



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

Date : 4/15/2019

L K K

8 Shenton Way

#27-01

Singapore 068811

Attn: Motor Claims Department

Your ref : SLA 8607 A

Our ref : SLC 8986 U

Dear Sir / Madam,

THIRD PARTY DIRECT SETTLEMENT

ACCIDENT INVOLVING SLC 8986 U AND SLA 8607 A ON 07/02/2019

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

- (✓) We refer to your email dated 13/03/2019.
- (✓) 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\$8,555.14 payable to Kah Motor Co. Sdn. Bhd.
Loss of Use	S\$100.00 x 5 Working days = \$500.00
	payable to Goh Cher Hay
- (✓) 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.) SLC 89864 &
(THIRD PARTY'S VEHICLE NO.) SLA 86075 ON 07/02/19
ALONG Clementi Ave 6 Junction.

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 : ROHMAN GOY C.L

NRIC No : S72764135

Vehicle No : SLC 89864

Date : 19/2/19



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-BM19000388
Invoice Date : 18/03/19
Order No. : SVO19009563
Reference :
Job Card No. : 07807
Date/Time Received : 12/02/19 / 1:32:14 PM
Licence No. : SLC8986U
Model : ODYSSEY2.4 EXV-S 16YM
Car Chassis No. : JHMRC1890GC203093
Car Engine No. : K24W72011402
Mileage : 59986
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:GOH CHER CHAY OWNER INSURER:AVIVA LTD ACC DATE:07/02/2019 SURVEYED BY: DATE: REF NO: TP INSURER:AXA INSURANCE TP VEH:SLA 8607 A							
04715-T6A-900ZZ	FACERR.BUMPER	1	Each	568.30	25	426.22	29.84	456.06
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	8	Each	2.30	25	13.80	0.97	14.77
68100-T6A-Q10ZZ	TAILGATE COMP	1	Each	1,070.80	25	803.10	56.22	859.32
74440-T6A-003	WEATHERSTRIPTAILGATE	1	Each	117.40	25	88.05	6.16	94.21
75701-T6A-000	EMBLEMH	1	Each	26.30	25	19.72	1.38	21.10
BOSUN	1610 SUNDRIES	1	Hours	30.00		30.00	2.10	32.10
BOJSE	1610 BODY JOINT SEALANT FOR TAILGATE	1	Hours	120.00		120.00	8.40	128.40
BML02I	1610 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 & RE-INSTALL REAR VIEW CAMERA. (N)	1	Hours	450.00		450.00	31.50	481.50
BOMISC1	0671 RESET & CALIBRATE SMART ENTRY SYSTEM (N)	1	Hours	450.00		450.00	31.50	481.50
BODAMKIT	0671 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
BKTG02R	0671 REMOVE & TRANSFER ITEMS TO NEW TAILGATE. (N) ALIGN TAILGATE.(N)	1	Hours	560.00		560.00	39.20	599.20
BMI03D	1757 REMOVE & INSTALL REAR COMPARTMENT LININGS GARNISHES.(N)	1	Hours	280.00		280.00	19.60	299.60
BKRP02M	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) SUPPLEMENTARY PART	1	Hours	1,350.00		1,350.00	94.50	1,444.50

Printed by JACKNG on 18 Mar 2019 at 6:53:15 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).

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

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MOTOR CLAIMS DEPT

8 SHENTON WAY

#27-01 AXA TOWER

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Service Advisor : JACK NG 1838
Served By : JACKNG
Page : 2

No.	Description	Qty.	UoM	U. Price	Disc %	7% GST Amount incld		
						Amount	Amount	GST
73214-T6A-003	MOLDINGRR.WINDSHIELD SIDE	2	Each	18.00	25	27.00	1.89	28.89
73215-T6A-003	MOLDINGRR.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
76711-T6A-003	CAPPVOT	1	Each	4.80	25	3.60	0.25	3.85
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	Each	60.00		120.00	8.40	128.40
74940-TR0-003	BUZZER ASSYSMART	1	Each	60.10	25	45.07	3.15	48.22
84640-T6A-003ZA	LINING ASSYRR.PANEL	1	Each	103.60	25	77.70	5.44	83.14
Sum Labor						6,290.00	440.30	6,730.30
Sum Item						1,705.46	119.38	1,824.84
Total SGD						7,995.46	559.68	8,555.14
Total Payable (SGD)								8,555.14

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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	07/02/2019 11:22
Date Of Accident	07/02/2019 07:05
Exact Location Of Accident	CLEMENTI AVE 6 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8986U
Insured/Policyholder	
Name Of Registered Owner	GOH CHER CHAY
NRIC No	S7272716I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82009118
Alternative Phone No	OFFICE-82009118

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	

Driver

Name of Driver	GOH CHER CHAY
NRIC No	S7272716I
Date Of Birth	14/08/1972
Occupation	INDOOR
Date Of Driving Pass	02/05/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82009118
Fax Number	
Contact Number	OFFICE-82009118
Email Address	NOEMAIL

Address	153 WESTWOOD AVE
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : GOH JING YING ANTHEA GENDER: : FEMALE
Passenger 2	NAME: : LEONG CHONG LEONG GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA8607A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Vehicle No _____

SKETCH PLAN

Annex D

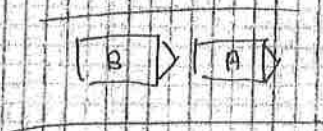
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1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance 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.
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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

A = SLN 89864

B = SLN 8667A

Please continue to Annex E

Vehicle No SL8986U

Annex E

Describe Circumstances of the Accident

While filtering out of Clement Ave 6 at 0705 am on 07-02-2019,

While stopping at the Clement Ave 6 junction at 0705 am on 07-02-2019, the
car SLA 8607A hit my car from behind. There was no injuries involved.

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