Date: 3/7/8
Date: 3/2/18 To: AXA Insurance Spore Pected.
Fax No :
Attn : Motor Claims Department
Dear Sir / Mdm
Accident involving SLE3983A and SW60265 on 1/3/18.
I am the owner of vehicle no. <u>SLE398JA</u> . My vehicle was damaged in the above accident by your insured vehicle no. <u>SLU6026J</u> .
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: Yor Kok Room



KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Customer

Registration No

Owner's Name

Ins Policy No.

Date of Accident

Chassis No Model

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

QUOTATION

GST Reg No.: M200050223 Company Ref. No.: S60FC1380G

: AXA INSURANCE S'PORE PTE LTD	Document No.	SQT18002715	Page	1
8 SHENTON WAY	Date	: 3. Jul 2018		
#27-01 AXA TOWER	Customer No.	: WZA006		
SINGAPORE 068811	Svc Advisor	: LIEW THYE WEI		
: SLE3983A	Engine No	: K24W72012260		
: JHMRC1880GC205072	Date Time	3. Jul 2018 9:53:38 AM		
: ODYSSEY 2.4 EX-S 16YM	Surveyor Name	:		
	,	2/		

: YAP KOK BOON **Survey Date** Authorisation Date : : 1/7/2018

0% GST Amount incld GST Amount Description Item Qty Unit Price Disc % Amount TP DIRECT SETTLEMENT (J/NO:) OWNER: YAP KOK BOON

OWNER INSURER: LIBERTY INSURANCE PTE LTD

ACC DATE: 01/07/18 SURVEYED BY: DATE:

REF NO:

TP INSURER: AXA INSURANCE S'PORE PTE LTD

TP VEH: SLU6026J

BO-WHEEL ALIGN X	4 WHEEL ALIGNMENT	1	180.00		180.00	12.60	192.60
			Sum	Ext. Service	180.00	12.60	192.60
60260-T6A-300ZZ	FENDER COMPL.FR.	1	537.80	25	403.35	28.23	431.58
74150-T6A-000	FENDER ASSYL.FR.INNER	1	118.30	25	88.72	6.21	94.93
91512-SX0-003	CLIPINNER FENDER	5	3.50	25	13.12	0.92	14.04
91505-TM8-003	CLIPBUMPER	14	2.00	25	21.00	1.47	22.47
04711-T6A-000ZZ	FACE,FR.BUMPER	1	677.60	25	508.20	35.57	543.77
71198-T6A-003	SPACERL.FR.BUMPER SIDE	1	11.60	25	8.70	0.61	9.31
71190-T6A-003	BEAML.FR.BUMPER UPPER	1	34.20	25	25.65	1.80	27.45
71109-T6A-003	GARNISHL.FR.BUMPER	1	40.90	25	30.67	2.15	32.82
33150-T6A-Q01	HEADLIGHT ASSY,L.	1	886.20	25	664.65	46.53	711.18
42700-T6A-Q81	DISKALUMINIUM WHEEL 17X7J	1	897.00	25	672.75	47.09	719.84
44300-T6A-J51	BEARING ASSYFR.HUB	4	135.50	25	101.62	7.11	108.73
51215-T6A-000	KNUCKLE COMPL.FR.	1	292.60	25	219.45	15.36	234.81
51360-T6A-N00	LOWER ARM ASSY,L.FR.	1	623.80	25	467.85	32.75	500.60
				Sum Item	3225.73	225.80	3,451.53
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
BMU11R	REMOVE & REPLACE FR L UNDERCARRIAGE PARTS.	.(N) 1	840.00		840.00	58.80	898.80



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

: AXA INSURANCE S'PORE PTE LTD

For 24-hours Roadside Assistance, Call 98203838

Document No.

: SQT18002715

Page

2

8 SHENTON WAY

Date

: 3. Jul 2018

QUOTATION

Company Ref. No.: S60FC1380G

GST Reg No.: M200050223

#27-01 AXA TOWER

Customer No.

: WZA006

SINGAPORE 068811

Svc Advisor

: LIEW THYE WEI

Registration No

: SLE3983A

Engine No Date | Time : K24W72012260

Chassis No Model

Customer

: JHMRC1880GC205072

Surveyor Name

: 3. Jul 2018 9:53:38 AM

Owner's Name

: ODYSSEY 2.4 EX-S 16YM : YAP KOK BOON

Ins Policy No.

Survey Date

Authorisation Date :

Date of Accident

: 1/7/2018

ltem	Description	Qty	Unit Price [Disc %	Amount	0% GST Amount	Amount incld GST
BKFE11R	REMOVE & RENEW FR L FENDER & FRONT BUMPER.	1	1120.00		1120.00	78.40	1198.40
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS (2P)	^{3.} 1	1100.00		1100.00	77.00	1177.00
			Sun	n Labor	3170.00	<u>221.90</u>	3,391.90
Survey By							
Date & Time			Total A	Amount	6,575.73	460.30	7,036.03
Excess			Total (Inclusive	of GST)			7.036.03
Status							
Signature							

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 witholding 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.	is the archiving of this report at the sente and to septes of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/07/2018 17:25
Date Of Accident	01/07/2018 21:05
Exact Location Of Accident	SIMS WAY
Country/State of Loss	SINGAPORE
<u> </u>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE3983A
Insured/Policyholder	
Name Of Registered Owner	YAP KOK BOON
NRIC No	S1510619J
Email Address	YAP_KOK_BOON@SLDF.GOV.SG
Mobile Phone No	(LOCAL) +65-98357585
Alternative Phone No	OTHERS-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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
Name of insurance Company	LIBERTT INSURANCE FILE LID

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SI17V10147 / VPC / R01 / E00

Cover Note Number

Driver

Name of Driver YAP QIANG WEI DARREN

NRIC No S9236843B
Date Of Birth 01/10/1992
Occupation INDOOR
Date Of Driving Pass 16/02/2012

Driving Experience 6 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83997622

Fax Number

Contact Number OTHERS-97104218

EMail Address DY.QW.1992@GMAIL.COM

Address BLK 461 CRAWFORD LANE

#11-75

Postcode 190461

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

π:

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

SLIGHTLY WET

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)

3

Passenger 1

NAME:

YAP WAN HUI DRUSILLA

GENDER:

: FEMALE

Passenger 2

NAME:

YAP JUN WEI DARRELL

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHMENT POLICE REPORT NO: T/20180701/7008

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

SLU6026J

Vehicle Make/Model/Colour

HYUNDAI / ELANTRA / SLIVER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO TET

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S1303608Z

90229297

AXA INSURANCE PTE LTD

Vehicle No SLE 3983A

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)

Lunderstand, 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 date/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 & Driver's Signature (If driver is not the policyholder) / Date Personnel

Sketch Plan

Please continue to Annex E

Vehicle No SLE 3983 A		Annex E
Describe Circumstances of the Accid		h
The Color of the C	A THE WAY OF THE PROPERTY OF THE PARTY OF TH	THE PROPERTY OF THE PARTY OF TH
masken speed of about 20km	The Sokwall	
- Please see polite report utlan	hod	
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Declaration		
Colaration		Ψ 10
We declare the foregoing particulars are true in a	every respect.	
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	2/7/10 1430 hz	
V — H		_ p
ne 2-118 & Driver's Signature / Date & Driver's Signature / 118 & Time	nature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
14		





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20180701/7008

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: Vide Report No.: Sta /07/2018 22:45					
Informant	s Particu	lars				
Name of In YAP QIAN		ARREN	Address: APT BLK 461 CRAWFORD LANE #11-75 SINGAPORE 190461			
ID Type / ID No.: NRIC NO / S9236843B			Contact No.: Home/Office: Mobile: 83997622			
Nationality: SINGAPORE CITIZEN			Email: dy.qw.1992@gmail.com			
Sex: Male	Age: 25	Date of Birth: 01/10/1992	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation ACCOUNT.			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 01/07/2018 21:0	Type of L T-Junctio	
SIMS WAY I came via Pli The Junction	≣, was travelling down a	and was at the Juncti	on before I turned ri	aht on to Coulona	
The bulletion	was next to a Shell Peti	ol Station.	on bololo i tamoa ii	grit on to Geylang	Road.
Weather:	was next to a Shell Peti	Road Surface:	zzle just stopped.	Road Speed Li	
Weather: Clear Traffic Flow: One Way	was next to a Shell Peti	Road Surface:			mit:

