

**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 : INDIA INTERNATIONAL INSURANCE
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

Registration No : SKV9141X

Chassis No : MRHGM6660GP000300

Model : CITY 1.5SV CVT 2016

Owner's Name : LEE SIAU PENG

Ins Policy No. : SI17V15087/VPC/R02

Date of Accident : 2/8/2018

Document No. : SQT18003226 **Page** 1

Date : 2. Aug 2018

Customer No. : WZI007

Svc Advisor : ARY CHUA WAI NGEE

Engine No : L15Z12714576

Date | Time : 2. Aug 2018 2:36:55 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 SIAU PENG						
	OWNER INSURER: LIBERTY INSURANCE PTE LTD						
	ACCIDENT DATE: 02/08/2018@12.05PM						
	SURVEYED BY:						
	REF NO:						
	TP INSURER: INDIA INTERNATIONAL INSURANCE PTE LTD						
	TP VEH: SHC1204L (HYUNDAI/SONATA/BLEU/TAXI)						
91505-TM8-003	CLIPBUMPER	10	2.00	25	15.00	1.05	16.05
71593-T9A-J00	SPACER R.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71598-T9A-J00	SPACERL.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71501-T9A-T00ZZ	FACERR.BUMPER	1	463.70	25	347.77	24.34	372.11
	Sum Item				380.01	26.59	406.60
BOSUN	SUNDRIES	1	60.00		60.00	4.20	64.20
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	180.00		180.00	12.60	192.60
BA02R	REMOVE & INSTALL REVERSE SENSORS-4 PCS (N)	1	240.00		240.00	16.80	256.80
BKBU02R	REMOVE & RENEW RR BUMPER & STRAIGHTEN RR PANEL	1	1120.00		1120.00	78.40	1198.40
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (2P)	1	1350.00		1350.00	94.50	1444.50
	Sum Labor				2950.00	206.50	3,156.50

Survey By

Date & Time

Excess

Status

Signature

Total Amount 3,330.01 233.09 3,563.10**Total (Inclusive of GST)** **3,563.10**

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	03/08/2018 10:40
Date Of Accident	02/08/2018 12:05
Exact Location Of Accident	TRAFFIC JUNCTION TAMPINES AVE 4 & TAMPINES ST 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV9141X
Insured/Policyholder	
Name Of Registered Owner	LEE SIAU PENG
NRIC No	S7770355A
Email Address	PING_GUO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94571235
Alternative Phone No	OFFICE-94571235

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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	SI17V15087/VPC/R02
Cover Note Number	

Driver

Name of Driver	LEE SIAU PENG
NRIC No	S7770355A
Date Of Birth	27/07/1977
Occupation	INDOOR
Date Of Driving Pass	21/08/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94571235
Fax Number	
Contact Number	OFFICE-94571235
EMail Address	PING_GUO@HOTMAIL.COM

Address	37 SIMEI ST 4 #09-14
Postcode	S529870
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)	2
Passenger 1	NAME: : WONG YANG FOON (MOTHER)
	GENDER: : FEMALE

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

NOBODY INJURY DURING THE ACCIDENT

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	SHC1204L
Vehicle Make/Model/Colour	HYUNDAI/SONATA/BLUE/TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	92233923
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No SKV 9141X**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.

ARY CHUA

03 AUG 2018

DID : +65 6846 5673

HP : +65 8100 6306

Email: arychua@honda.com.sg

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 SKV 9141X


Annex E

Describe Circumstances of the Accident

TURNING RIGHT AT TRAFFIC LIGHT. THE PEDESTRIAN LIGHT
 WAS GREEN AND A PEDESTRIAN APPROACHED. I SLOWED DOWN
 TO GIVE WAY TO PEDESTRIAN. TAXI BEHIND BANGED
 INTO MY CAR REAR. MYSELF AND MY ELDERLY MOTHER
 WERE IN MY CAR.

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

09:09am
 03 AUG 2018
 ARY CHUA
 DID : +65 6846 5673
 HP : +65 8100 6306
 Email : arychua@honda.com.sg

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Aug 2018 / 09:08:34

Receipt Date/Time : 03 Aug 2018 / 09:08:34

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180803-000252

Previous Receipt No. :

S/N Item Description/**Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC1204L

As at 02 Aug 2018/12:05:08

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHC1204L

Enquiry Fee

20180803090716582022

7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

xxxxxxxxxxxx4443

Credit Card:

Visa/MasterCard

7.45

Total			7.45
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Cash Change			0.00
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Tendered Amount			7.45
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Excess Refundable Amount			0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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: LEE SIAU PENG		Certificate No.: SI17V15087/ VPC / R02
Date of Issue: 05 Oct 2017	Effective Date of Commencement: 08 Oct 2017 00:00	Date of Expiry: 07 Oct 2018 23:59
Registration No.: SKV9141X	Chassis No.: MRHGM6660GP000300	Type of Certificate: MX1

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 & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	
Name of Producer:	KAH MOTOR COMPANY SDN BERHAD (A1572-7)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7770355A**
Name: **LEE SIAU PENG**

Birth Date: 27 Jul 1977
Issue Date: 26 Aug 2014

002335127B



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7770355A**

Name: **LEE SIAU PENG**
李 晓 苹

Race: **CHINESE**
Date of Birth: 27-07-1977 Sex: **F**
Country of Birth: **MALAYSIA**



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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg

EFFECTIVE DATE: 21 Aug 1997

NP 428A

Licence No: **S7770355A**

8343866

NRIC No: **S7770355A**

Nationality: **MALAYSIAN**
Blood Group: **O+** Date of Issue: 20-01-2000

37 SIMEL STREET 4 #09-14
SINGAPORE 529870
NRIC No: **S7770355A** Date: 21/05/2015

