

Date : 16/5/18

To : AXA Insurance

Fax No : _____

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SKW8094A and SJV1713K on 14/5/18.

I am the owner of vehicle no. SKW8094A. My vehicle was damaged in the above accident by your insured vehicle no. SJV1713K.

My vehicle is presently at :

Kah Motor Co Sdn Bhd
15 Ubi Road 4 (S) 408610 (/)
6A Mandai Estate (S) 729903 ()

Kindly arrange for your surveyor to inspect my vehicle at the above premises within 2 days from the date hereof, failing which, I shall instruct my repairer to proceed with the repairs and all invoices will be forwarded to you for settlement.

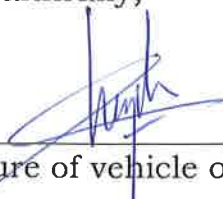
Enclosed are the repairs estimate and relevant supporting documents for your easy perusal.

I shall be grateful if you could kindly settle the cost of repair directly with the repairer Kah Motor Co Sdn Bhd.

I look forward to receiving your confirmation of settlement.

Thank You.

Yours Faithfully,



(Signature of vehicle owner)

Name : Chua Geok Choo.

NRIC No : S1606927B

**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. | : SQT18001992 | Page | 1 |
| Registration No | : SKW8094A | Date | : 15. May 2018 | Customer No. | : WZA006 |
| Chassis No | : MRHRU1830FP000469 | Svc Advisor | : ARY CHUA WAI NGEE | Engine No | : L15Z71000885 |
| Model | : HRV LX-SIN CVT YM 2015 | Date Time | : 15. May 2018 4:33:28 PM | Surveyor Name | : |
| Owner's Name | : CHUA GEOK CHOO | Survey Date | : | Authorisation Date | : |
| Ins Policy No. | : | | | | |
| Date of Accident | : 14/5/2018 | | | | |

| Item | Description | Qty | Unit Price | Disc % | Amount | 0% GST Amount | Amount incld GST |
|-----------------|---|-----|------------|--------|----------------|---------------|------------------|
| | TP DIRECT SETTLEMENT (J/NO:) OWNER: CHUA GEOK CHOO OWNER INSURER: NTUC INCOME INSURANCE ACC DATE: 14/05/2018 SURVEYED BY: DATE: REF NO: TP INSURER: AXA INSURANCE TP VEH: SJV1713K | | | | | | |
| 71101-T7J-H00ZZ | FACEFR.BUMPER | 1 | 466.20 | 25 | 349.65 | 24.48 | 374.13 |
| 71103-T7J-H00 | GRILLEFR.BUMPER LOWER | 1 | 71.50 | 25 | 53.62 | 3.75 | 57.37 |
| 71104-T7A-000ZR | COVERFR.TOWING HOOK T99 | 1 | 15.50 | 25 | 11.62 | 0.81 | 12.43 |
| 71140-T7A-000 | BEAMR.FR.BUMPER UPPER | 1 | 23.90 | 25 | 17.92 | 1.25 | 19.17 |
| 71190-T7A-000 | BEAML.FR.BUMPER UPPER | 1 | 23.90 | 25 | 17.92 | 1.25 | 19.17 |
| 71193-T7A-000 | SPACERR.FR.BUMPER SIDE | 1 | 10.40 | 25 | 7.80 | 0.55 | 8.35 |
| 71198-T7A-000 | SPACERL.FR.BUMPER SIDE | 1 | 10.40 | 25 | 7.80 | 0.55 | 8.35 |
| 91505-TM8-003 | CLIPBUMPER | 11 | 2.00 | 25 | 16.50 | 1.16 | 17.66 |
| 71130-T8N-T00ZZ | BEAM COMPFR.BUMPER | 1 | 249.60 | 25 | 187.20 | 13.10 | 200.30 |
| 33100-T7S-T51 | HEADLIGHT ASSY,R. | 1 | 348.20 | 25 | 261.15 | 18.28 | 279.43 |
| 71121-T8N-P50 | BASEFR.GRILLE | 1 | 190.00 | 25 | 142.50 | 9.98 | 152.48 |
| 71122-T8N-T50 | MOLDINGFR.GRILLE | 1 | 130.80 | 25 | 98.10 | 6.87 | 104.97 |
| 71123-T8N-T00 | BARR.FR.GRILLE MOLDING | 1 | 57.20 | 25 | 42.90 | 3.00 | 45.90 |
| 71128-T8N-T00 | BARL.FR.GRILLE MOLDING | 1 | 57.20 | 25 | 42.90 | 3.00 | 45.90 |
| 75700-TA0-A00 | EMBLEMFR. | 1 | 25.90 | 25 | 19.42 | 1.36 | 20.78 |
| 90301-ST0-003 | NUTPUSH 3MM | 2 | 1.90 | 25 | 2.85 | 0.20 | 3.05 |
| 91505-TM8-003 | CLIPBUMPER | 6 | 2.00 | 25 | 9.00 | 0.63 | 9.63 |
| Sum Item | | | | | 1288.85 | 90.22 | 1,379.07 |
| BOSUN | SUNDRIES | 1 | 30.00 | | 30.00 | 2.10 | 32.10 |
| BML01I | INSPECT FR LIGHTING MECHANISMS & FOCUS | 1 | 80.00 | | 80.00 | 5.60 | 85.60 |