Details of V	ehicle Invo	lvéd				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLE3983A	Car		Honda Odyssey	Maroon	Slightly Damaged	3
SLU6026J	Car		Hyundai Elantra	Silver	Slightly Damaged	1

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



T/20180701/7008

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180701/7008

CONTINUATION OF REPORT

Driver						
Name	YAP QIANG WEI, DARREN			ID No		S9236843B
Related Vehicle	SLE3983A (Car)			Conta	ıct No.	83997622
Hospital/Clinic	NIL		Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	Ho Tet		· · · · · · · · · · · · · · · · · · ·	ID No		S1303608Z
Related Vehicle	SLU6026J (Car)			Conta	ct No.	90229297
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

I was travelling straight at a slow speed and a car from my left accelerated abruptly and swerved into my lane. I could not react in time and the side of his car smashed into my front left bumper.

Please do note that the date of my recording was wrong and I do not know why is it so. You can verify via whatever means you want to. Thank you.

Also, I have my car camera recording which exceeds the max limit of the file that I can attach. Please contact me to obtain the recording as it clearly shows that the other driver is at fault.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20180701/7008

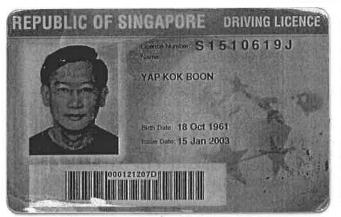
CONTINUATION OF REPORT

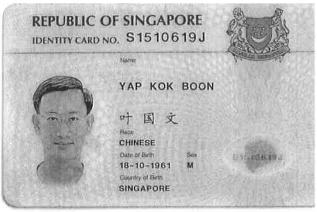
Sketch	Plan
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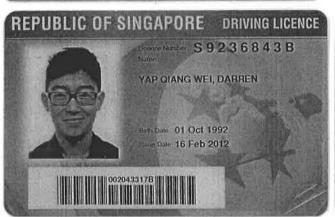
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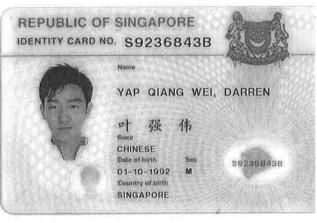
Informant is not able to provide sketch plan

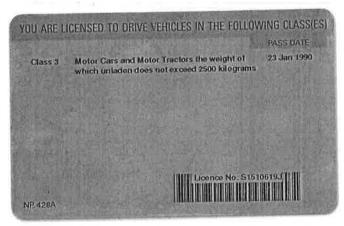
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2018 22:45
Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT Contact No.: 65476325	Classification Of Case:



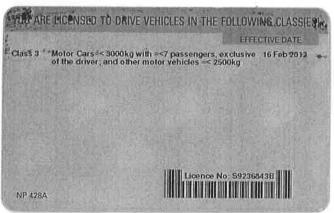
















www.libertvinsurance.com.sq



Certificate of Insurance

Certificate No.:

Date of Expiry:

MX1

19 Jul 2018 23:59

Type of Certificate:

SI17V10147/ VPC / R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:

YAP KOK BOON

Date of Issue:

16 Jun 2017

Registration No.:

SLE3983A

Effective Date of Commencement:

20 Jul 2017 00:00 Chassis No.:

JHMRC1880GC205072

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I S\$600,Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000,Windscreen

Excess S\$100

Name of Finance Company:

OVERSEA-CHINESE BANKING CORPORATION LTD

Name of Producer:

KAH MOTOR COMPANY SDN BERHAD (A1572-7)