

Date : 29th April 2019

To : Indig International Insurance

Fax No : _____

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SDQ 29017 and SH 6354Y on 26/4/19.

I am the owner of vehicle no. SDQ 29017. My vehicle was damaged in the above accident by your insured vehicle no. SH 6354Y.

My vehicle is presently at :

Kah Motor Co Sdn Bhd
15 Ubi Road 4 (S) 408610 (/)
6A Mandai Estate (S) 729903 ()

Kindly arrange for your surveyor to inspect my vehicle at the above premises within 2 days from the date hereof, failing which, I shall instruct my repairer to proceed with the repairs and all invoices will be forwarded to you for settlement.

Enclosed are the repairs estimate and relevant supporting documents for your easy perusal.

I shall be grateful if you could kindly settle the cost of repair directly with the repairer Kah Motor Co Sdn Bhd.

I look forward to receiving your confirmation of settlement.

Thank You.

Yours Faithfully,



(Signature of vehicle owner)

Name : ZUBIR ABDULLAH

NRIC No : S 14725272



KAH MOTOR CO. SDN. BHD.
(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

QUOTATION

GST Reg No.: M200050223
Company Ref. No.: S60FC1380G

| | | | | | |
|-------------------------|--|---------------------|---------------------------|---------------------------|----------------|
| Customer | : INDIA INTERNATIONAL INSURANCE PTE 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711 | Document No. | : SQT19001879 | Page | 1 |
| Registration No | : SDD2901T | Date | : 29. Apr 2019 | Customer No. | : WZI007 |
| Chassis No | : JHMRC1880GC206102 | Svc Advisor | : RUEBEN THOMAS | Engine No | : K24W72012746 |
| Model | : ODYSSEY 2.4 EX-S 16YM | Date Time | : 29. Apr 2019 8:28:17 AM | Surveyor Name | : |
| Owner's Name | : ZUBIR BIN ABDULLAH | Survey Date | : | Authorisation Date | : |
| Ins Policy No. | : | | | | |
| Date of Accident | : 26/4/2019 | | | | |

| Item | Description | Qty | Unit Price | Disc % | Amount | 0% GST Amount | Amount incld GST | |
|-------------------|--|-----|------------|--------|-------------------------|----------------|------------------|-----------------|
| | TP DIRECT SETTLEMENT (J/NO:) OWNER: ZUBIR BIN ABDULLAH OWNER INSURER: LIBERTY INSURANCE ACC DATE: 26/04/2019 SURVEYED BY: DATE: REF NO: TP INSURER: INDIA INTL. INSURANCE TP VEH: SH6354Y | | | | | | | |
| 67010-T6A-000ZZ | PANEL COMPR.FR.DOOR | 1 | 895.20 | 25 | 671.40 | 47.00 | 718.40 | |
| 67324-T6A-305ZA | TAPE SETR.FR.DOOR SASH INNER | 1 | 38.40 | 25 | 28.80 | 2.02 | 30.82 | |
| 67325-T6A-003 | TAPER.FR.DOOR SASH UPPER | 1 | 37.30 | 25 | 27.97 | 1.96 | 29.93 | |
| 67510-T6A-000ZZ | PANEL COMPR.SLIDE DOOR | 1 | 1000.50 | 25 | 750.37 | 52.53 | 802.90 | |
| 67821-T6A-305ZA | TAPE SETR.RR.DOOR SASH INNER | 1 | 57.10 | 25 | 42.82 | 3.00 | 45.82 | |
| 75312-T6A-J01ZD | GARNISH ASSYR.FR.DOOR LOWER | 1 | 318.10 | 25 | 238.57 | 16.70 | 255.27 | |
| 75313-T6A-J01ZL | GARN ASSY,R.SLIDE | 1 | 307.60 | 25 | 230.70 | 16.15 | 246.85 | |
| 74410-T6A-J01ZH | GARNISH ASSYR.WHEEL ARCH | 1 | 36.00 | 25 | 27.00 | 1.89 | 28.89 | |
| 60210-T6A-300ZZ | FENDER COMPR.FR. | 1 | 548.60 | 25 | 411.45 | 28.80 | 440.25 | |
| 42700-T6A-Q81 | DISKALUMINIUM WHEEL 17X7J | 2 | 915.00 | 25 | 1372.50 | 96.08 | 1468.58 | |
| | | | | | Sum Item | 3801.58 | 266.13 | 4,067.71 |
| BO-WHEEL ALIGN X4 | WHEEL ALIGNMENT X4 | 1 | 180.00 | | 180.00 | 12.60 | 192.60 | |
| | | | | | Sum Ext. Service | 180.00 | 12.60 | 192.60 |
| BOSUN | SUNDRIES | 1 | 50.00 | | 50.00 | 3.50 | 53.50 | |
| BKDR12R | REMOVE & TRANSFER ITEMS TO NEW FR R DR. ADJUST | 1 | 380.00 | | 380.00 | 26.60 | 406.60 | |
| BKDR32R | REMOVE & TRANSFER ITEMS TO NEW RR R SLIDING DR. | 1 | 560.00 | | 560.00 | 39.20 | 599.20 | |

Printed on 29/4/2019 9:21:15 AM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s).

An amount of \$53.50 (incl GST) will be applicable for the request of the above quotation for estimates above \$2,000.00.

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.



