



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 : 10/20/2018

Attn: Motor Claims Department

Your ref : CC4/AXA1801639

Our ref : SLZ 4341 K

Dear Sir / Madam,

THIRD PARTY DIRECT SETTLEMENT

ACCIDENT INVOLVING SLZ 4341 K AND SHD 285 D ON 08/09/2018

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

- (✓) We refer to your email dated 12/09/2018.
- (✓) 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\$2,053.72 payable to Kah Motor Co. Sdn. Bhd.
Loss of Use	S\$60.00 x 3 days: \$180.00 payable to
	WONG ZHENG YANG,ERNEST
- (✓) 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,

Jack ng

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SLZ 4341 K. &
(THIRD PARTY'S VEHICLE NO.) SHD 285D. ON 08/09/18
ALONG B11K 4531A Bukit Batok west ave 6

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 : Wong Zheng Yang Ernest.

NRIC No : S9239223F

Vehicle No : SLZ 4341 K

Date : _____

**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. :

Service Tax Invoice

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-BM18001268
Invoice Date : 20/10/18
Order No. : SVO18054935
Reference :
Job Card No. : 09281
Date/Time Received : 10/09/18 / 10:42:55 AM
Licence No. : SLZ4341K
Model : CIVIC 1.6 VTI YM2018
Car Chassis No. : MRHFC5650JT000472
Car Engine No. : R16B25500520
Mileage : 10727
Service Advisor : JACK NG 1838
Served By : JACKNG
Page : 1

								7% GST Amount incld	
No.	Description	Qty.	UoM	U. Price	Disc %	Amount	Amount	Amount	GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: WONG ZHENG YANG,ERNEST OWNER INSURER: LIBERTY INSURANCE ACC DATE: 08/09/2018 SURVEYED BY: DATE: REF NO: TP INSURER: AXA TP VEH: SHD 285 D								
BOSUN	0671 SUNDRIES	1	Hours	30.00		30.00	2.10		32.10
BKBU01R	0671 REMOVE & RENEW FR BUMPER.	1	Hours	560.00		560.00	39.20		599.20
BP03R	1610 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS.(3P)	1	Hours	675.00		675.00	47.25		722.25
BO-NUM-COMP-L	NUMBER PLATE WITH CASING-L(N)	1	Each	45.00		45.00	3.15		48.15
71101-TEA-T00ZZ	FACEFR.BUMPER	1	Each	579.90	25	434.92	30.44		465.36
71121-TED-T01	BASE,FR.GRILLE BLACK	1	Each	116.80	25	87.60	6.13		93.73
71125-TED-T01	MOLDING,FR.GRILLE	1	Each	97.40	25	73.05	5.11		78.16
75700-TBA-A00	EMBLEM	1	Each	14.60	25	10.95	0.77		11.72
90301-ST0-003	NUTPUSH 3MM	2	Each	1.90	25	2.85	0.20		3.05

Sum Labor 1,265.00 88.55 1,353.55

Sum Item 654.37 45.80 700.17

Total SGD 1,919.37 134.35 2,053.72

Total Payable (SGD) 2,053.72

Printed by JACKNG on 20 Oct 2018 at 12:40:22 PM

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.



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	08/09/2018 16:27
Date Of Accident	08/09/2018 13:05
Exact Location Of Accident	BLK 453A BUKIT BATOK WEST AVE 6
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4341K
Insured/Policyholder	
Name Of Registered Owner	WONG ZHENG YANG, ERNEST
NRIC No	S9239223F
Email Address	ERNESTWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87420043
Alternative Phone No	OFFICE-87420043

Vehicle Particulars

Manufacturer	HONDA
Model	CIVI 1.6
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	WONG ZHENG YANG, ERNEST
NRIC No	S9239223F
Date Of Birth	27/10/1992
Occupation	INDOOR
Date Of Driving Pass	03/12/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87420043
Fax Number	
Contact Number	OFFICE-87420043
Email Address	ERNESTWONG@GMAIL.COM

Address	BLK540 CHOA CHU KANG STREET 52 #04-32
Postcode	680540
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?	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: : KOK YI XIAN 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

PLEASE REFER TO ATTACHMENT

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	SHD285D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Vehicle No _____

Annex E

Describe Circumstances of the Accident

Vehicle Transcab SHD 285D was driving into carpark inside BUKIT BATOK WEST AVE 6 with continuous random stoppages. I was on my way home when I encountered this taxi vehicle.

As I was approaching the multi-storey carpark and the taxi-driver suddenly made a ~~reset~~ reverse move. I gave a warning horn indicating that I was behind and there was no way for my vehicle to reverse as there are others behind me.

The taxi collided with my front end of the vehicle causing damages such as breakage at my front grille. I was with my spouse at the point of accident.

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.



080918

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

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 willful 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.

AA 080918

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 453A Bukit batok West Ave 6.

A = SLZ 4341K

B = SHD 285D.

Rubbish collection Point

Please continue to Annex E