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. | : SQT18001992 | Page | 2 |
| Registration No | : SKW8094A | Date | : 15. May 2018 | Customer No. | : WZA006 |
| Chassis No | : MRHRU1830FP000469 | Svc Advisor | : ARY CHUA WAI NGEE | Engine No | : L15Z71000885 |
| Model | : HRV LX-SIN CVT YM 2015 | Date Time | : 15. May 2018 4:33:28 PM | Surveyor Name | : |
| Owner's Name | : CHUA GEOK CHOO | Survey Date | : | Authorisation Date | : |
| Ins Policy No. | : | | | | |
| Date of Accident | : 14/5/2018 | | | | |

| Item | Description | Qty | Unit Price | Disc % | Amount | 0% GST Amount | Amount incld GST |
|-----------|--|-----|------------|--------|----------------|---------------|------------------|
| BMC01D | REMOVE & INSTALL RADIATOR WITH FITTINGS. | 1 | 180.00 | | 180.00 | 12.60 | 192.60 |
| BMA01D | REMOVE & INSTALL A/C CONDENSER WITH FITTINGS. | 1 | 230.00 | | 230.00 | 16.10 | 246.10 |
| BKBH01S | STRAGHTEN ALIGN BULKHEAD & RENEW DAMAGE PARTS. | 1 | 1400.00 | | 1400.00 | 98.00 | 1498.00 |
| BP03R | SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (3P) | 1 | 1700.00 | | 1700.00 | 119.00 | 1819.00 |
| Sum Labor | | | | | <u>3620.00</u> | <u>253.40</u> | <u>3,873.40</u> |

| | | | | | | | |
|-------------|-------|--|--|--|--------------------------|----------|-----------------|
| Survey By | _____ | | | | | | |
| Date & Time | _____ | | | | Total Amount | 4,908.85 | 343.62 |
| Excess | _____ | | | | Total (Inclusive of GST) | | <u>5,252.47</u> |
| Status | _____ | | | | | | |
| Signature | _____ | | | | | | |

Printed on 16/5/2018 10:00:16 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)

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SKW8094A

& (THIRD PARTY'S VEHICLE NO.) SJU1713K

ON 14/5/18 ALONG BK 139, Tampines #11 OSCP

- I hereby authorize Kah Motor Co Sdn Bhd and its agents or any person authorized by Kah Motor to do all or any of the following.
- To submit, resolve and make any claims(s) which I may have against the 3rd party insurers.
- To execute, sign discharge voucher / indemnity forms and all necessary documents in connection with and arising out of the above claim

Any payment should be made in favour of my name / Kah Motor Co Sdn Bhd


Owner Signature

(Co stamp & authorized signature if it's Co. registered vehicle)

Name : Chua Geok Choo

NRIC No : S1606927B

Vehicle No : SKW8094A

Date : 16/5/18

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1606927B



Name
CHUA GEOK CHOO

蔡玉珠

Race
CHINESE

Date of Birth
19-09-1963

Sex
F

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1606927B


Name
CHUA GEOK CHOO

Birth Date 19 Sep 1963


Issue Date 20 Dec 2002




2205330



NRIC No. S1606927B



Blood Group A+ Date of Issue 03-07-1994

89 COMPASSVALE BOW #01-29
JEWEL @ BUANGKOK SINGAPORE 544687

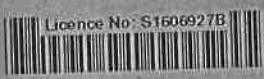
NRIC No: S1606927B Date: 18/02/2017

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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 03 Jan 1985 |

NP 428A

Licence No: S1606927B



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

| | |
|------------------|---|
| Policy Number | : 5086037957-01 |
| The Policyholder | : CHUA GEOK CHOO 89 COMPASSVALE BOW #01-29 JEWEL @ BUANGKOK SINGAPORE 544687 |

| | |
|-------------------------|---|
| Period of Insurance | : 17 Nov 2017 To 16 Nov 2018 |
| Sum Insured | : Market Value of Insured Vehicle at Time of Loss |
| Premium (inclusive GST) | : S\$846.54 |

