



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: Lonpac Insurance Bhd
100 Beach Road #19-00
Shaw Towers
Singapore 189702

Date : 3/7/2019

Attn: Motor Claims Department

Your ref : 18/19/19/VC05/021766

Our ref : SFW 5385 P

Dear Sir / Madam,

THIRD PARTY DIRECT SETTLEMENT

ACCIDENT INVOLVING SFW 5385 P AND GBD 2371 X ON 06/05/2019.

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

- (✓) We refer to your fax dated 17/05/2019.
- (✓) 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\$5,402.67 payable to Kah Motor Co. Sdn. Bhd.**
 - Loss of Use **\$S\$60.00 X 5 day = \$S\$300.00**
payable to Lim Tay Song Hai

- (✓) 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, Rental Bill, Third Party Search Invoice

Thank you.

Yours faithfully,



Jack Ng

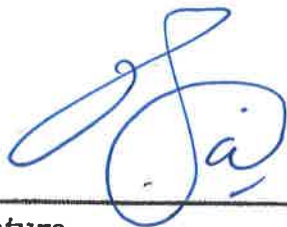
LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SFW 5385P &
(THIRD PARTY'S VEHICLE NO.) GRD 2371X ON 06/05/19
ALONG Towards Lorrie 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 Tay Song Hai

NRIC No : S1724087 J

Vehicle No : SFW 5385P

Date : 25/05/19



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

LONPAC INSURANCE BHD

MOTOR CLAIMS DEPT

100 BEACH ROAD

#19-00 SHAW TOWERS

SINGAPORE, 189702

Customer No. : WZL009

Payment Term : 30 Days

Invoice No.	:	SINV-BM19001010
Invoice Date	:	21/06/19
Order No.	:	SVO19032133
Reference	:	
Job Card No.	:	10629
Date/Time Received	:	22/05/19 / 10:58:45 AM
Licence No.	:	SFW5385P
Model	:	HRV LX-SIN CVT YM 2018
Car Chassis No.	:	JHMRU1830JX201083
Car Engine No.	:	L15B5671086
Mileage	:	1592
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:LIM TAY SONG HAI							
	OWNER INSURER:TOKIO MARINE							
	ACC DATE:06/05/2019							
	SURVEYED BY:							
	DATE:							
	REF NO:							
	TP INSURER:LONPAC							
	TP VEH:GBD 2371 X							
BOSUN	1466 SUNDRIES	1	Hours	50.00		50.00	3.50	53.50
BML01I	1466 INSPECT FR LIGHTING MECHANISMS & FOCUS HEADLIGHTS.(N)	1	Hours	280.00		280.00	19.60	299.60
BKBU01R	1466 REMOVE & RENEW FR BUMPE. RENEW ALL DAMAGE PARTS ATTACHMENT ITEMS.	1	Hours	1,680.00		1,680.00	117.60	1,797.60
BP05R	1718 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS.(5P)	1	Hours	1,500.00		1,500.00	105.00	1,605.00
04711-T7A-J00ZZ	FACE,FR.BUMPER	1	Each	475.60	25	356.70	24.97	381.67
71193-T7A-J00	SPACER,R.FR.BUMPER SIDE	1	Each	11.00	25	8.25	0.58	8.83
71198-T7A-J00	SPACER,L.FR.BUMPER SIDE	1	Each	11.00	25	8.25	0.58	8.83
91505-TM8-003	CLIP,BUMPER	22	Each	2.30	25	37.95	2.66	40.61
60260-T7A-G00ZZ	PANEL COMPL.FR.FENDER	1	Each	394.90	25	296.17	20.73	316.90
74157-T7A-J01ZQ	PROTECTORL.FR.WHEEL ARCH	1	Each	147.60	25	110.70	7.75	118.45
42700-T7A-J93	DISK,ALUMINIUM WHEEL	1	Each	721.60	25	541.20	37.88	579.08
BO-WHEEL ALIGN X4	WHEEL ALIGNMENT X4	1	Labor	180.00		180.00	12.60	192.60
Sum Labor						3,510.00	245.70	3,755.70
Sum Item						1,359.22	95.15	1,454.37
Sum External Services						180.00	12.60	192.60
Total SGD						5,049.22	353.45	5,402.67
Total Payable (SGD)								5,402.67

Printed by JACKNG on 21 Jun 2019 at 11:58:23 AM

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	06/05/2019 20:38
Date Of Accident	06/05/2019 14:10
Exact Location Of Accident	TOWARDS LORNIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW5385P
Insured/Policyholder	
Name Of Registered Owner	LIM TAY SONG HAI
NRIC No	S1724087J
Email Address	LIMTSH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98287693
Alternative Phone No	OFFICE-98287693

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LIM TAY SONG HAI
NRIC No	S1724087J
Date Of Birth	31/03/1963
Occupation	INDOOR
Date Of Driving Pass	24/10/1995
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98287693
Fax Number	
Contact Number	OFFICE-98287693
Email Address	LIMTSH@YAHOO.COM

Address 163 YUNG PING ROAD

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 - CHANGE/CROSS LANE

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: : LIM SIONG MOI

GENDER: : FEMALE

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? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD2371X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

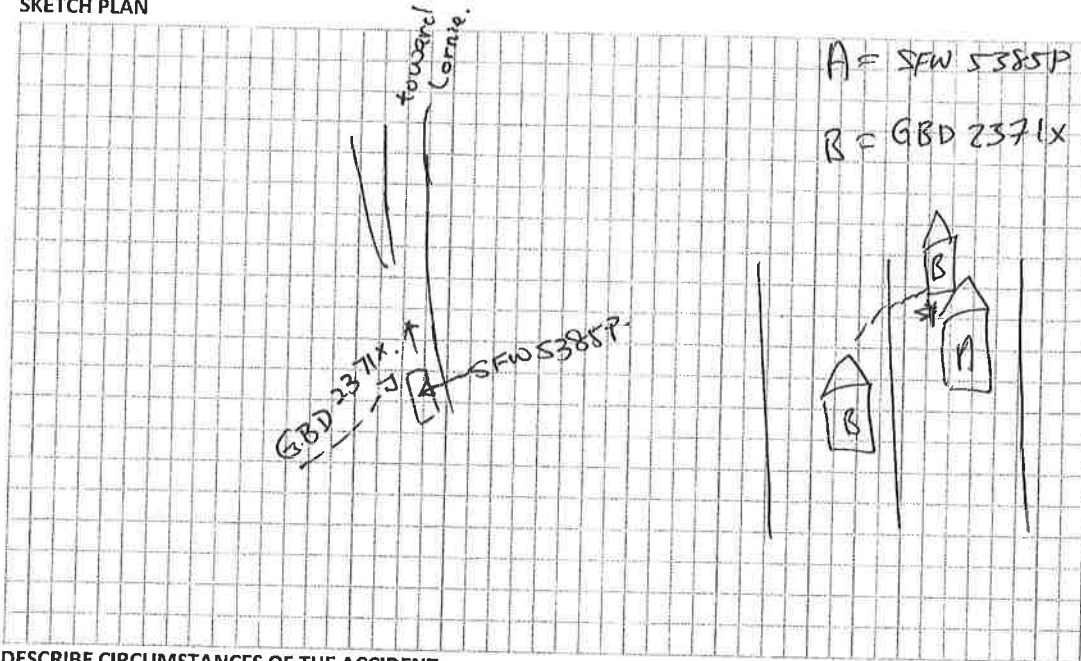
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

Vehicle Number: _____

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While Driving toward Cornie The Van GBD2371X suddenly speed out from side and hit my car and go onto curb of the Road middle.

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.: _____