

**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	: FWD INSURANCE (S) PTE LTD 6 TEMASEK AVENUE #18-01 #18-01 SINGAPORE 038986	Document No.	: SQT18000760	Page	1
Registration No	: SKG2111H	Date	: 21. Feb 2018		
Chassis No	: JHMRU1830GX200916	Customer No.	: WZF001		
Model	: HRV LX-SIN CVT YM 2016	Svc Advisor	:		
Owner's Name	: SIM LEE PENG (SHEN LIPING)	Engine No	: L15B4530916		
Ins Policy No.	:	Date Time	: 21. Feb 2018 11:33:04 AM		
Date of Accident	: 19/2/2018	Surveyor Name	:		
		Survey Date	:		
		Authorisation Date	:		

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER:SIM LEE PENG OWNER INSURER:LIBERTY INSURANCE ACC DATE:19/02/2018 SURVEYED BY: DATE: REF NO: TP INSURER:FWD INSURANCE (S) PTE LTD TP VEH:SLE5790B						
BOSUN	SUNDRIES	1	100.00		100.00	7.00	107.00
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	180.00		180.00	12.60	192.60
BKBU01R	REMOVE & RENEW FR L WHEEL ARCH PROTECTOR	1	1000.00		1000.00	70.00	1070.00
BP01R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (1P)	1	900.00		900.00	63.00	963.00
					Sum Labor	2180.00	152.60
							2,332.60
74157-T7A-J01ZA	PROTECTOR,L.FR.	1	171.10	25	128.32	8.98	137.30
74150-T7A-N00	FENDER ASSYL.FR INNER	1	88.20	25	66.15	4.63	70.78
91501-TR0-003	CLIPINNER FENDER	8	2.30	25	13.80	0.97	14.77
					Sum Item	208.27	14.58
							222.85

Survey By

Date & Time

Excess

Status

Signature

Total Amount 2,388.27 167.18 2,555.45**Total (Inclusive of GST)** **2,555.45**

Printed on 21/2/2018 11:42:04 AM

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	20/02/2018 19:37
Date Of Accident	19/02/2018 21:50
Exact Location Of Accident	MALAYSIA IMMIGRATION
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2111H
Insured/Policyholder	
Name Of Registered Owner	SIM LEE PENG
NRIC No	S8109645G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82922111
Alternative Phone No	OFFICE-82922111

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (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	
Cover Note Number	

Driver

Name of Driver	SIM LEE PENG
NRIC No	S8109645G
Date Of Birth	30/03/1981
Occupation	INDOOR
Date Of Driving Pass	21/12/2010
Driving Experience	7 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82922111
Fax Number	
Contact Number	OFFICE-82922111
EMail Address	NOEMAIL

Address	SINGAPORE
Postcode	
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	SIDE SWIPE
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)	5
Passenger 1	NAME: : SIAO SONG FONG GENDER: : MALE
Passenger 2	NAME: : SIAO HE ZHEN GENDER: : FEMALE
Passenger 3	NAME: : SIAO JIA ZHEN GENDER: : FEMALE
Passenger 4	NAME: : SIAO YU ZHEN GENDER: : FEMALE

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 ATTACHED

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	SLE5790B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

FWD SINGAPORE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

Vehicle No SKG 2111 H

SKETCH PLAN

Annex D

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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/not 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

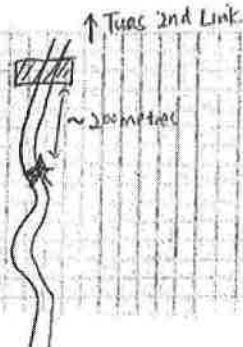
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Malaysia Immigration Bldg

Site of accident



Please continue to Annex E



REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S8109645G**
 Name: **SIM LEE PENG (SHEN LIPING)**
 Birth Date: **30 Mar 1981**
 Issue Date: **21 Dec 2010**

001922044A



SINGAPORE ARMED FORCES IDENTITY CARD



 Name: **SIM LEE PENG (SHEN LIPING)**
 NRIC No: **S8109645G**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

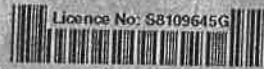
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg **21 Dec 2010**

NP 428A

Licence No: S8109645G




500 1299130150 14006479

NRIC No/Colour	Race	Blood Group
S8109645G / PINK	CHINESE	O+
Date Of Birth	Country Of Birth	Sex
30/03/1981	SINGAPORE	F
Service Status	Military Rank Status	
REGULAR	OFFICER	

DATE 1/4/11

CashCard

Use governed by CashCard Terms & Conditions 1111020104208414



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No SD16V14442 /NPC2 /R00
Form MX1

Date of Issue 03-NOV-2016

1.Index Mark and Registration No. of Vehicle: SKG2111H

2.Chassis number of Vehicle: JHMRU1830GX200916

3.Name of Policyholder: SIM LEE PENG (SHEN LIPING)

4.Effective date of Commencement of Insurance for the purposes of the Act: 31-OCT-2016 00:00 AM

5.Date of Expiry of Insurance: 30-OCT-2018 23:59 PM

6.Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7.Limitations as to use*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8.The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

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 Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For Information only:

COVERAGE :

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section I S\$600, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

UNITED OVERSEAS BANK LIMITED

KAH MOTOR COMPANY SDN BERHAD