

**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 : EV16E
Chassis No : JHLRE2850BC200003
Model : CRV 2.0L 2011 MODEL SUNROOF
Owner's Name : LEE KAH HONG TEDDY
Ins Policy No. :
Date of Accident : 27/4/2018

Document No. : SQT18001751 **Page** 1
Date : 27. Apr 2018
Customer No. : WZA006
Svc Advisor : NG SIN HAI
Engine No : R20A15700004
Date | Time : 27. Apr 2018 4:07:52 PM
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:LEE KAH HONG TEDDY OWNER INSURER:AXA INSURANCE S'PORE PTE LTD ACC DATE: SURVEYED BY: DATE: REF NO: TP INSURER:AXA INSURANCE S'PORE PTE LTD TP VEH:						
RS-TMP3040L	VPC 4PCS REAR SENSORS	1	320.00		320.00	22.40	342.40
04715-SWA-A00ZZ	FACEREAR BUMPER	1	436.50	35	283.72	19.86	303.58
33505-SWA-J01	REFLECTORR.RR.	1	20.50	35	13.32	0.93	14.25
33555-SWA-J01	REFLECTORL.RR.	1	20.50	35	13.32	0.93	14.25
71502-SWA-A00	FACEREAR BUMPER LOWER	1	367.90	35	239.13	16.74	255.87
71593-SWA-A01	SPACERR.RR.BUMPER	1	17.30	35	11.24	0.79	12.03
71598-SWA-A01	SPACERL.RR.BUMPER	1	17.30	35	11.24	0.79	12.03
91505-S9A-003	CLIP ABUMPER	14	3.90	35	35.49	2.48	37.97
91506-S9A-003	CLIP BBUMPER	2	2.40	35	3.12	0.22	3.34
68100-SWA-U00ZZ	TAILGATE COMP	1	974.80	35	633.62	44.35	677.97
74440-SWA-003	W/STRIPTAILGATE	1	140.00	35	91.00	6.37	97.37
74810-SWA-A01	SWITCHTAILGATE OPENER	1	98.70	35	64.15	4.49	68.64
74895-SWA-A01ZJ	GARNISHTAILGATE LOWER	1	381.80	35	248.17	17.37	265.54
04731-SAA-000	RUBBER, W/SHIELD	1	24.20	35	15.73	1.10	16.83
04733-SWA-000	RUBBERREAR WINDSHIELD	1	49.50	35	32.17	2.25	34.42
76707-STK-000	SEALA	1	6.40	35	4.16	0.29	4.45
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	60.00		120.00	8.40	128.40
66100-SWA-300ZZ	PANELREAR	1	543.70	35	353.40	24.74	378.14
Sum Item					2492.98	174.50	2,667.48
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50

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Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	100.00		100.00	7.00	107.00
BOJSE	SEALANT FOR REAR END PANEL	1	80.00		80.00	5.60	85.60
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	80.00		80.00	5.60	85.60
BMI02D	REMOVE & INSTALL SPEAKER BOARD RR SEATS TRUNK	1	450.00		450.00	31.50	481.50
BKTG02R	REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST &	1	450.00		450.00	31.50	481.50
BG02D	REMOVE & INSTALL RR. WINDSCREEN.(N)	1	450.00		450.00	31.50	481.50
BODAMKIT	WINDSCREEN DAM KIT.	1	100.00		100.00	7.00	107.00
BKRP02M	CUT OFF & RENEW RR PANEL.	1	2500.00		2500.00	175.00	2675.00
BP06R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	2500.00		2500.00	175.00	2675.00
BKOT00R	REMOVE & RENEW RR FLOOR INSULATOR.(N)	1	360.00		360.00	25.20	385.20
BKBU01R	REMOVE, RE-FIX AND ALIGN REAR VIEW CAMERA	1	450.00		450.00	31.50	481.50
Sum Labor					7570.00	529.90	8,099.90

Survey By

Date & Time

Excess

Status

Signature

Total Amount 10,062.98 704.40 10,767.38

Total (Inclusive of GST) **10,767.38**

Printed on 27/4/2018 5:06:07 PM

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	27/04/2018 16:05
Date Of Accident	27/04/2018 13:15
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EV16E
Insured/Policyholder	
Name Of Registered Owner	LEE KAH HONG TEDDY
Passport No/FIN	U607239
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96301358
Alternative Phone No	OFFICE-96301358

Vehicle Particulars

Manufacturer	HONDA
Model	CR-V-2.0 (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1011159
Cover Note Number	

Driver

Name of Driver	LEE LEI YUNG
NRIC No	S2501287I
Date Of Birth	15/07/1954
Occupation	INDOOR
Date Of Driving Pass	12/08/1983
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96301358
Fax Number	
Contact Number	OFFICE-96301358
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	RELATIVE
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 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	SJR8067S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

Vehicle No _____

SKETCH PLAN

Annex D

IMPORTANT NOTICE

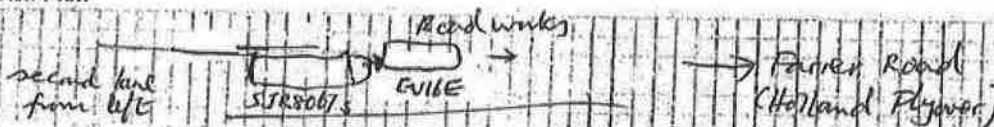
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Please continue to Annex E

Vehicle No EV16 /

Annex E

Describe Circumstances of the Accident

I was travelling along Holland Road in the direction of
Harrer Road/Holland Flyover

There were road works on the leftmost lane. A lorry was
filtering right from the leftmost lane and the car behind
(in front of me) stopped to give way. I also stopped.

The car (STREETS) travelling behind me did not stop in
time and rammed into the back of the car I was
driving.

Her car's front left ploughed into the rear right corner
of my car, causing damage to the bumper and areas
above it.

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

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel