



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 RT Appraisal Pte Ltd
8 Shenton Way
#27-01
Singapore 068811

Date : 2/8/2019

Attn: Motor Claims Department / Elgene Teng.

Your ref : SJT 2520 D

Our ref : SLM 1035 H

Dear Sir / Madam,

THIRD PARTY DIRECT SETTLEMENT

ACCIDENT INVOLVING SLM 1035 H AND SJT 2520 D ON 18/12/2018.

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

- (☒) We refer to your email dated 17/12/2018
- (☒) 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\$7,982.22** payable to **Kah Motor Co. Sdn. Bhd.**
 - Loss of Rental **S\$100.00 X 5 = \$500.00** payable to **Chew Wee Shyan**
- (☒) 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, Search Tax Invoice.

Thank you.

Yours faithfully,


Jack ng


LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SLM 10351-1 &
(THIRD PARTY'S VEHICLE NO.) S3T 2520D ON 18/12/18
ALONG FILTER LANE ON SLE (ITE) TOWARDS WOODLANDS AVE2

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 : Chew Wee Shyan

NRIC No : S8211394J

Vehicle No : SLM 10351H

Date : 7/1/19

TAX INVOICE

GST REG. NO.: 200106276D

INVOICE TO
CHEW WEE SHYAN BLK 334 SEMBAWANG CLOSE #06-433 SINGAPORE 750334

DATE	INVOICE NO.
11-Jan-2019	P 1532

DESCRIPTION	VHA NO.	DUE DATE	VEH. NO.
	P 1532	11-Jan-2019	SLE 9039 L
DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 07 JANUARY 2019 TO 12 JANUARY 2019 YOUR REF: SLM 1035 H	5	93.458	467.29
GST @ 7%			\$32.71
TOTAL			\$500.00

PAID
(11 JAN 2019)

*All cheques must be made payable to BKW Rent A Car Pte Ltd.
Please write the vehicle and invoice number on the reserve.*



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

Payment Term : 30 Days

Invoice No. : SINV-BM19000067
Invoice Date : 19/01/19
Order No. : SVO19001488
Reference :
Job Card No. : 07704
Date/Time Received : 02/01/19 / 6:34:04 PM
Licence No. : SLM1035H
Model : HRV DX-SIN CVT YM 2016
Car Chassis No. : JHMRU1810GX201949
Car Engine No. : L15B4531948
Mileage : 48769
Service Advisor : JACK NG 1838
Served By : JACKNG
Page : 1

No.	Description	Qty.	UoM	U. Price	Disc %	Amount	7% GST Amount	incl GST
	TP DIRECT SETTLEMENT (J/NO:)							
	OWNER:CHEW WEE SHYAN							
	OWNER INSURER:LIBERTY INSURANCE							
	ACC DATE:18/12/2018							
	SURVEYED BY:							
	DATE:							
	REF NO:							
	TP INSURER:AXA							
	TP VEH:SJT 2520 D							
04715-T7A-900ZZ	FACE,RR.BUMPER	1	Each	463.70	25	347.77	24.34	372.11
71593-T7A-J00	SPACER R,RR.BPR S	1	Each	16.90	25	12.67	0.89	13.56
71598-T7A-J00	SPACER,L,RR.BPR S	1	Each	16.90	25	12.67	0.89	13.56
91505-TM8-003	CLIP,BUMPER	8	Each	2.30	25	13.80	0.97	14.77
68100-T7A-J20ZZ	TAIL GATE COMP	1	Each	855.70	25	641.77	44.92	686.69
74440-T7A-003	WEATHERSTRIPTAILGATE	1	Each	98.70	25	74.02	5.18	79.20
75722-T7W-A01	EMBLEMRR.	1	Each	13.30	25	9.97	0.70	10.67
75725-T8N-T00	EMBLEM,RR. I-VTEC	1	Each	14.50	25	10.87	0.76	11.63
75701-T5A-000	EMBLEMH	1	Each	10.70	25	8.02	0.56	8.58
BOSUN	1718 SUNDRIES	1	Hours	50.00		50.00	3.50	53.50
BOJSE	1718 BODY JOINT SEALANT FOR TAILGATE	1	Hours	120.00		120.00	8.40	128.40
BML02I	1729 INSPECT RR LIGHTING MECHANISMS. PERFORM WATER TEST.(N)	1	Hours	280.00		280.00	19.60	299.60
BA02R	1729 REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	Hours	380.00		380.00	26.60	406.60
BOMISC1	1729 REMOVE & INSTALL REAR VIEW CAMERA (N)	1	Hours	450.00		450.00	31.50	481.50
BOMISC1	1729 RESET & CALIBRATE SMART ENTRY SYSTEM (N)	1	Hours	450.00		450.00	31.50	481.50
BODAMKIT	1438 WINDSCREEN DAM KIT.	1	Hours	150.00		150.00	10.50	160.50
BG02R	1438 REPLACE RR. WINDSCREEN.(N)	1	Hours	560.00		560.00	39.20	599.20
BMI03D	1438 REMOVE & INSTALL REAR COMPARTMENT LININGS GARNISHES.(N)	1	Hours	560.00		560.00	39.20	599.20
BKTG02R	1729 REMOVE & TRANSFER ITEMS TO NEW TAILGATE. (N) ALIGN TAILGATE.(N)	1	Hours	560.00		560.00	39.20	599.20
BKRP02M	1729 CUT OFF & RENEW RR PANEL. STRAIGHTEN ALIGN RR FLOOR PAN & 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	900.00		900.00	63.00	963.00

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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).

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.

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





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

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Served By : JACKNG
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No.	Description	Qty.	UoM	U. Price	Disc %	7% GST Amount incld		
						Amount	Amount	GST
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	8.50	25	6.37	0.45	6.82
73254-T7J-H01	RUBBER CL.WINDSHIELD DAMPER	1	Each	19.30	25	14.47	1.01	15.48
76711-T6A-003	CAPPIVOT	1	Each	4.80	25	3.60	0.25	3.85
91501-S70-003	FASTENER BW/SHIELD	4	Each	5.30	25	15.90	1.11	17.01
91502-S70-003	FASTENER B	2	Each	5.30	25	7.95	0.56	8.51
91536-SS0-J01	FASTENER AW/SHIELD	2	Each	3.80	25	5.70	0.40	6.10
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	Each	60.00		120.00	8.40	128.40

Sum Labor	6,140.00	429.80	6,569.80
Sum Item	1,320.02	92.40	1,412.42
Total SGD	7,460.02	522.20	7,982.22
Total Payable (SGD)			7,982.22

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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 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.

ACCIDENT STATEMENT

Date Of Report	19/12/2018 18:23
Date Of Accident	18/12/2018 17:25
Exact Location Of Accident	FILTER LANE ON SLE (CTE) TOWARDS WOODLAND AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1035H
Insured/Policyholder	
Name Of Registered Owner	CHEW WEE SHYAN
NRIC No	S8211394J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98238559
Alternative Phone No	OFFICE-98238559

Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5
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	CHEW WEE SHYAN
NRIC No	S8211394J
Date Of Birth	09/04/1982
Occupation	INDOOR
Date Of Driving Pass	08/07/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98238559
Fax Number	
Contact Number	OFFICE-98238559
Email Address	NOEMAIL

Address	BLK 334 SEMBAWANG CLOSE
Postcode	
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 (including own vehicle) 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?	NO
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 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

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 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.



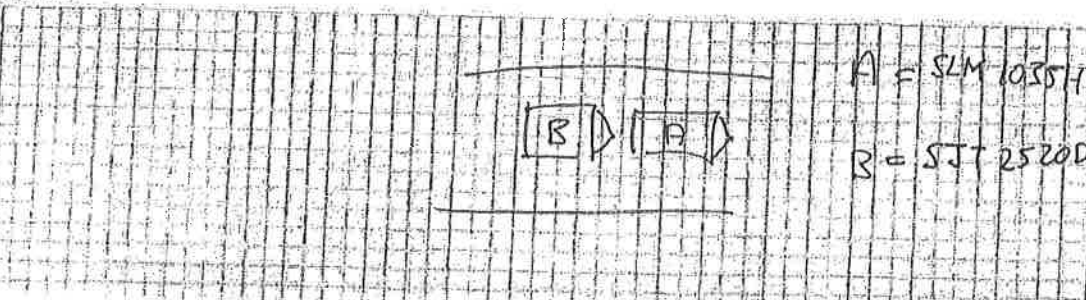
Policyholder's Signature / Date & Time

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

<p>Vehicle No <u>SLM1035H</u></p>	<p>Annex E</p>
<p>Describe Circumstances of the Accident</p>	
<p>I was driving on the fitting lane on SLE (CTE) towards Woodland Ave 2 when the car behind (SST2520D) crashed on to the rear of my car (SLM1035H).</p>	
<div style="border: 1px solid black; padding: 5px;"><p>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 <u>Fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p></div>	
<p>Declaration</p> <p>We declare the foregoing particulars are true in every respect.</p>	
	
<p>Policyholder's Signature / Date & Time</p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>
<p>Witnessed by Reporting Centre Personnel</p>	