



**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: India International Insurance Pte Ltd**  
**C/o LKK.**  
64 Cecil Street #04-00 & #05-00  
IOB Building  
Singapore 049711

Date : 1/30/2019

**Attn: Motor Claims Department**

**Your ref:** MCT18100673

**Our ref:** SLS 2925 B

Dear Sir,

**THIRD PARTY DIRECT SETTLEMENT**

**ACCIDENT INVOLVING SLS 2925 B AND SH 6144 L ON 20/10/2018**

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

- ( ✓ ) We refer to your email dated 23/10/2018
- ( ✓ ) 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	<b>S\$13,583.44 payable to Kah Motor Co. Sdn. Bhd.</b>
Loss of Use	<b>S\$ 60 x 10 working day + 1 Sunday days : S\$660.00</b>
	<b>payable to YEO PUAY BOON</b>
- ( ✓ ) 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.) SLS 2925B &  
(THIRD PARTY'S VEHICLE NO.) S46144L ON 20.10.18  
ALONG Queensway slip road to Commonwealth

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 3<sup>rd</sup> 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 : YEO PuAY Boon

NRIC No : S148168211

Vehicle No : SLS 2925 B

Date : 24.10.18.



# 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

INDIA INTERNATIONAL INSURANCE PTE LTD  
MOTOR CLAIMS DEPT  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE, 049711

Customer No. : WZ1007

Payment Term : 30 Days

Invoice No. : SINV-BM19000047  
Invoice Date : 17/01/19  
Order No. : SVO18063055  
Reference :  
Job Card No. : 07550  
Date/Time Received : 23/10/18 / 5:17:45 PM  
Licence No. : SLS2925B  
Model : CITY 1.5SV CVT 2018 (EURO  
Car Chassis No. : MRHGM6660JT000140  
Car Engine No. : L15Z15202940  
Mileage : 20110  
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:YEO PUAY BOON							
	OWNER INSURER:TOKIO MARINE							
	ACC DATE:20/10/2018							
	SURVEYED BY:							
	DATE:							
	REF NO:							
	TP INSURER: III							
	TP VEH:SH 6144 L							
71501-T9A-T20ZZ	FACE, RR. BUMPER	1	Each	463.70	25	347.77	24.34	372.11
71593-T9A-J00	SPACER R.RR.BUMPER SIDE	1	Each	11.50	25	8.62	0.60	9.22
71598-T9A-J00	SPACERL.RR.BUMPER SIDE	1	Each	11.50	25	8.62	0.60	9.22
71504-T9D-K00	GARNISH, R. RR. BUMPER SIDE	1	Each	42.70	25	32.02	2.24	34.26
91505-TM8-003	CLIP,BUMPER	4	Each	2.00	25	6.00	0.42	6.42
66100-T9A-T50ZZ	PANEL COMPRR.	1	Each	323.90	25	242.92	17.00	259.92
04636-T9A-T00ZZ	PANEL SETR.RR.OUTSIDE	1	Each	1,134.80	25	851.10	59.58	910.68
68500-T9A-T30ZZ	LID COMPTRUNK	1	Each	444.50	25	333.37	23.34	356.71
74865-T9A-T01	WEATHERSTRIPTRUNK LID	1	Each	71.60	25	53.70	3.76	57.46
75722-T9A-T10	EMBLEM, RR. CITY	1	Each	11.30	25	8.47	0.59	9.06
75701-T9C-000	EMBLEM H	1	Each	11.00	25	8.25	0.58	8.83
75725-T9A-T00	EMBLEMRR.I-VTEC	1	Each	11.90	25	8.92	0.62	9.54
BOSUN	0671 SUNDRIES	1	Hours	30.00		30.00	2.10	32.10
BOJSE	1610 BODY JOINT SEALANT TAILGATE	1	Hours	100.00		100.00	7.00	107.00
BOJSE	1610 BODY JOINT SEALANT RHS REAR FENDER	1	Hours	100.00		100.00	7.00	107.00
BOJSE	1610 BODY JOINT SEALANT END PANEL	1	Hours	100.00		100.00	7.00	107.00
BOJSE	1610 BODY JOINT SEALANT FLOOR PANEL	1	Hours	100.00		100.00	7.00	107.00
BML02I	1610 INSPECT RR LIGHTING MECHANISMS. PERFORM WATER TEST.(N)	1	Hours	180.00		180.00	12.60	192.60
BA02R	0671 REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	Hours	280.00		280.00	19.60	299.60
BODAMKIT	0671 WINDSCREEN DAM KIT.	1	Hours	120.00		120.00	8.40	128.40
BG02R	1757 REPLACE RR. WINDSCREEN.(N)	1	Hours	280.00		280.00	19.60	299.60
BOMISC1	1757 REMOVE & INSTALL REAR VIEW CAMERA(N)	1	Hours	380.00		380.00	26.60	406.60
BOMISC1	1757 RESET & CALLIBRATE SMART ENTRY SYSTEM(N)	1	Hours	380.00		380.00	26.60	406.60
BKTG02R	0671 REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST & ALIGN TAILGATE.(N)	1	Hours	560.00		560.00	39.20	599.20
BMI02D	1757 REMOVE & INSTALL SPEAKER BOARD RR SEATS TRUNK	1	Hours	560.00		560.00	39.20	599.20

