HONDA

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	: AXA INSURANCE S'PORE PTE LTD 8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811	**Document No.**	: SQT18000875	**Page**	2
		Date	: 1. Mar 2018		
		Customer No.	: WZA006		
		Svc Advisor	: STEVEN CHUI FOOK SENG		
Registration No	: SKZ6716L	**Engine No**	: K24W31201279		
Chassis No	: MRHCR2630EP000060	**Date | Time**	: 1. Mar 2018 8:52:23 AM		
Model	: ACCORD 2.4 AT 2014 (EURO 4)	**Surveyor Name**	:		
Owner's Name	: TUEA FAT HO	**Survey Date**	:		
Ins Policy No.	:	**Authorisation Date**	:		
Date of Accident	: 27/2/2018				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
75700-TA0-A00	EMBLEMFR.	1	25.90	35	16.83	1.18	18.01
90301-ST0-003	NUTPUSH 3MM	2	1.90	35	2.47	0.17	2.64
91501-TR0-003	CLIPINNER FENDER	4	2.30	35	5.98	0.42	6.40
71101-T2M-T40ZZ	FACEFR.BUMPER	1	620.50	35	403.32	28.23	431.55
71103-T2A-A00	GRILLEFR.BUMPER LOWER	1	37.60	35	24.44	1.71	26.15
71112-T2A-A10	GARNISHL.FR.FOG LIGHT	1	32.00	35	20.80	1.46	22.26
71130-T2M-T21ZZ	BEAM COMPFR.BUMPER	1	406.50	35	264.22	18.50	282.72
71140-T2A-A01	BEAMR.FR.BUMPER UPPER	1	28.60	35	18.59	1.30	19.89
71145-T2M-T00	BASEFR.LICENCE PLATE	1	17.60	35	11.44	0.80	12.24
71150-T2F-A00	GARNISH ASSYFR.BUMPER LOWER	1	76.90	35	49.98	3.50	53.48
71190-T2A-A01	BEAML.FR.BUMPER UPPER	1	28.60	35	18.59	1.30	19.89
71193-T2A-A01	SPACERR.FR.BUMPER	1	10.40	35	6.76	0.47	7.23
71198-T2A-A01	SPACERL.FR.BUMPER	1	10.40	35	6.76	0.47	7.23
91505-TM8-003	CLIPBUMPER	10	2.00	35	13.00	0.91	13.91
BO-NUM-COMP-L	NUMBER PLATE WITH CASING-L(N)	1	45.00		45.00	3.15	48.15
				Sum Item	4638.10	324.67	4,962.77

Survey By Guo, Qiang - 82880282
Date & Time 13/3/18
Excess
Status
Signature

Total Amount	9,378.10	656.47	10,034.57
Total (Inclusive of GST)			10,034.57

before paint photos.
5 Days.

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Printed on 2/3/2018 8:00:39 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)

15/5/2010

INS. CASE OWNER: CC 4/AXA1800 4873 / Ahb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 13/11/18 Date / Time : 13/11/18

Registered in Merimen: 13/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 93370

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11/11/18

Is driver the owner? (YES / NO) Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

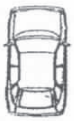
Insured Liability : % **Final ? Yes / No**

SJK 1067A → → →

INSRS:
WSP:
Tel :
Liability :
RMKS: Mtg Solution

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJK 1067A - X SHD 93370 - Y

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	