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| Date of Accident | : 26/4/2019 | | | | |

| Item | Description | Qty | Unit Price | Disc % | Amount | 0% GST Amount | Amount incld GST |
|------------------|--|-----|------------|--------|----------------|---------------|------------------|
| BKFE12R | REMOVE & RENEW FR R FENDER. STRAIGHTEN ALIGN R.RR | 1 | 560.00 | | 560.00 | 39.20 | 599.20 |
| BC012R | RESET VEHICLE SMART ENTRY SYSTEM | 1 | 320.00 | | 320.00 | 22.40 | 342.40 |
| BP06R | SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P) | 1 | 2900.00 | | 2900.00 | 203.00 | 3103.00 |
| Sum Labor | | | | | 4770.00 | 333.90 | 5,103.90 |

| | | | | | | | |
|-------------|-------|--|--|---------------------------------|----------|--------|-----------------|
| Survey By | _____ | | | | | | |
| Date & Time | _____ | | | Total Amount | 8,751.58 | 612.63 | 9,364.21 |
| Excess | _____ | | | Total (Inclusive of GST) | | | 9,364.21 |
| Status | _____ | | | | | | |
| Signature | _____ | | | | | | |

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LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SDD 29017

& (THIRD PARTY'S VEHICLE NO.) SH 6354 Y

ON 25/4/2019 ALONG Junction of Upper Changi Rd & Mariam Way.

- I hereby authorize Kah Motor Co Sdn Bhd and its agents or any person authorized by Kah Motor to do all or any of the following.
- To submit, resolve and make any claims(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 it's Co. registered vehicle)

Name : ZUBIR BIN ABD ULLAH

NRIC No : S1472527 Z

Vehicle No : SDD 29017

Date : 27/4/2019

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 | 27/04/2019 12:50 |
| Date Of Accident | 26/04/2019 20:20 |
| Exact Location Of Accident | JUNCTION OF UPPER CHANGI ROAD AND MARIAM WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDD2901T |
| Insured/Policyholder | |
| Name Of Registered Owner | ZUBIR BIN ABDULLAH |
| NRIC No | S1472527Z |
| Email Address | ZUBFAEEZ@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97941550 |
| Alternative Phone No | OFFICE-97941550 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | HONDA |
| Model | ODYSSEY-2.4 EXV-S (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | SD18V07928/VPC/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | FAEEZAH BTE MOHD KHAITHIR |
| NRIC No | S1712914G |
| Date Of Birth | 17/06/1965 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/11/1993 |
| Driving Experience | 25 YEARS AND 5 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96919786 |
| Fax Number | |
| Contact Number | |
| EEmail Address | ZUBFAEEZ@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 209, PASIR RIS ST B21 #07-336 |
| Postcode | 510209 |
| 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 | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | NAME: : ZUBIR BIN ABDULLAH 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 ATTACHED STATEMENT

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 | SH6354Y |
| Vehicle Make/Model/Colour | HYUNDAI SONATA COMFORT TAXI |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | SIEW HUI HOCK |
| NRIC/Passport Number | S7913545C |
| Contact Number | 90211568 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

File Number: SD029017

SKETCH PLAN

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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

27/12/19 12:00 noon



Driver's Signature
(If driver is not the policyholder)

Date & Time: 27/12/19 12:00 p.m.



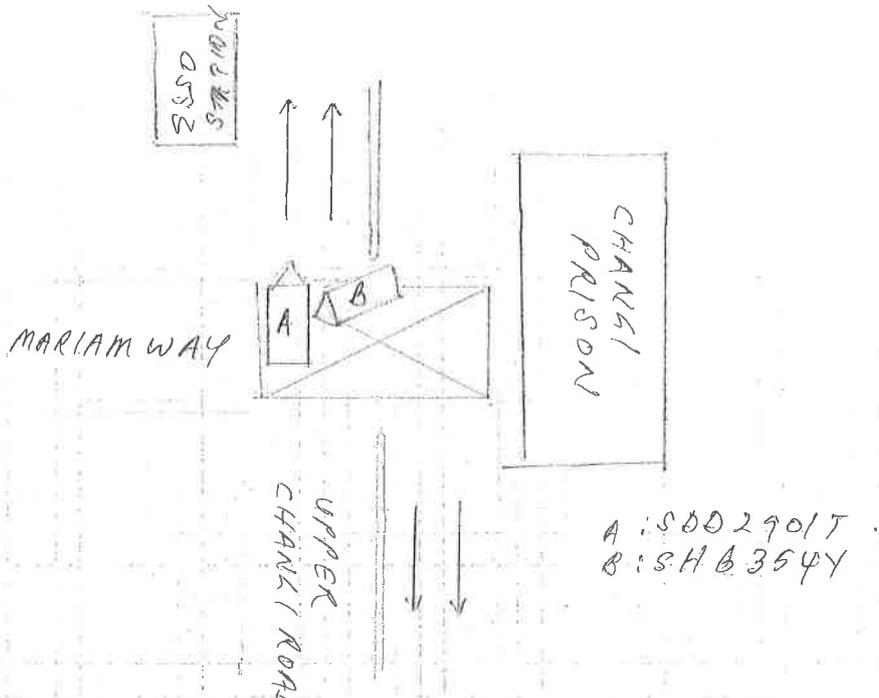
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Vehicle Number: SDD 29017

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were driving along Upper Changi Road towards the ESSO station. At the junction with Mariam Way, we slowed to allow the car in front to turn left into Mariam Way. At the traffic light, we still green, we moved forward to road towards the ESSO station. Just as we passed Mariam Way, we were shocked by a loud bang as something hit us on the right side. We pulled over and got out. The taxi that hit us pulled up behind us. The taxi driver was making a U-turn at the junction and did not wait for the green arrow for turning or to verify that no car was moving forward after the car in front of us had turned.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time:

27/4/19 12:00 pm

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/4/19

12:00 p.m.

[Signature]

Reporting Centre Personnel's Signature

Name: MD. FARUQ

NRIC/FIN No.: S1961977B