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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

INDIA INTERNATIONAL INSURANCE PTE LTD  
MOTOR CLAIMS DEPT  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE, 049711

Customer No. : WZI007

Payment Term : 30 Days

Invoice No. : SINV-BM19000047  
Invoice Date : 17/01/19  
Order No. : SVO18063055  
Reference :  
Job Card No. : 07550  
Date/Time Received : 23/10/18 / 5:17:45 PM  
Licence No. : SLS2925B  
Model : CITY 1.5SV CVT 2018 (EURO  
Car Chassis No. : MRHGM6660JT000140  
Car Engine No. : L15Z15202940  
Mileage : 20110  
Service Advisor : JACK NG 1838  
Served By : JACKNG  
Page : 2

No.	Description	Qty.	UoM	U. Price	Disc %	7% GST Amount incld		
						Amount	Amount	GST
	LININGS GARNISHES & ETC.(N)							
BKFE22R	0671 CUT OFF & RENEW RR R FENDER.RENEW ALL DAMAGE PARTS	1	Hours	4,480.00		4,480.00	313.60	4,793.60
BP06R	1610 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P) SUPPLMENTRY PART	1	Hours	2,700.00		2,700.00	189.00	2,889.00
33500-T9A-T01	TAILLIGHT ASSYR.	1	Each	205.70	25	154.27	10.80	165.07
34150-T9A-T01	LIGHT ASSY,R.LID	1	Each	77.80	25	58.35	4.08	62.43
73127-TY0-000	RUBBER CWINDSHIELD DAMPER	3	Each	11.20	25	25.20	1.76	26.96
73227-T9A-T00	RUBBER CWINDSHIELD DAMPER	1	Each	17.30	25	12.97	0.91	13.88
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	Each	60.00		120.00	8.40	128.40
63320-T9A-T00ZZ	GUTTER COMPR.RR.	1	Each	72.50	25	54.37	3.81	58.18
91512-T9A-T01	CLIPLICENSE GARNISH	4	Each	3.30	25	9.90	0.69	10.59
Sum Labor						10,350.00	724.50	11,074.50
Sum Item						2,344.82	164.12	2,508.94
Total SGD						12,694.82	888.62	13,583.44
Total Payable (SGD)								13,583.44

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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.



## 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	20/10/2018 16:35
Date Of Accident	20/10/2018 14:45
Exact Location Of Accident	COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS2925B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO PUAY BOON
NRIC No	S1481682H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97821665
Alternative Phone No	OFFICE-97821665

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	YEO PUAY BOON
NRIC No	S1481682H
Date Of Birth	07/07/1961
Occupation	INDOOR
Date Of Driving Pass	31/07/1989
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97821665
Fax Number	
Contact Number	OFFICE-97821665
Email Address	NOEMAIL

Address	BLK 29 GHIM MOH LINK #23-318
Postcode	270029
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)	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 ATTACHEMENT

#### 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	SH6144L
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)	

Vehicle No. \_\_\_\_\_

# SKETCH PLAN

Annex D

## IMPORTANT NOTICE

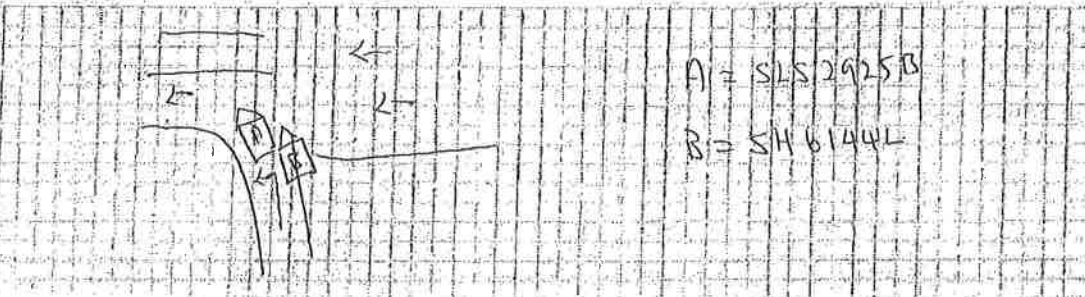
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

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

Vehicle No SLS 2925B

Annex F


Describe Circumstances of the Accident


While waiting for on coming cars to clear & Vehicle No SH1144L  
crash to right back side my vehicle no SLS 2925B. Location is at  
Queensway toward Commonwealth Ave


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.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel