehicle Registration No: SGK4180X
 Name (as shown on NRIC): Shagun K. Rao NRIC/FIN/Passport No : S732687C
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 10 Pine Grove #05-13 Singapore (593011)
 Contact (Tel) : _____ Mobile No. : 97459245
 Email Address : _____
 Date of Accident : 14/1/18 Time of Accident : 16:00
 Place of Accident : Junc Community Ave W 8 (Jemuri Ave 3)
 Insurance Company : MIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend number of passenger (including driver)

[Signature]
 Policyholder / Driver's Signature
 Date: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M4-0003030-8

Policy Number	: 5070624739-02
The Policyholder	: CHNG HAK PENG 1D PINE GROVE #05-13 PINE GROVE SINGAPORE 593001

Period of Insurance	: 20 Mar 2017 To 19 Mar 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,146.24

Interest Insured

Cover Type	: drive PREMIUM	Capacity	: 1598cc
Primary Driver	: CHNG HAK PENG	Registration Date	: 20 Mar 2015
Named Driver (1)	: CHNG SIEW HONG	Off-peak Car	: No
Named Driver (2)	: CHUA HWEE CHENG	Insure with COE	: Yes
Make/Model	: HONDA/CIVIC	NCD Entitlement	: 50%
Registration Number	: SGK4180X	NCD Protection	: Yes(Free)
Chassis Number	: MRHFB1630FP000086	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: Yes		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

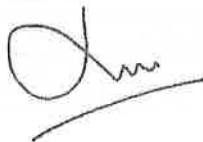
Endorsement Operative : M4, M7

Agency	: OON TIK KOY (00000519494)
Date of Issue	: 09 Mar 2017 12:23 hrs
Reprint	: 09 Mar 2017 12:25 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7302687C



Name

CHNG HAK PENG
(ZHUANG XUEPENG)

庄学鹏

Race

CHINESE

Date of birth

21-01-1973

Sex

M

Country/Place of birth

SINGAPORE

S7302687C

5699252



NRIC No. S7302687C



Date of issue

20-01-2017

Address

1D PINE GROVE
#05-13
SINGAPORE 593001

REPUBLIC OF SINGAPORE DRIVING LICENCE

002750052C

CHING HIAK PENG
(ZHUANG XUEFENG)

21 Jan 1973

04 Dec 2017



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 31 Jul 1996



Licence No-S7302687C

NP 428A