



**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 : 1/31/2019

**Attn: Motor Claims Department**

**Your ref : SKE 3659 Z**

**Our ref : SLK 6006 U**

Dear Sir / Madam,

**THIRD PARTY DIRECT SETTLEMENT**

**ACCIDENT INVOLVING SLK 6006 U AND YOUR INSURED SKE 3659 Z ON 07/09/2018**

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

- ( ☒ ) We refer to your email dated 03/12/2018.
- ( ☒ ) 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\$6,997.95 payable to Kah Motor Co. Sdn. Bhd.**
  - Loss of Use                        **S\$100.00 x 6 days: \$600.00 payable to**  
**LIM HSU AN**
  - GIA Search Fee                  **S\$2.00 payable to Kah Motor Co. Sdn. Bhd.**
- ( ☒ ) 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.) SLK 6006L &  
(THIRD PARTY'S VEHICLE NO.) SKG 36592 ON 28/01/18  
ALONG Jalan Toa Payoh

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 : Lim Hsu AN

NRIC No : 57640753 C

Vehicle No : SLK 6006 U

Date : 07/12/2018



# 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-LK18016393  
Invoice Date : 11/12/18  
Order No. : SVO18070871  
Reference :  
Job Card No. : 07619  
Date/Time Received : 29/10/18 / 7:42:33 PM  
Licence No. : SLK6006U  
Model : ODYSSEY 2.4 EX-S 16YM  
Car Chassis No. : JHMRC1880GC206736  
Car Engine No. : K24W72012860  
Mileage : 32244  
Service Advisor : JACK NG 1838  
Served By : JACKNG  
Page : 1

No.	Description	Qty.	UoM	U. Price	Disc %	Amount	7% GST Amount	inclcd GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER:LIM HSE AN OWNER INSURER:LIBERTY INSURANCE ACC DATE:28/10/2018 SURVEYED BY: DATE: REF NO: TP INSURER:AXA INSURANCE TP VEH:SKE 3659 Z							
71593-T6A-003	SPACERR.RR.BUMPER SIDE	1	Each	19.10	25	14.32	1.00	15.32
71598-T6A-003	SPACERL.RR.BUMPER SIDE	1	Each	19.10	25	14.32	1.00	15.32
91505-TM8-003	CLIP,BUMPER	9	Each	2.30	25	15.52	1.09	16.61
68100-T6A-Q10ZZ	TAILGATE COMP	1	Each	1,070.80	25	803.10	56.22	859.32
BOSUN	1610 SUNDRIES	1	Hours	30.00		30.00	2.10	32.10
BOJSE	1610 BODY JOINT SEALANT FOR TAILGATE	1	Hours	100.00		100.00	7.00	107.00
BML02I	0671 INSPECT RR LIGHTING MECHANISMS. PERFORM WATER TEST.(N)	1	Hours	280.00		280.00	19.60	299.60
BA02R	0671 REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	Hours	380.00		380.00	26.60	406.60
BOMISC1	0671 REMOVE & INSTALL REAR VIEW CAMERA(N)	1	Hours	380.00		380.00	26.60	406.60
BOMISC1	0671 RESET & CALLBRATE SMART ENTRY SYSTEM(N)	1	Hours	450.00		450.00	31.50	481.50
BMI03D	1757 REMOVE & INSTALL REAR COMPARTMENT LININGS GARNISHES.(N)	1	Hours	560.00		560.00	39.20	599.20
BODAMKIT	1757 WINDSCREEN DAM KIT.	1	Hours	150.00		150.00	10.50	160.50
BG02R	1757 REPLACE RR. WINDSCREEN.(N)	1	Hours	560.00		560.00	39.20	599.20
BKRPO2M	0671 CUT OFF & RENEW RR PANEL. RENEW ALL DAMAGE PARTS. ALIGN RR FLOOR PAN & RENEW DAMAGE PARTS.	1	Hours	1,680.00		1,680.00	117.60	1,797.60
BP06R	1610 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P) ADDITIONAL PART	1	Hours	900.00		900.00	63.00	963.00
73214-T6A-003	MOLDINGRR.WINDSHIELD SIDE	2	Each	18.00	25	27.00	1.89	28.89
73215-T6A-003	MOLDINGR.RR.WINDSHIELD CORNER	1	Each	16.90	25	12.67	0.89	13.56
73216-T6A-003	MOLDINGL.RR.WINDSHIELD CORNER	1	Each	16.90	25	12.67	0.89	13.56
73221-SR4-000	SPACERRR.W/SHIELD	4	Each	3.90	25	11.70	0.82	12.52
73225-TM8-000	RUBBER AWINDSHIELD DAM	1	Each	3.70	25	2.77	0.19	2.96
73226-SZW-000	DAMPERSTD 5X5	2	Each	8.50	25	12.75	0.89	13.64

Printed by JACKNG on 11 Dec 2018 at 7:06:42 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.



