



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 : 7/6/2019

8 Shenton Way
#27-01
Singapore 068811

Attn: Motor Claims Department

Your ref : SBN2882K

Our ref : FBE9869B

Dear All,

THIRD PARTY DIRECT SETTLEMENT


ACCIDENT INVOLVING SBN2882K AND FBE9869B ON 28/03/2019.

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

- (✓) We refer to your email dated 09/04/2019
- (✓) 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\$3,774.56 payable to Kah Motor Co. Sdn. Bhd.**
 - Loss of RENTAL
 - Loss of Use **S\$100.00 X 05days=S\$500.00 payable to LIM JIT SENG**
 - LTA Search
- (✓) 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

Thank you.

Yours faithfully,



Ng Sin Hai

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SBN2882K &
(THIRD PARTY'S VEHICLE NO.) FBE9869B ON 28/3/19
ALONG Ghim Moh Road

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 : Lim Jit Seng

NRIC No : 80146827H

Vehicle No : SBN2882K

Date : 26/4/19

**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. :

Service Tax Invoice

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-BM19000798
Invoice Date	:	30/05/19
Order No.	:	SVO19023199
Reference	:	
Job Card No.	:	10502
Date/Time Received	:	28/03/19 / 3:20:12 PM
Licence No.	:	SBN2882K
Model	:	S2000 2.0 MANUAL
Car Chassis No.	:	JHMAP1130YT006204
Car Engine No.	:	F20C11201082
Mileage	:	84680
Service Advisor	:	NG SIN HAI 1596
Served By	:	SHNG
Page	:	1

No.	Description	Qty.	UoM	U. Price	Disc %	Amount	7% GST Amount	inclcd GST
	TP DIRECT SETTLEMENT (J/NO:)							
	OWNER:LIM JIT SENG							
	OWNER INSURER:AXA							
	ACC DATE:28/03/2019							
	SURVEYED BY:STEVE							
	DATE:11/04/2019							
	REF NO:							
	TP INSURER:AXA							
	TP VEH:FBE9869B							
BOSUN	0701 SUNDRIES	1	Hours	30.00		30.00	2.10	32.10
BML02I	0701 INSPECT RR LIGHTING MECHANISMS. PERFORM WATER TEST.(N)	1	Hours	180.00		180.00	12.60	192.60
BA02R	0701 REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	Hours	180.00		180.00	12.60	192.60
BKBU02R	1466 REMOVE & RENEW RR BUMPER INCLUDING FITTINGS ON ATTACHMENT ITEMS	1	Hours	1,120.00		1,120.00	78.40	1,198.40
BP02R	1718 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS.(2P)	1	Hours	900.00		900.00	63.00	963.00
71501-S2A-Q00ZZ	FACEREAR BUMPER	1	Each	946.50	25	709.87	49.69	759.56
71581-S2A-003	SPACERR RR BUMPER	1	Each	17.60	25	13.20	0.92	14.12
71586-S2A-003	SPACERL RR BUMPER	1	Each	17.60	25	13.20	0.92	14.12
91503-SZ3-003	CLIP,ABUMPER	5	Each	3.90	25	14.62	1.02	15.64
33551-S2A-G01	LAMP UNIT L TAIL	1	Each	489.00	25	366.75	25.67	392.42
Sum Labor						2,410.00	168.70	2,578.70
Sum Item						1,117.64	78.22	1,195.86
Total SGD						3,527.64	246.92	3,774.56
Total Payable (SGD)								3,774.56

Printed by SHNG on 30 May 2019 at 1:00:13 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.



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	28/03/2019 18:45
Date Of Accident	28/03/2019 13:50
Exact Location Of Accident	GHIM MOH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN2882K
Insured/Policyholder	
Name Of Registered Owner	LIM JIT SENG
NRIC No	S0146827H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96832388
Alternative Phone No	OFFICE-96832388

Vehicle Particulars

Manufacturer	HONDA
Model	S2000-
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	G
Cover Note Number	

Driver

Name of Driver	LIM JIT SENG
NRIC No	S0146827H
Date Of Birth	04/09/1950
Occupation	INDOOR
Date Of Driving Pass	02/04/1968
Driving Experience	50 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96832388
Fax Number	
Contact Number	OFFICE-96832388
EMail Address	NOEMAIL

Address	S
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)	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

Attachment(s)

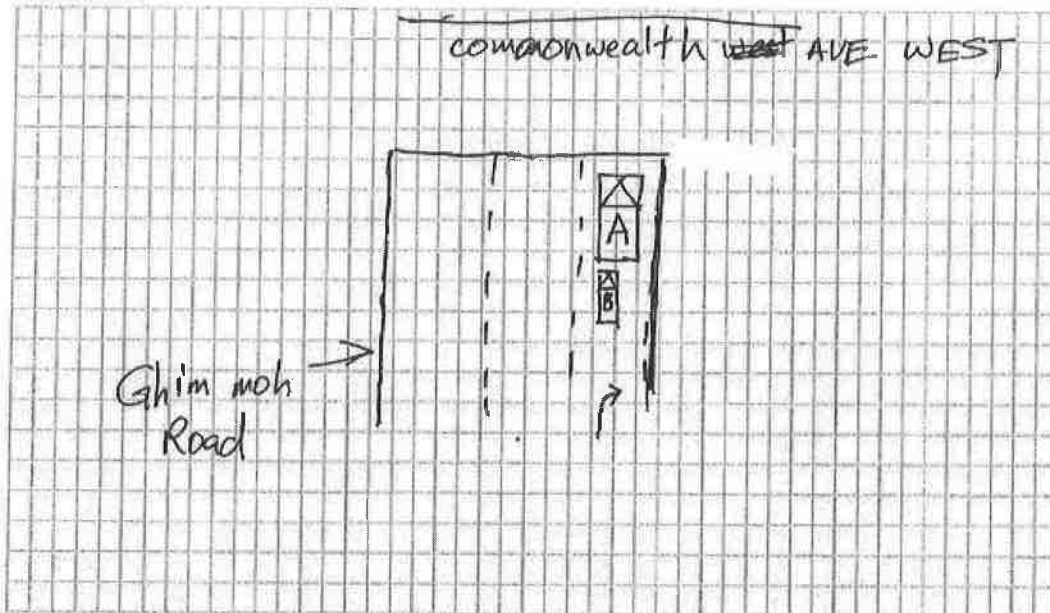
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE9869B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle Number: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Glim Meh Road. The traffic light turn amber and I slow down and stop. Vehicle B didn't stop in time and hit onto the rear of my vehicle A. The ^{rider of vehicle B} ~~motorist~~ was not injured at the point of accident.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: