

**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

**QUOTATION**

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

**Customer** : AXA INSURANCE S'PORE PTE LTD  
8 SHENTON WAY  
#27-01 AXA TOWER  
SINGAPORE 068811

**Registration No** : SLG8540B

**Chassis No** : JHMGK5850HX200275

**Model** : JAZZ 1.5VTIR CVT 17YM

**Owner's Name** : LOH WAI MENG

**Ins Policy No.** :

**Date of Accident** : 23/1/2018

**Document No.** : SQT18000354 **Page** 1

**Date** : 23. Jan 2018

**Customer No.** : WZA006

**Svc Advisor** : PATRICK MOK LIP KAY

**Engine No** : L15B31190169

**Date | Time** : 23. Jan 2018 6:03:30 PM

**Surveyor Name** :

**Survey Date** :

**Authorisation Date** :

Item	Description	Qty	Unit Price	Disc %	Amount	GST Amt	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: LOH WEI MENG OWNER INSURER: LIBERTY INSURANCE ACC DATE: 23/01/2018 SURVEYED BY: DATE: REF NO: TP INSURER: AXA INSURANCE TP VEH: PC2274H						
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BKBH01S	STRAGHTEN ALIGN BULKHEAD & RENEW DAMAGE PARTS.	1	1500.00	20	1200.00	84.00	1284.00
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	80.00	20	64.00	4.48	68.48
BP03R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (3P)	1	1200.00	20	960.00	67.20	1027.20
Sum Labor					<b>2274.00</b>	<b>159.18</b>	<b>2,433.18</b>
60261-T5R-A00ZZ	PANELL.FR.FENDER	1	390.80	35	254.02	17.78	271.80
60690-T5A-300ZZ	BRACKET COMP,L.FR.FENDER	1	40.90	35	26.58	1.86	28.44
67050-T5A-N10ZZ	PANEL COMP,L.FR.DOOR	1	757.20	35	492.18	34.45	526.63
67364-T5A-003	TAPE SETL.FR.DOOR	1	32.90	35	21.38	1.50	22.88
76251-T5A-J31ZF	CAPL.SKULL	1	50.90	35	33.08	2.32	35.40
76258-T5A-J32	MIRROR ASSY,L.	1	496.60	35	322.79	22.60	345.39
73350-T5A-T40	GLASS ASSYL.FR.DOOR	1	344.20	35	223.73	15.66	239.39
Sum Item					<b>1373.76</b>	<b>96.17</b>	<b>1,469.93</b>

Survey By \_\_\_\_\_

Date & Time \_\_\_\_\_

Excess \_\_\_\_\_

Status \_\_\_\_\_

**Total Amount** 3,647.76 255.35 3,903.11

**Total (Inclusive of GST)** **3,903.11**

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Sum Item					<b>1373.76</b>	<b>96.17</b>	<b>1,469.93</b>

Survey By	_____			
Date & Time	_____	<b>Total Amount</b>	3,647.76	255.35
Excess	_____	<b>Total (Inclusive of GST)</b>		<b>3,903.11</b>
Status	_____			

## 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	23/01/2018 17:59
Date Of Accident	23/01/2018 08:50
Exact Location Of Accident	LOH WAI MENG (LU WEIMING)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8540B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH WEI MENG (LU WEIMING)
NRIC No	S7243792F
Email Address	SILVEST01@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90103217
Alternative Phone No	OFFICE-91149211

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 VTIR CVT (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V14799/VPC/R01
Cover Note Number	

### Driver

Name of Driver	CHANG MEI YU
NRIC No	S8037843B
Date Of Birth	28/11/1980
Occupation	INDOOR
Date Of Driving Pass	27/12/2007
Driving Experience	10 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91149211
Fax Number	
Contact Number	
EMail Address	LOHMYMICHELLE@YAHOO.COM.SG

Address	BLK 653A JURONG WEST ST.61 #16-428
Postcode	641653
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	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

REFER TO ATTACHMENT

#### 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	PC2274H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LING YEW MENG
NRIC/Passport Number	S6927082D
Contact Number	8307976
Address	BLOCK 403 SIN MING AVENUE #08-311
Postcode	570403
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

Vehicle No SLG 8540 G

## SKETCH PLAN

Annex D

### IMPORTANT NOTICE

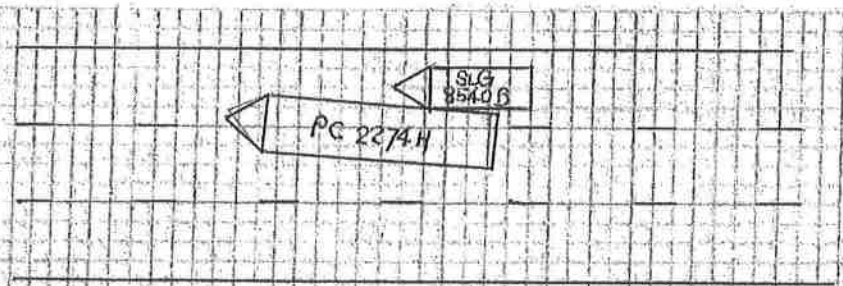
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

SLG 23/1/18  
Policyholder's Signature / Date & Time  
1536 hrs

SLG 23/1/18 1536 hrs  
Driver's Signature (If driver is not the policyholder) / Date & Time

SLG  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Please continue to Annex E

# Sketch Plan Pg. 2

Vehicle No SLG 8540 B

Annex E

## Describe Circumstances of the Accident:

After exit from Pioneer Circle travelling along Pioneer Road towards Pioneer Walk on the first lane, MD15 Bus (vehicle no. PC 2274H) tried to change lane from second lane into first lane.

I slowed down to let him give way to him. When he was changing lane, ~~the~~ the rear end of his bus hit ~~the~~ my car's left side mirror and dented ~~the~~ my car's left front fender.

You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

## Declaration

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



23/1/18

Policyholder's Signature / Date &

Time

16:00 hrs



23/1/18

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

& Time

16:00 hrs

Witnessed by Reporting Centre Personnel