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.



# 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-LK18016393  
Invoice Date : 11/12/18  
Order No. : SVO18070871  
Reference :  
Job Card No. : 07619  
Date/Time Received : 29/10/18 / 7:42:33 PM  
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Model : ODYSSEY 2.4 EX-S 16YM  
Car Chassis No. : JHMRC1880GC206736  
Car Engine No. : K24W72012860  
Mileage : 32244  
Service Advisor : JACK NG 1838  
Served By : JACKNG  
Page : 2

No.	Description	Qty.	UoM	U. Price	Disc %	7% GST Amount Includ	
						Amount	GST
76711-T6A-003	CAPPIVOT	1	Each	4.80	25	3.60	0.25
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	Each	60.00		120.00	8.40
75701-T6A-000	EMBLEMH	1	Each	26.30	25	19.72	1.38
Sum Labor						5,470.00	382.90
Sum Item						1,070.14	74.91
Total SGD						6,540.14	457.81
Total Payable (SGD)							6,997.95

Printed by JACKNG on 11 Dec 2018 at 7:06:42 PM

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



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-167105  
Date of Request: 29/10/2018

Your Ref No: Online Purchase

Kah Motor Co Sdn Bhd  
15 Ubi Road 4  
Singapore 408610

Dear Sir/Madam,

Enquiry Date 29/10/2018  
Enquiry By WINSON CHOW YUEN CHEE  
TP Vehicle No. SKE3659Z  
Accident Date 28/10/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-167105  
Date of Request: 29/10/2018

Your Ref No: Online Purchase

Kah Motor Co Sdn Bhd  
15 Ubi Road 4  
Singapore 408610

Dear Sir/Madam,

Enquiry Date 29/10/2018  
Enquiry By WINSON CHOW YUEN CHEE  
TP Vehicle No. SKE3659Z  
Accident Date 28/10/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKE3659Z	AXA Insurance Pte Ltd	25/12/2017-24/12/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

## 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	29/10/2018 11:29
Date Of Accident	28/10/2018 10:05
Exact Location Of Accident	JALAN TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6006L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HSU AN
NRIC No	S7640753C
Email Address	ANNLIM19@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90221690
Alternative Phone No	OTHERS-90221690

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
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	SD17V01562/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	ONG BOON CHENG
NRIC No	S7346937F
Date Of Birth	21/12/1973
Occupation	INDOOR
Date Of Driving Pass	12/08/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98193399
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	42 SHELFORD ROAD #05-07
Postcode	288435
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 attach Sketch Plan

#### 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	SKE3659Z
Vehicle Make/Model/Colour	LEXUS/SUV/GREY
Details Of Properties	FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEN ZHI ROGER
NRIC/Passport Number	
Contact Number	90239461
Address	68 HILLSIDE DRIVE #02-10
Postcode	549018
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No. SLK 6006 L

SKETCH PLAN

ANNEX D

IMPORTANT NOTICE

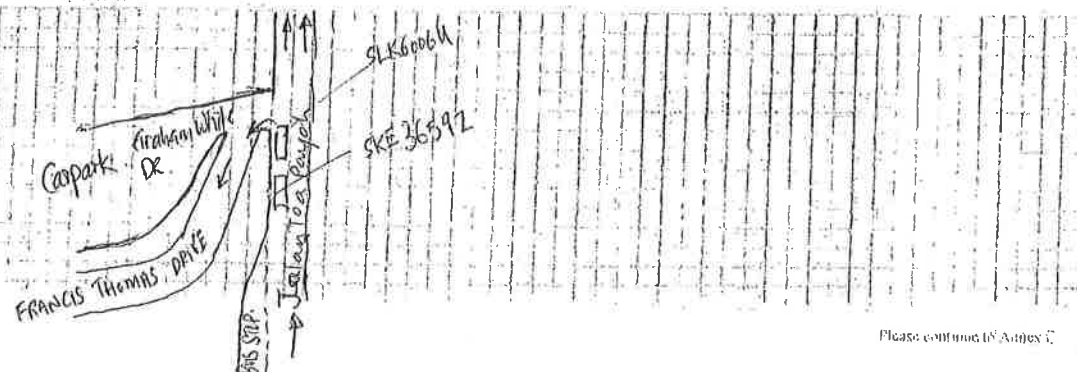
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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



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

Annex E

## Describe Circumstances of the Accident

I was driving down Jln Toa Payoh on a slow, leisurely Sunday morning. I signalled and slowed down as I was to turn left and slowed down as I was approaching my church, Diocese of Singapore on the left. As I

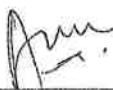
There was a car in front of me and I slowed down further. Signal for left turn was on.


Then I heard a loud bang. My children and I in the car were shocked and jolted.

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