Interest Insured

| | | | |
|--------------------------------------|--|-------------------|-------------|
| Cover Type | : drivo CLASSIC | Capacity | : 1500cc |
| Primary Driver | : CHUA GEOK CHOO | Registration Year | : 2015 |
| Named Driver (1) | : TAN GIN MONG | Off-peak Car | : No |
| Named Driver (2) | : N/A | Insure with COE | : Yes |
| Make/Model | : HONDA/HRV | NCD Entitlement | : 50% |
| Registration Number | : SKW8094A | NCD Protection | : Yes(Free) |
| Chassis Number | : MRHRU1830FP000469 | Loyalty Discount | : 5% |
| Repair at Owner's Preferred Workshop | : No | | |
| Excess (Section 1) | : S\$600 | | |
| Excess (Section 2) | : N/A | | |
| Windscreen Excess | : S\$100 | | |
| Additional Excess | : N/A | | |
| Unnamed Driver Excess | : Please refer to Terms and Conditions | | |
| Hire Purchase Company | : N/A | | |

Optional Cover

| | |
|---------------------|------|
| Transport Allowance | : No |
| Excess Waiver | : No |

Memo A : Vehicle Model: HRV 1.5 LX CVT ABS D/AIRBAG 2WD

Endorsement Operative : M4

| | |
|---------------|--|
| Agency | : TELESales-DIRECT MARKETING (00000601661) |
| Date of Issue | : 07 Nov 2017 08:42 hrs |

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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 | 15/05/2018 15:18 |
| Date Of Accident | 14/05/2018 16:30 |
| Exact Location Of Accident | BLK 139 TAMPINES STREET 11 OSCP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKW8094A |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA GEOK CHOO |
| NRIC No | S1606927B |
| Email Address | USECGC@LIVE.COM |
| Mobile Phone No | (LOCAL) +65-96289444 |
| Alternative Phone No | OTHERS-96289444 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | HRV |
| Exact Purpose for which vehicle was being used at time of accident | LEISURE |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5086037957-01 |
| Cover Note Number | DRIVO CLASSIC |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHUA GEOK CHOO |
| NRIC No | S1606927B |
| Date Of Birth | 19/09/1963 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/01/1985 |
| Driving Experience | 33 YEARS AND 4 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96289444 |
| Fax Number | |
| Contact Number | OTHERS-96289444 |
| EMail Address | USECGC@LIVE.COM |

| | |
|---|---|
| Address | 89 COMPASSVALE BOW #01-29 JEWEL @ BUANGKOK |
| Postcode | 544687 |
| 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 | 2 |
| 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

I was travelling behind vehicle B along the driveway of the carpark. Suddenly, vehicle B stopped and reversed without signaling to park at the empty lot on the right side of the carpark. Upon seeing here, I sounded my horn but vehicle B still continued to reverse. The rear area of vehicle B hit into the right front area of my vehicle A.

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 | SJV1713K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE HOCK GEK CHRISTIN |
| NRIC/Passport Number | S1762171H |
| Contact Number | 93283311 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 15-05-2018 / 15:07

Report No: MT/

D.O.A: 14-05-2018

Time: 16:30 hrs

Vehicle No: SKW8094A Reporting Type:

SKETCH PLAN

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

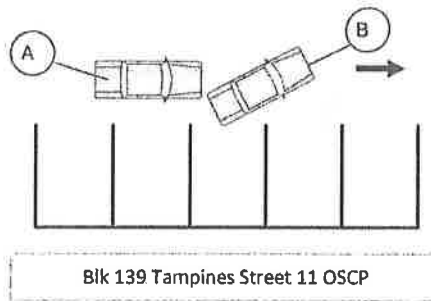

15-05-18 / 15:07
Policyholder's Signature / Date & Time

15-05-18 / 15:07
Driver's Signature (if driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



Vehicle A: SKW8094A

Vehicle B: SJV1713K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling behind vehicle B along the driveway of the carpark. Suddenly, vehicle B stopped and reversed without signaling to park at the empty lot on the right side of the carpark. Upon seeing here, I sounded my horn but vehicle B still continued to reverse. The rear area of vehicle B hit into the right front area of my vehicle A.

Declaration

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


15-05-18 / 15:07
Policyholder's Signature / Date & Time

15-05-18 / 15:07
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre


Witnessed by Reporting Centre Personnel

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-074266

Date of Request: 16/05/2018

Your Ref No: Online Purchase

Kah Motor Co Sdn Bhd
15 Ubi Road 4
Singapore 408610

Dear Sir/Madam,

Enquiry Date 16/05/2018
Enquiry By Mohd Faeaz
TP Vehicle No. SJV1713K
Accident Date 14/05/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SJV1713K | AXA Insurance Pte Ltd | 14/01/2018-13/01/2019 | 6338 7288 |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.