

Date : 10/2/18

To : India International Insurance

Fax No : \_\_\_\_\_

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SLH9743X and SHA7494L on 9/2/18.

I am the owner of vehicle no. SLH9743X. My vehicle was damaged in the above accident by your insured vehicle no. SHA7494L.

My vehicle is presently at :

Kah Motor Co Sdn Bhd  
15 Ubi Road 4 (S) 408610 (✓)  
6A Mandai Estate (S) 729903 ( )

Kindly arrange for your surveyor to inspect my vehicle at the above premises within 2 days from the date hereof, failing which, I shall instruct my repairer to proceed with the repairs and all invoices will be forwarded to you for settlement.


Enclosed are the repairs estimate and relevant supporting documents for your easy perusal.

I shall be grateful if you could kindly settle the cost of repair directly with the repairer Kah Motor Co Sdn Bhd.

I look forward to receiving your confirmation of settlement.

Thank You.

Yours Faithfully,

  
\_\_\_\_\_  
(Signature of vehicle owner)

Name : Nagappen Chandrasekaran

NRIC No : S2666185D



# 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

<b>Customer</b>	: INDIA INTERNATIONAL INSURANCE 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711	<b>Document No.</b>	: SQT18000636	<b>Page</b>	1
<b>Registration No</b>	: SLH9743X	<b>Date</b>	: 10. Feb 2018	<b>Customer No.</b>	: WZI007
<b>Chassis No</b>	: JHMRU1810GX201168	<b>Svc Advisor</b>	: LIEW THYE WEI	<b>Engine No</b>	: L15B4531168
<b>Model</b>	: HRV DX-SIN CVT YM 2016	<b>Date   Time</b>	: 10. Feb 2018 8:30:48 AM	<b>Surveyor Name</b>	:
<b>Owner's Name</b>	: NAGAPPAN CHANDRASEKARAN	<b>Survey Date</b>	:	<b>Authorisation Date</b>	:
<b>Ins Policy No.</b>	:				
<b>Date of Accident</b>	: 9/2/2018				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: NAGAPPAN CHANDRASEKARAN OWNER INSURER: DIRECT ASIA INSURANCE (S) PTE LTD ACC DATE: 9/2/18 SURVEYED BY: DATE: REF NO: TP INSURER: INDIA INTERNATIONAL INSURANCE PTE LTD TP VEH: SHA7494L						
66100-T7A-300ZZ	PANEL COMPRR.	1	365.70	25	274.27	19.20	293.47
68100-T7A-J20ZZ	TAILGATE COMP	1	838.90	25	629.17	44.04	673.21
74440-T7A-003	WEATHERSTRIPTAILGATE	1	96.80	25	72.60	5.08	77.68
74810-T4N-H01	SWITCH ASSYTAILGATE OPENER	1	103.20	25	77.40	5.42	82.82
74800-T7A-J02	LOCK ASSYTAILGATE	1	76.60	25	57.45	4.02	61.47
73215-T7A-003	RUBBER CR.WINDHSIELD DAM	1	19.30	25	14.47	1.01	15.48
73226-SZW-000	DAMPERSTD 5X5	1	8.30	25	6.22	0.44	6.66
73265-T7A-003	RUBBER,L.WINDSHIELD DAM	1	19.30	25	14.47	1.01	15.48
91501-S70-003	FASTENER BW/SHIELD	4	3.20	25	9.60	0.67	10.27
91502-S70-003	FASTENER B	2	4.90	25	7.35	0.51	7.86
91536-SS0-J01	FASTENER AW/SHIELD	2	3.50	25	5.25	0.37	5.62
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	1	60.00		60.00	4.20	64.20
84640-T7A-J01ZA	LINING ASSYRR.PANEL	1	43.00	25	32.25	2.26	34.51
84660-T7A-J01ZA	BASE COMPL.TRUNK SIDE LINING	1	144.20	25	108.15	7.57	115.72
75722-T7W-A01	EMBLEMRR.	1	12.90	25	9.67	0.68	10.35
75725-T8N-T00	EMBLEM,RR. I-VTEC	1	14.10	25	10.57	0.74	11.31
74410-T7B-003	PROTECTOR,R,RR.WHEEL ARCH	1	172.10	25	129.07	9.03	138.10
74450-T7B-003	PROTECTOR,L,RR.WHEEL ARCH	1	172.10	25	129.07	9.03	138.10
71501-T7B-000	FACE RR.BUMPER	1	762.60	25	571.95	40.04	611.99



