



Kah Motor Co. Sdn. Bhd.
(A Member of Oriental Holdings Berhad)
Body Repair & Paint Centre
6A Mandai Estate
Singapore 729903
Tel : +65 6841 3838
Fax : +65 6362 5015
www.honda.com.sg

M/s: AXA Insurance Singapore Pte Ltd
C/o LKK Auto Consultants Pte Ltd
8 Shenton Way
#27-01
Singapore 068811

Date : 24/11/2018

Attn: Motor Claims Department

Your ref : CC4/AXA18010441/Vha3

Our ref : SKC2594T

Dear Sir / Madam,

THIRD PARTY DIRECT SETTLEMENT

ACCIDENT INVOLVING SKC2594T & SHD9706Y DOA: 30/05/2018


We refer to the item(s) marked (✓) below:

- (✓) We refer to your email dated 11/06/2018.
- (✓) We enclosed herewith the repair invoice / Third Party Direct Settlement Agreement.
- () Kindly forward the discharge voucher for our client's signature within **2 weeks** via email to : **desmondtoh@honda.com.sg**
- (✓) We return your discharge voucher duly completed.
- (✓) Kindly expedite settlement the following :-

Repair Cost	S\$ 7,010.83 payable to Kah Motor Co. Sdn. Bhd.
Loss of Use (incl PRI)	S\$80.00 x 12 days: \$960.00 payable to Kah Motor Co. Sdn. Bhd
- (✓) Kindly let us have your cheque made in favour of the above mentioned name(s) for our transmission as soon as possible.
- (✓) Letter of Authority, ~~Discharge voucher~~,

Thank you.

Yours faithfully,



Jason Heng *Anikka Lai*


LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SKC25947 &
(THIRD PARTY'S VEHICLE NO.) SHD9706Y ON 30/5
ALONG Sembawang Rd @ Yishun Ave 3

I hereby authorize Kah Motor Co. Sdn Bhd (Kah Motor) and its agents or any person authorized by Kah Motor to do all or any of the following:

- To submit, resolve and make any claim(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 is Co registered vehicle)

Name : Gopal Peethambaran

NRIC No : S89793614

Vehicle No : SKC2594T

Date : 29/06/2018



Service Tax Invoice

Kah Motor Co. Sdn. Bhd.

(A Member of Oriental Holdings Berhad)

6A Mandai Estate, SINGAPORE 729903

Mandai Parts Centre

Phone No. : +65 6841 3838 Fax No. :

GST Reg No. M200050223

Company Ref. No. S60FC1380G

AXA INSURANCE S'PORE PTE LTD
MOTOR CLAIMS DEPT
8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE, 068811

Customer No. : WZA006

Invoice No. : SINV-BM18001461
Invoice Date : 20/11/18
Order No. : SVO18038887
Reference :
Job Card No. : 09210
Date/Time Received : 30/05/18 / 3:52:03 PM
Licence No. : SKC2594T
Model : HRV DX-SIN CVT YM 2016
Car Chassis No. : JHMRU1810GX202266
Car Engine No. : L15B4532266
Mileage : 20769
Service Advisor : ANIKKA LAI SWEE KAM 1821
Served By : ANIKKALAI
Page : 1

No.	Description	Qty.	UoM	U. Price	Disc %	7% GST Amount Incl		
						Amount	Amount	GST
33555-T7A-J01	REFLECTOR ASSYL.RR.	1	Each	151.80	25	113.85	7.97	121.82
04715-T7A-900ZZ	FACE,RR.BUMPER	1	Each	463.70	25	347.77	24.34	372.11
04718-T7A-000ZZ	FACEL,RR.BUMPER CORNER	1	Each	92.30	25	69.22	4.85	74.07
71598-T7A-000	SPACERL,RR.BUMPER SIDE	1	Each	11.50	25	8.62	0.60	9.22
91505-TM8-003	CLIPBUMPER	8	Each	2.00	25	12.00	0.84	12.84
74450-T7B-003	PROTECTOR,L,RR.WHEEL ARCH	1	Each	172.10	25	129.07	9.03	138.10
NMRS-4P-TM3040L	4PCS ACT RR.SENSOR	1	Each	320.00		320.00	22.40	342.40
75722-T7W-A01	EMBLEMRR.	1	Each	12.90	25	9.67	0.68	10.35
75725-T8N-T00	EMBLEM,RR. I-VTEC	1	Each	14.10	25	10.57	0.74	11.31
68100-T8P-U10ZZ	TAILGATE COMP	1	Each	838.90	25	629.17	44.04	673.21
74827-S2G-010	PROTECTORLICENSE PLATE	2	Each	2.00	25	3.00	0.21	3.21
BOSUN	0701 SUNDRIES	1	Hours	20.00		20.00	1.40	21.40
BG02R	1438 REPLACE RR. WINDSCREEN.(N)	1	Hours	280.00		280.00	19.60	299.60
BODAMKIT	1438 WINDSCREEN DAM KIT.	1	Hours	80.00		80.00	5.60	85.60
BA02R	1729 REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	Hours	160.00		160.00	11.20	171.20
BOJSE	1718 BODY JOINT SEALANT FOR TAILGATE	1	Hours	80.00		80.00	5.60	85.60
BOJSE	1718 BODY JOINT SEALANT FOR END PANEL	1	Hours	80.00		80.00	5.60	85.60
BOMISC1	1438 RESET & CALIBRATE REAR VIEW CAMERA (N)	1	Hours	160.00		160.00	11.20	171.20
BOMISC1	1438 RESET & CALIBRATE SMART ENTRY SYSTEM (N)	1	Hours	160.00		160.00	11.20	171.20
BKTG02R	1438 REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST & ALIGN TAILGATE.(N)	1	Hours	560.00		560.00	39.20	599.20
BKRP02S	1729 STRAIGHTEN ALIGN RR PANEL & RENEW DAMAGE PARTS.	1	Hours	1,680.00		1,680.00	117.60	1,797.60
BP06R	1718 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	Hours	1,350.00		1,350.00	94.50	1,444.50
73214-T7J-H01	RUBBER CR.WINDSHIELD DAMPER	1	Each	19.30	25	14.47	1.01	15.48
73226-SZW-000	DAMPERSTD 5X5	1	Each	8.30	25	6.22	0.44	6.66
73254-T7J-H01	RUBBER CL.WINDSHIELD DAMPER	1	Each	19.30	25	14.47	1.01	15.48
76711-T6A-003	CAPPVOT	1	Each	4.70	25	3.52	0.25	3.77
91501-S70-003	FASTENER BW/SHIELD	4	Each	3.20	25	9.60	0.67	10.27
91502-S70-003	FASTENER B	2	Each	4.90	25	7.35	0.51	7.86
91536-SS0-J01	FASTENER AW/SHIELD	2	Each	3.50	25	5.25	0.37	5.62
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	Each	60.00		120.00	8.40	128.40
90661-SC7-003	GROMMET SCREW	2	Each	2.30	25	3.45	0.24	3.69
74646-T7A-010	COVERRR.FLOOR UN	1	Each	118.30	25	88.72	6.21	94.93
91513-T6A-003	CLIPTAILGATE SPOILER	9	Each	2.40	25	16.20	1.13	17.33

Printed by ANIKKALAI on 20 Nov 2018 at 9:29:17 AM

This is a computer generated invoice. No signature is required.

Please review your bill and advise us of any errors or omissions.

Kah Motor reserves the right to deliver a subsequent bill for any charge omitted.

GST Amount is calculated from individual line(s)

Please give us your feedback by scanning the QR Code using mobile device.





GST Reg No. M200050223

Company Ref. No. S60FC1380G

Phone No. : +65 6841 3838 Fax No. :

SINGAPORE, 068811

Customer No. : WZA006

Invoice No.	:	SINV-BM18001461
Invoice Date	:	20/11/18
Order No.	:	SVO18038887
Reference	:	
Job Card No.	:	09210
Date/Time Received	:	30/05/18 / 3:52:03 PM
Licence No.	:	SKC2594T
Model	:	HRV DX-SIN CVT YM 2016
Car Chassis No.	:	JHMRU1810GX202266
Car Engine No.	:	L15B4532266
Mileage	:	20769
Service Advisor	:	ANIKKA LAI SWEE KAM 1821
Served By	:	ANIKKALAI
Page	:	2

[illegible]

GST Amount is calculated from individual line(s)

Please give us your feedback by scanning the QR Code using mobile device.



