

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

44600-T0B-A00

42200-T6A-J51

HUB ASSYFR.

BEARING ASSYRR.HUB UNIT

Chassis No

Model

Website: www.honda.com.sg

150115

For 24-hours Roadside Assistance, Call 98203838

Document No.

: SQT18004385

Page

1

QUOTATION

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

115 BUKIT MERAH CENTRAL

#17-3767

: JHMRC1890HC200813

: ODYSSEY 2.4 EXV-S 17YM

: LAU KUM SENG

SINGAPORE

: LAU KUM SENG

: SFY7731A

Customer No.

: 13. Oct 2018

: ****8936H

Svc Advisor

Date

: NG SIN HAI

Engine No

: K24W72040272

Date | Time

: 13. Oct 2018 1:23:26 PM

Surveyor Name

Survey Date

Authorisation Date

Ins Policy No.

Date of Accident : 12/10/2018 0% GST **Amount** incld GST Amount Item Description Qtv Unit Price Disc % Amount TP DIRECT SETTLEMENT (J/NO:) OWNER: LAU KUM SENG OWNER INSURER: AVIVA ACC DATE:12/10/2018 SURVEYED BY: DATE: REF NO: TP INSURER: TP VEH:SHA2611Z 04711-T6A-900ZZ FACE, FR. BUMPER 1 686.20 25 514.65 36.03 550.68 71117-T6A-921ZA SPOILER ASSYL.FR.SIDE 1 92.50 25 69.37 4.86 74.23 71198-T6A-003 SPACERL.FR.BUMPER SIDE 1 11.60 25 8.70 0.61 9.31 91505-TM8-003 **CLIPBUMPER** 14 2.00 25 21.00 22.47 1.47 60260-T6A-300ZZ FENDER COMPL.FR. 403.35 1 537.80 25 28.23 431.58 73370-T6A-315 GLASS ASSYL.FR.CORNER 1 361.40 25 271.05 18.97 290.02 **BO-WS-SEALANT** WINDSCREEN SEALANT (N) 1 60.00 60.00 4.20 64.20 76251-T6A-J01ZA CAPL.SKULL 1 64.70 25 48.52 3.40 51.92 76252-T6A-J01ZA COVER RH-LBASE 25 1 27.90 20.92 1.46 22.38 76258-T6A-Q03 SET.RH.L.MIRROR ASSY 1 1275.90 25 956.92 66.98 1023.90 67050-T6A-000ZZ PANEL COMPL.FR.DOOR 877.70 1 25 658.27 46.08 704.35 67550-T6A-J00ZZ PANEL COMPL.SLIDE DOOR 1 980.90 25 735.67 51.50 787.17 04646-T6A-J21ZZ PANEL SET, L.RR. OUTER 1 974.50 25 730.87 51.16 782.03 04715-T6A-900ZZ FACERR.BUMPER 1 557.20 25 417.90 29.25 447.15 71598-T6A-003 SPACERL.RR.BUMPER SIDE 1 18.70 25 14.02 0.98 15.00 91505-TM8-003 CLIPBUMPER 7 2.00 25 10.50 0.74 11.24 42700-T6A-T81 WHEEL, DISK ALUMINIUM 17X7J 2 845.30 25 1267.95 88.76 1356.71 44300-T6A-J51 BEARING ASSYFR.HUB 1 135.50 25 101.62 7.11 108.73

1

1

183.50

314.00

25

25

Sum Item

137.62

235.50

6684.40

9.63

16.49

467.91

147.25

251.99

7,152.31



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: JHMRC1890HC200813

: ODYSSEY 2.4 EXV-S 17YM

Surveyor Name

Owner's Name

LAU KUM SENG

Survey Date

Ins Policy No.

Authorisation Date

			amonsation bate .			
Date of Accident :	12/10/2018				0% GST	Amount
ltem	Description	Qt	y Unit Price Disc %	Amount	Amount	incld GST
BOSUN	SUNDRIES	1	100.00	100.00	7.00	107.00
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	180.00	180.00	12.60	192.60
BOMISC1	RESET ALL SMART ENTRY FOR DOORS	1	380.00	380.00	26.60	406.60
BOMISC1	RESET, CALIBRATE AND ALIGN ALL CAMERA	1	560.00	560.00	39.20	599.20
BMU11R	REMOVE & REPLACE FR L UNDERCARRIAGE PARTS.(N)1	1120.00	1120.00	78.40	1198.40
BMU21R	REMOVE & REPLACE RR L UNDERCARRIAGE PARTS.	N)1	1120.00	1120.00	78.40	1198.40
BP06R	SPRAY PAINTING ON REPAIRED OR REPLACED AREA (6P)	s. ₁	4000.00	4000.00	280.00	4280.00
BKBU01R	REMOVE & RENEW FR BUMPER AND ALL DAMAGED PARTS	1	4000.00	4000.00	280.00	4280.00
BG41D	REMOVE & INSTALL FR. L QTR GLASS.(N)	1	280.00	280.00	19.60	299.60
BODAMKIT	WINDSCREEN DAM KIT.	1	80.00	80.00	5.60	85.60
			Sum Labor	11820.00	827.40	12,647.40
BO-WHEEL ALIGN X4	WHEEL ALIGNMENT X4	1	180.00	180.00	12.60	192.60
			Sum Ext. Service	180.00	12.60	<u>192.60</u>
Survey By						
Date & Time			Total Amount	18,684.40	1,307.91	19,992,31
Excess			Total (Inclusive of GST)			19,992.31
Status	~					
Signature						
	A					



Avrva Ltd., 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807, Tel: (65) 6827 9966 Wyw.aviva.com.sg

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

CERTIFICATE NUMBER. 10746199

 VEHICLE REGISTRATION NO. CHASSIS NO. ENGINE NO.

SFY7731A JHMRC1890HC200813 K24W72040272

2) NAME OF INSURED

FAMILY NAME GIVEN NAME

LAU KUM SENG

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

25-Apr-2017 00:00hours

4) DATE OF EXPIRY OF INSURANCE

24-Apr-2019 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any driver

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 any 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 canceled at the time of accident or loss.

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the insured's business. The Policy does not cover use for hire or reward, toition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or 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.

NAMED DRIVER

7) FINANCE COMPANY

OCBC BANK LIMITED

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), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 09-May-2017 at 14:32hours

Aviva Ltd.

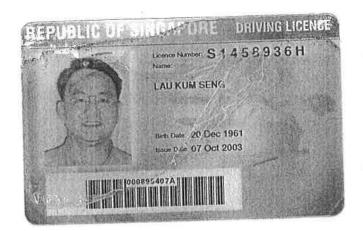
IMPORTANT NOTE:

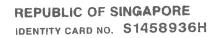
- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You MUST report all accidents to Us within 24 hours of the occurrence regardless of whether You intend to claim on Your own policy or not, or whether Your car is damaged or not. Should You fail to do so, Your No Claims Discount could be affected and Your claim may be prejudiced.

Nishit Majmudar Chief Executive Officer

laymudan

In case of accident or windscreen damage, please call 6333 2222 (24 hours) immediately.







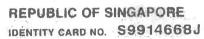
LAU KUM SENG



CHINESE Date of birth 20-12-1961 Country/Place of birth SINGAPORE







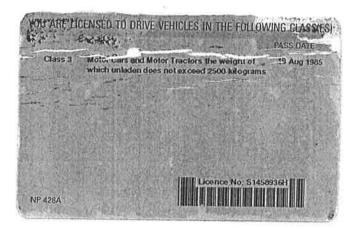




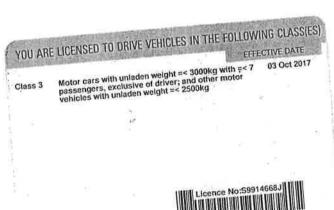


CHINESE Date of birth 27-04-1999 Country/Place of birth SINGAPORE

99914668.









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 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. 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/10/2018 12:13
Date Of Accident	12/10/2018 21:35
Exact Location Of Accident	CTE TOWARDS AYE BEFORE HAVELOCK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFY7731A
Insured/Policyholder	
Name Of Registered Owner	LAU KUM SENG
NRIC No	S1458936H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96440373
Alternative Phone No	OFFICE-96440373
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Deliver	

Driver

Name of Driver LAU JING HAO DILAN

NRIC No S9914668J
Date Of Birth 27/04/1999
Occupation INDOOR
Date Of Driving Pass 03/10/2017

Driving Experience 1 YEAR AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96440373

Fax Number Contact Number

EMail Address NOEMAIL

SIN Address Postcode 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 General Information of the Accident Type Of Accident SIDE SWIPE CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? **Circumstances of Accident** REFER Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

NO

TAXI

DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SHA2611Z Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Vehicle No SKETCH PLAN Annex 11 IMPORTANT NOTICE 1. Pease report correctly the details of the accident to speed up the claims process. 2. This Forei must be completed by the Policyholder and/or the Authorised Driver. 3. Information provided must be as truthitul and occurate as nossible. Any will discreptesentation or withholding of material facts may allow insurance compones to repudiate policy liability. 4. The issue and acceptation of this Form by insurance companies is not an admission of policy liability on the part of the insurance nomnanies 5. Any folse teporting may be referred to the Police for investigation. 6. The report will be fow arded 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 ladgement of this report to the insurers, you liereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid. A. 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 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) anothed in this accident (all issurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the historers' law yers/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ; (i) processing, handling end/or dealing with my claims excluding 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 the: (iv) administering my claims (including the making of correspondence, statements, involces, reports or notices to me, which could involve disclosure of cortain personal data about me to bring about delivery of the same as well as on the external cover of circelopes/mail packages); and/or (v) complying with applicable law in administering, processing, handing 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' law yers/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 law yers/low (irms), which may be siled outside of Singapore, for one or more of the above Purposes. Philopholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Dafe Witnessed by Reporting Centre Time Personnel Sketch Plan Please continues to Aussex 2

Vehicle No		Annes E
	die Accident	7.74
I was travely	glong CIE atowards AVE.	While driving in my
lane, vehicle	B com change lake and	hit onto my
relicle A. M	1 left portron of the us	chicle A are dauga
due to the	,	
one to rec	3300	
		
		ine particular production
		w w
You had been advised by the veent that you wish to claim aga	nst your own policy	
(OD claim), there is a Fourte	(14) days clause	
whereby the claim must be stipulated timeframe from the	lay of occurrence.	
Declaration		
We declare the foregoing particular	s are true in every respect.	
	1	(000
	an	XVV ·
folicyholder's Signature / Date &	Driver's Signature (It driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

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