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GST Reg No.: M200050223  
Company Ref. No.: S60FC1380G

**Customer** : INDIA INTERNATIONAL INSURANCE  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711  
**Registration No** : SLH9743X  
**Chassis No** : JHMRU1810GX201168  
**Model** : HRV DX-SIN CVT YM 2016  
**Owner's Name** : NAGAPPAN CHANDRASEKARAN  
**Ins Policy No.** :  
**Date of Accident** : 9/2/2018

**Document No.** : SQT18000636 **Page** 2  
**Date** : 10. Feb 2018  
**Customer No.** : WZI007  
**Svc Advisor** : LIEW THYE WEI  
**Engine No** : L15B4531168  
**Date | Time** : 10. Feb 2018 8:30:48 AM  
**Surveyor Name** :  
**Survey Date** :  
**Authorisation Date** :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
04717-T7A-000ZZ	FACER.RR.BUMPER CORNER	1	92.30	25	69.22	4.85	74.07
04718-T7A-000ZZ	FACEL.RR.BUMPER CORNER	1	92.30	25	69.22	4.85	74.07
71593-T7A-000	SPACERR.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71598-T7A-000	SPACERL.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
33505-T7A-J01	REFLECTOR ASSYR.RR.	1	151.80	25	113.85	7.97	121.82
33555-T7A-J01	REFLECTOR ASSYL.RR.	1	151.80	25	113.85	7.97	121.82
33502-T7A-J01	LAMP UNITR.	1	428.70	25	321.52	22.51	344.03
33552-T7A-J01	LAMP UNITL.	1	428.70	25	321.52	22.51	344.03
34150-T7A-J01	LIGHT ASSY,R.LID	1	264.60	25	198.45	13.89	212.34
34155-T7A-J01	LIGHT ASSYL.LID	1	264.60	25	198.45	13.89	212.34
38387-TZ5-A01	ANTENNA ASSYL.F.	1	58.10	25	43.57	3.05	46.62
74940-TZ5-A01	BUZZER ASSYSMART	1	59.30	25	44.47	3.11	47.58
NMRS-4P-TM3040L	4PCS ACT RR.SENSOR	1	320.00		320.00	22.40	342.40
Sum Item					<b>4050.34</b>	<b>283.52</b>	<b>4,333.86</b>
BOSUN	SUNDRIES	1	30.00		30.00	2.10	32.10
BOJSE	BODY JOINT SEALANT.	1	100.00		100.00	7.00	107.00
BOBC	BODY UNDERSIDE COATING (N)	1	100.00		100.00	7.00	107.00
BP00R	APPLY BODY UNDERSIDE COATING (N).	1	250.00		250.00	17.50	267.50
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	80.00		80.00	5.60	85.60
BG02D	REMOVE & INSTALL RR. WINDSCREEN.(N)	1	280.00		280.00	19.60	299.60
BMI02D	REMOVE & INSTALL SPEAKER BOARD RR SEATS TRUNK	1	320.00		320.00	22.40	342.40
BOMISC1	REMOVE, REPLACE & INSTALL SMART ENTRY SENSOR.	1	450.00		450.00	31.50	481.50
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	120.00		120.00	8.40	128.40
BKTG02R	REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST &	1	450.00		450.00	31.50	481.50
BKRP02M	CUT OFF & RENEW RR PANEL. STRAIGHTEN	1	2400.00		2400.00	168.00	2568.00
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (5P)	1	2500.00		2500.00	175.00	2675.00
Sum Labor					<b>7080.00</b>	<b>495.60</b>	<b>7,575.60</b>

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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)



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<b>Owner's Name</b>	: NAGAPPAN CHANDRASEKARAN	<b>Survey Date</b>	:	<b>Authorisation Date</b>	:
<b>Ins Policy No.</b>	:				
<b>Date of Accident</b>	: 9/2/2018				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
Survey By							
Date & Time					Total Amount	11,130.34	779.12
Excess					Total (Inclusive of GST)		11,909.46
Status							
Signature							

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GST Amount is calculated from individual line(s)

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00418342
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plan)
<b>1) Vehicle Registration No.</b>	: SLH9743X
<b>Chassis No.</b>	: JHMRU1810GX201168
<b>2) Name of Policy Holder</b>	: Chandrasekaran, Nagappan
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 24/11/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 23/11/2018 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(a) The Insured	
(b) Any person who is named on the policy who is driving on the Insured's order or with his permission.	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
<b>6) Limitations as to use*</b>	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 500.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: My Workshop/ My Authorised Distributor Workshop
<b>Finance company / Hire Purchase</b>	:
<b>Main driver</b>	: Chandrasekaran, Nagappan
<b>Named driver</b>	: None
<b>Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.</b>	

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 27/09/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
**Chief Underwriting Officer**

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S2666185D**



Name  
**NAGAPPAN CHANDRASEKARAN**

Race  
**INDIAN**


Date of birth  
**17-05-1964**

Sex  
**M**

Country of birth  
**INDIA**

523881850

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number  
**S2666185D**

Name  
**NAGAPPAN CHANDRASEKARAN**

Birth Date  
**17 May 1964**

Issue Date  
**18 Apr 2009**

001732817C

3489344



NRIC No. **S2666185D**



Date of issue  
**17-03-2004**

APT BLK 231 COMPASSVALE WALK #14-432  
 SINGAPORE 540231

NRIC No. **S2666185D** Date **12-09-2004** No. **5019427**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles=< 2500kg 18 Apr 2009

NP 428A

Licence No. S2666185D

## 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	09/02/2018 14:08
Date Of Accident	09/02/2018 06:45
Exact Location Of Accident	TPE AFTER PUNGGOL SITE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9743X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NAGAPPAN CHANDRASEKARAN
NRIC No	S2666185D
Email Address	CHANDRA.N180564@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97876720
Alternative Phone No	HOME-63843926

### Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK FROM HOME
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00418342
Cover Note Number	

### Driver

Name of Driver	NAGAPPAN CHANDRASEKARAN
NRIC No	S2666185D
Date Of Birth	17/05/1964
Occupation	INDOOR
Date Of Driving Pass	18/04/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97876720
Fax Number	
Contact Number	HOME-63843926
Email Address	CHANDRA.N180564@GMAIL.COM

Address	BLK 231, COMPASSVALE WALK #14-432
Postcode	540231
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO ATTACHMENT REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7494L
Vehicle Make/Model/Colour	HYUNDAI / TAXI / BLUE
Details Of Properties	FRONT AND REAR
Vehicle Category	TAXI
Name of Driver	KUSMAYADI BIN KAMARUSANAWI
NRIC/Passport Number	S8421387Z
Contact Number	98175012
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ3968G
-----------------------------	----------



Vehicle Make/Model/Colour	HONDA / JAZZ /
Details Of Properties	FRONT AND REAR
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW DA WEI DAVID
NRIC/Passport Number	S8736132B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLC6939U
Vehicle Make/Model/Colour	
Details Of Properties	FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	SING BUCK SENG
NRIC/Passport Number	S7237187I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No SLH9743X**SKETCH PLAN**

Annex D

**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 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.

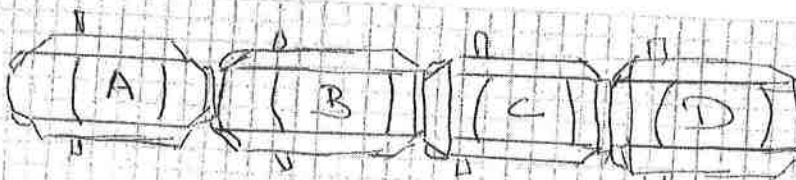
R.K.N 9/02/2018  
 Policyholder's Signature / Date &  
 Time

10.00 a.m & Time

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

Witnessed by Reporting Centre  
 Personnel

Sketch Plan



A - SLH9743X  
 B - SHA7494L  
 C - SLQ3968G  
 D - SLC6939U

Please continue to Annex E

Vehicle No SLH9743X.

Annex E

Describe Circumstances of the Accident

Driving on TPE on lane #1 after Punagol exit and before Jalan Kayu exit.


Traffic very smooth in front was a taxi (compact cab) as the traffic slowed down I slowed down but the front car stopped suddenly and I stopped very closely behind it as the stop was sudden.

The car in back not sure it stopped and knocked me by the impact of behind two vehicles as I heard two bangs on my car.

The front car moved on immediately as the traffic moved.

Declaration


We declare the foregoing particulars are true in every respect.

 09/02/2018

Policyholder's Signature / Date &  
Time

10.00 a.m.

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

  
Witnessed by Reporting Centre  
Personnel