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	30/05/2018 15:23
Date Of Accident	30/05/2018 08:40
Exact Location Of Accident	NEAR JUNCTION OF SEMBAWANG RD & YISHUN AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2594T
Insured/Policyholder	
Name Of Registered Owner	PEETHAMBARAN GOPAL
NRIC No	S8179361A
Email Address	PSG1981@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93379214
Alternative Phone No	OTHERS-93379214

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU006238-R01
Cover Note Number	

Driver

Name of Driver	PEETHAMBARAN GOPAL
NRIC No	S8179361A
Date Of Birth	27/08/1981
Occupation	INDOOR
Date Of Driving Pass	09/01/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93379214
Fax Number	
Contact Number	OTHERS-93379214
Email Address	PSG1981@GMAIL.COM

Address	35 HOUGANG AVE 7 #14-07
Postcode	538802
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?	
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9706Y
Vehicle Make/Model/Colour	TRANSCAB RED CHEVROLET
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA KIM YEOW
NRIC/Passport Number	S1370585B
Contact Number	96912528
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No SKC2594T**SKETCH PLAN**

Annex D

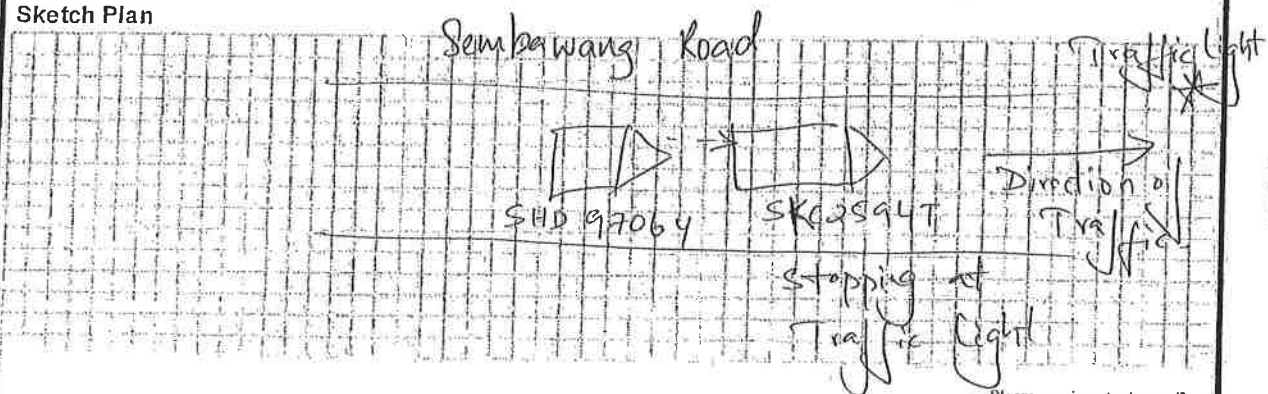
IMPORTANT NOTICE

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.

30/05/2018 9.26am
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

Sketch Plan Pg. 2

Vehicle No. SKC 2594T

Annex E

Describe Circumstances of the Accident

I was stopping (slowed down) at Traffic light along Sembawang Road when my car was hit from behind by taxi car with number plate SHD 9706Y. Driver of SHD 9706Y apologized to me and informed that he couldn't break on time.

Declaration

We declare the foregoing particulars are true in every respect.

Rep/Pl 30/05/2018
09.32am
Policyholder's Signature / Date & Time

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

20/5
Witnessed by Reporting Centre Personnel

RENTAL AGREEMENT

No. 04744

Date: 06 Jul 2018

VEHICLE PARTICULAR		PAYMENT	AMOUNT
Vehicle No.	: SJF5150S	Day: 5 days x 80.00	400.00
Make	: HONDA	Week	0.00
Model	: CRV 2.4L 5AT	Month	0.00
Out (Date & Time)	: 06 Jul 2018 1715	Add HRS	0.00
In (Date & Time)	: 18 Jul 2018 0936	Extend / Early Return:	
HIRER PARTICULAR		-Days @: 7 x 80.00	560.00
Name	: PEETHAMBARAN GOPAL	SUB TOTAL	960.00
Address (Res)	: 35 HOUGANG AVE 7 #14-07 S(538802)	GST	67.20
Tel	:	NETT AMOUNT	1,027.20
Name on Credit Card	:	SECURITY DEPOSIT	0.00
Credit Card No.	:	REMARKS	
Payment Mode	: Cash	INTERNAL - JH	
MAIN DRIVER PARTICULAR		TERMS & CONDITIONS	
Name	: PEETHAMBARAN GOPAL	<ul style="list-style-type: none"> ● Malaysia Drive Surcharge <ul style="list-style-type: none"> ○ Normal days \$20/day + 7% GST ○ Blackout dates, Eve of PH & PH \$40/day +7% GST ● Insurance Excess <ul style="list-style-type: none"> ○ S'pore Drive Excess - \$1500 + 7% GST ○ Malaysia Drive Excess - \$2500 + 7% GST (Excluding towing & custome fees) ● Vehicle is rented to hirer upon terms and conditions on the front and back of this agreement. ● Vehicle is to be driven only by hirer and any additional hirer listed above. ● Hirer is responsible for all parking, fines and ERP charges. ● Hirer must report all accidents to Kah Motor within 24 hours of occurrence. ● Violation of the terms of this agreement makes the hirer responsible for the full loss or damage to the vehicle whether insurance is accepted or not. ● Vehicle is strictly for Singapore use, unless covered by insurance for Malaysia use. ● Return of rental car beyond the stated duration will incur the following charges: <ul style="list-style-type: none"> 1. Less than or equal to 5 hours, a 0.5 day charge will apply 2. More than 5 hours, a FULL DAY charge will apply ● Unpaid rental bookings will not be confirmed, and will subsequently be released after 10 mins. ● Rental Deposit <ul style="list-style-type: none"> ○ A rental deposit will be collected upon confirmation of rental booking. ○ Rental deposit & rental fees will be forfeited if cancellation of rental booking is made less than 7 working days from intended start date of rental. ○ Rental deposit will be refunded after the end of the rental period. ○ Refund process will take approx 2-3 weeks via respective payment mode used at point of initial payment. 	
Address (Res)	: 35 HOUGANG AVE 7 #14-07 S(538802)	**Kindly top up the petrol before you return us the rental car. Otherwise, there will be charges added to your final bill. **	
Driving License No.	: S8179361A		
Passing Date	: 09/01/2012		
Date of Birth	: 27/08/1981		
NRIC/FIN/Passport No	: S8179361A		
ADDITIONAL DRIVER PARTICULAR			
Name	:		
Address (Res)	:		
Driving License No.	:		
Passing Date	:		
Date of Birth	:		
NRIC/FIN/Passport No	:		

Hirer's Signature

Main Driver's Signature
(if not hirer)

Credit Card Holder's
Signature (if not hirer)

Rented out by

CAR RENTAL - SUPPLY TO MANDAI BODYSHOP

Tax Invoice

Invoice No. : CRINV/18/01437
Invoice Date : 20 Jul 2018
Customer No. : *R103
Ref :
Currency : SGD
Terms : COD
RA No. : 04744

Customer Information

Customer Name : PEETHAMBARAN GOPAL
Customer Ref No. : SKC2594T

Car Information

Registration No. : SJF5150S
Car Model : CRV 2.4L 5AT
Car Color : GREY

Rental Information

Date/Time Out : 06/07/2018 17:15
Date/Time Return : 18/07/2018 09:36

Starting Mileage : 67752
Ending Mileage : 68143
Mileage Travelled : 391

Billing Detail

#	Description	Amt
1	12 DAYS @ 80.00	960.00

Remarks:

MD/BS - SA: JASON HENG

Payment due upon Payment Terms as stated above. Please make payment strictly in accordance with payment terms. Interest will be charged at 2% per month on overdue amounts.

Total : S\$ 960.00
Paid : S\$ 960.00
Outstanding : S\$ 0.00

Printed by mdbdysa01 at 12/09/2018 19:01