



**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  
**Attn: Motor Claims Department**

Date : 2/10/2019

**Your ref : GBE5942Z**

Dear Sir / Madam,

**Our ref : SKZ3545H**

**THIRD PARTY DIRECT SETTLEMENT**

**ACCIDENT INVOLVING SKZ3545H & GBE5942Z ON 27/06/2019**

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

☒ We refer to your email dated 10/07/2019.

☐ 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 of the following :-

Repair Cost **S\$1,766.66 payable to Kah Motor Co. Sdn. Bhd.**

GIA search fees

LTA search fees

Loss of rental

Loss of use ☐

☐

Loss of rental on PRI

☐

Loss of use on PRI

☐

☐ Kindly let us have your cheque made in favour of the above mentioned name(s) for our transmission as soon as possible.

☒ Enclosures

☐ Repair/Excess Bill

☐ Rental Invoice

☐ Others: \_\_\_\_\_

☒ Letter of Authority

☐ GIA Search

☐ LTA Search

Thank you,

Yours faithfully,

  
Ng Sin Hai

## LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SKZ 3545H &  
(THIRD PARTY'S VEHICLE NO.) G8E5942Z ON 27/6/19  
ALONG Chin Swee 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 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 : Chua Kien Soon

NRIC No : S1479139F

Vehicle No : SKZ 3545H

Date : 18/7/19

**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. :

GST Reg No. M200050223

Company Ref. No. S60FC1380G

AXA INSURANCE PTE LTD

MOTOR CLAIMS DEPT

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE, 068811

**Customer Code :** CU0129734

**Payment Term :** 30 Days

<b>Invoice No.</b>	:	SINV-BM19001696
<b>Invoice Date</b>	:	28/09/19
<b>Order No.</b>	:	SVO19045286
<b>Reference</b>	:	
<b>Job Card No.</b>	:	10815
<b>Date/Time Received</b>	:	27/06/19 / 7:51:47 PM
<b>Licence No.</b>	:	SKZ3545H
<b>Model</b>	:	JAZZ 1.3LXR CVT 16YM
<b>Car Chassis No.</b>	:	JHMGK3850GX220094
<b>Car Engine No.</b>	:	L13B11010122
<b>Mileage</b>	:	56665
<b>Service Advisor</b>	:	NG SIN HAI 1596
<b>Served By</b>	:	SHNG
<b>Page</b>	:	1

No.	Description	Qty.	UoM	U. Price	Disc %	7% GST Amount incld	
						Amount	GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER:CHUA KIEN SOON OWNER INSURER:TOKIO ACC DATE:27/06/2019 SURVEYED BY:RASUL DATE:15/07/2019 REF NO: TP INSURER:AXA TP VEH:GBE5942Z						
BOSUN	0701 SUNDRIES	1	Hours	30.00		30.00	2.10
BML01I	0701 INSPECT FR LIGHTING MECHANISMS & FOCUS HEADLIGHTS.(N)	1	Hours	180.00		180.00	12.60
BKBH01M	1729 CUT OFF & RENEW BULKHEAD. STRAIGHTEN	1	Hours	560.00		560.00	39.20
BP06R	1718 ALIGN CHASSIS & RENEW DAMAGE PARTS. SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	Hours	450.00		450.00	31.50
91505-TM8-003	CLIP,BUMPER	4	Each	2.30	25	6.90	0.48
04711-T5A-000ZZ	FACE,FR.BUMPER	1	Each	504.60	25	378.45	26.49
71190-T5A-000	BRACKETL.HEADLIGHT	1	Each	21.90	25	16.42	1.15
91505-TM8-003	CLIP,BUMPER	17	Each	2.30	25	29.32	2.05

<b>Sum Labor</b>	<b>1,220.00</b>	<b>85.40</b>	<b>1,305.40</b>
<b>Sum Item</b>	<b>431.09</b>	<b>30.17</b>	<b>461.26</b>
<b>Total SGD</b>	<b>1,651.09</b>	<b>115.57</b>	<b>1,766.66</b>
<b>Total Payable (SGD)</b>			<b>1,766.66</b>

Printed by SHNG on 28 Sep 2019 at 2:29:16 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	27/06/2019 19:31
Date Of Accident	27/06/2019 12:00
Exact Location Of Accident	CHIN SWEE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3545H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA KIEN SOON
NRIC No	S1479139F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94516611
Alternative Phone No	OFFICE-94516611

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 (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	CHUA KIEN SOON
NRIC No	S1479139F
Date Of Birth	04/06/1961
Occupation	INDOOR
Date Of Driving Pass	09/11/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94516611
Fax Number	
Contact Number	OFFICE-94516611
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	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: : MING FULING 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

#### Attachment(s)

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

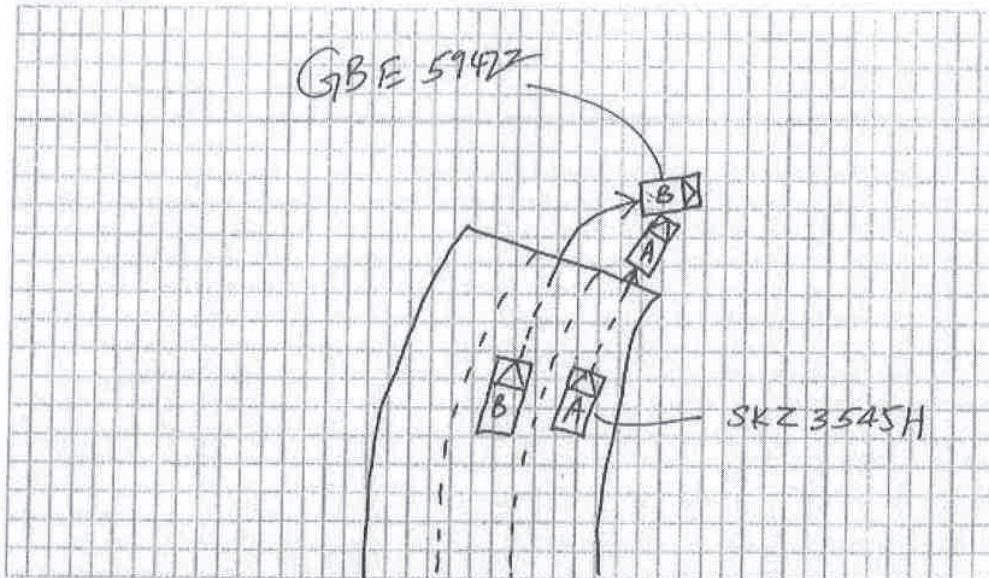
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5942Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Vehicle Number: \_\_\_\_\_

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was traveling along Chin Swee Road. I was waiting at the traffic light. When the traffic light turn green. I start to move off going to turn right to Tiong Bahru Road. While turning, vehicle B make an illegal U Turn and hit onto my vehicle A.

**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.: