

**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	Document No.	: SQT18001535	Page	1
Registration No	: SGQ5467G	Date	: 13. Apr 2018	Customer No.	: WZA006
Chassis No	: MRHFC5650GT000505	Svc Advisor	: PATRICK MOK LIP KAY	Engine No	: R16B21600681
Model	: CIVIC 1.6 VTI YM2016	Date Time	: 13. Apr 2018 4:14:33 PM	Surveyor Name	:
Owner's Name	: GRACE LIM SWEN CHOO (LIN	Survey Date	:	Authorisation Date	:
Ins Policy No.	:				
Date of Accident	:				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: GRACE LIM SWEN CHOO OWNER INSURER: LIBERTY INSURANCE ACC DATE: 13/04/2018 SURVEYED BY: DATE: REF NO: TP INSURER: AXA INSURANCE TP VEH: SLB7776X						
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BOJSE	SEALANT FOR REAR END PANEL	1	80.00		80.00	5.60	85.60
BKRP02M	CUT OFF & RENEW RR PANEL. STRAIGHTEN	1	2250.00	20	1800.00	126.00	1926.00
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	80.00	20	64.00	4.48	68.48
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	225.00	20	180.00	12.60	192.60
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	100.00	20	80.00	5.60	85.60
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (5P)	1	2100.00	20	1680.00	117.60	1797.60
	Sum Labor				3934.00	275.38	4,209.38
RS-4P	BUMPER SENSOR 4PCS	1	180.00		180.00	12.60	192.60
66100-TEC-307ZZ	PANEL SETRR.	1	236.00	35	153.40	10.74	164.14
71500-TEC-Q00ZZ	FACE ASSYRR.BUMPER	1	617.20	35	401.18	28.08	429.26
71502-TEX-Y00	GARNISHRR.BUMPER LOWER	1	35.30	35	22.94	1.61	24.55
71503-TEA-T00	GARNISHR.RR.BUMPER SIDE	1	7.60	35	4.94	0.35	5.29
71530-TEA-T00ZZ	BEAM COMPRR.BUMPER	1	160.00	35	104.00	7.28	111.28
71593-TEA-T01	SPACERR.RR.BUMPER SIDE	1	11.50	35	7.47	0.52	7.99
71598-TEA-T01	SPACERL.RR.BUMPER SIDE	1	11.50	35	7.47	0.52	7.99
91505-TM8-003	CLIPBUMPER	7	2.00	35	9.10	0.64	9.74
71505-TBA-A00	BRACKETR.RR.BUMPER SIDE	1	2.20	35	1.43	0.10	1.53
71555-TBA-A00	BRACKETL.RR.BUMPER SIDE	1	2.20	35	1.43	0.10	1.53

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

Registration No : SGQ5467G

Chassis No : MRHFC5650GT000505

Model : CIVIC 1.6 VTI YM2016

Owner's Name : GRACE LIM SWEN CHOO (LIN

Ins Policy No. :

Date of Accident :

Document No. : SQT18001535 **Page** 2

Date : 13. Apr 2018

Customer No. : WZA006

Svc Advisor : PATRICK MOK LIP KAY

Engine No : R16B21600681

Date | Time : 13. Apr 2018 4:14:33 PM

Surveyor Name :

Survey Date :

Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
Sum Item					893.36	62.54	955.90

Survey By

Date & Time

Excess

Status

Signature

Total Amount 4,827.36 337.92 5,165.28**Total (Inclusive of GST)** 5,165.28

Printed on 14/4/2018 11:18:59 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	14/04/2018 10:27
Date Of Accident	13/04/2018 11:50
Exact Location Of Accident	CTE NEAR TO BENDEMEER TOWARDS ORCHARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ5467G
Insured/Policyholder	
Name Of Registered Owner	GRACE LIM SWEN CHOO
NRIC No	S7601632A
Email Address	GRACELIMSC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91729746
Alternative Phone No	OFFICE-91729746

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 I-VTEC (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	SD16V15906/VPC2/R00
Cover Note Number	

Driver

Name of Driver	GRACE LIM SWEN CHOO
NRIC No	S7601632A
Date Of Birth	22/01/1976
Occupation	INDOOR
Date Of Driving Pass	15/09/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91729746
Fax Number	
Contact Number	OFFICE-91729746
Email Address	GRACELIMSC@HOTMAIL.COM

Address	BLOCK 473 SEGAR ROAD #04-314
Postcode	670473
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	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	SLB7776X
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHANG HUNG CHUN
NRIC/Passport Number	S2202686J
Contact Number	98354467
Address	1A CANTONMENT ROAD #47-07
Postcode	085101
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

Vehicle No SGQ 5467 G

SKETCH PLAN

Annex D

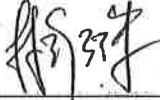
IMPORTANT NOTICE

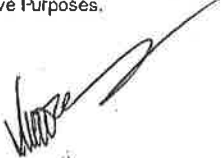
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

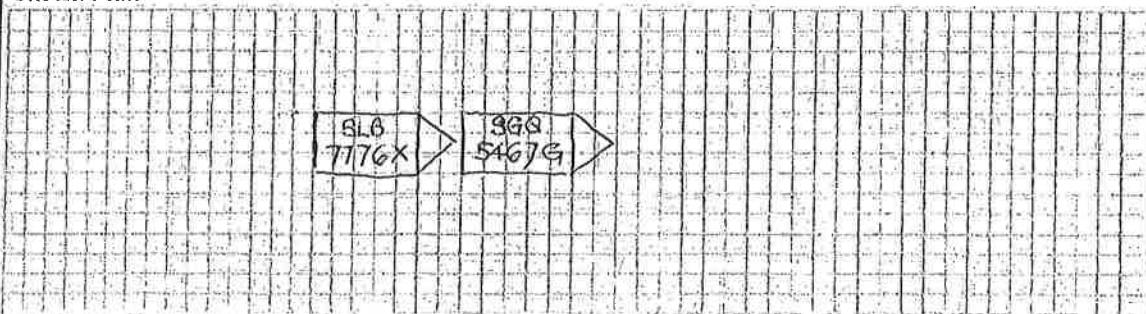
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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.
- (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
Time 9:30am


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Please continue to Annex E

Sketch Plan Pg. 2

Vehicle No SGQ 5467G


Annex E

Describe Circumstances of the Accident


On Friday (13/4/18), I was travelling along CTE from Seletar Aerospace View at 80 km/h with usual traffic condition heading towards Orchard. The weather was fair at 34°C and road was dry. I drove past Blk 6 & 7 (St George's West Garden) near to Bademeer Road going towards Orchard Road along CTE when suddenly a blue sedan car (SLL 1193P) in front of me applied the emergency brakes immediately, I responded the same and applied emergency brakes and my car came to a halt. However, the car (SLB 7776X) behind me could not react on time and banged onto the back of my car. I did not sustain any injury but the impact had strained my neck. I noted the time was 1149 hrs when the accident happened.

Declaration

(We declare the foregoing particulars are true in every respect.

 14/4/18
Policyholder's Signature / Date &
Time 9.30am

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


Witnessed by Reporting Centre
Personnel