

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: India International Insurance Pte Ltd
c/o LKK Auto Consultants Pte Ltd
64 Cecil Street #04-00 & #05-00
IOB Building
Singapore 049711
Attn: Motor Claims Department

Date : 28/2/2020

Your ref : SHD4335S

Dear Sir / Madam,

Our ref : SLA6325B

THIRD PARTY DIRECT SETTLEMENT

ACCIDENT INVOLVING SLA6325B & SHD4335S ON 13/12/2019

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

☒ We refer to your email dated 19/12/2019.

☒ 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\$10,613.95 payable to Kah Motor Co. Sdn. Bhd.**
Loss of rental **S\$107.00 x 15 days : S\$1,605.00 payable to WONG YUEN KUAN, JANE.**
[Inclusive of 1 Sunday, 1 Public Holiday.]

☒ 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

☐ Remarks _____

Thank you.

Yours faithfully,



Ivan Teo

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SLA6325B &
(THIRD PARTY'S VEHICLE NO.) SHD4335S ON 13/12/2019
ALONG CARPARK NEAR BLK 112 BISHAN ST 12

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 : WONG YUAN KUAN JANE

NRIC No : S8113549E

Vehicle No : SLA6325B

Date : 23 / 12 / 2019



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

INDIA INTERNATIONAL INSURANCE PTE LTD
MOTOR CLAIMS DEPT
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE, 049711

Customer Code : CU0129750

Payment Term : 30 Days

Invoice No. : SINV-BM20000267
Invoice Date : 25/02/20
Order No. : SVO19082806
Reference :
Job Card No. : 12178
Date/Time Received : 13/12/19 / 1:51:24 PM
Licence No. : SLA6325B
Model : CITY 1.5SV CVT 2016
Car Chassis No. : MRHGM6660GP000466
Car Engine No. : L15Z12720058
Mileage : 48369
Service Advisor : IVAN TEO BOON KIAT 1876
Served By : IVANTEO
Page : 1

No.	Description	Qty.	UoM	U. Price	Disc %	Amount	7% GST Amount	incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: WONG YUAN KUAN JANE OWNER INSURER: LIBERTY INSURANCE ACC DATE: 13/12/2019 SURVEYED BY: DATE: REF NO: TP INSURER: INDIA TP VEH: SHD4335S							
BOSUN	1438 SUNDRIES	1	Hours	50.00		50.00	3.50	53.50
BML02I	1438 INSPECT RR LIGHTING MECHANISMS. PERFORM WATER TEST.(N)	1	Hours	180.00		180.00	12.60	192.60
BMI03D	1438 REMOVE & INSTALL REAR COMPARTMENT LININGS GARNISHES.(N)	1	Hours	560.00		560.00	39.20	599.20
BOJSE	1718 BODY JOINT SEALANT END PANEL	1	Hours	120.00		120.00	8.40	128.40
BOBC	1718 BODY UNDERSIDE COATING (N)	1	Hours	250.00		250.00	17.50	267.50
BC012R	1438 RESET VEHICLE SMART ENTRY SYSTEM	1	Hours	450.00		450.00	31.50	481.50
BA02R	1466 REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	Hours	180.00		180.00	12.60	192.60
BKRP02M	1466 CUT OFF & RENEW RR PANELAND REPLACE DAMAGE PARTS FLOOR PANEL INCLUDING FITTINGS ON ATTACHMENT ITEM	1	Hours	1,960.00		1,960.00	137.20	2,097.20
BP05R	1718 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS.(5P) Supplementary	1	Hours	2,250.00		2,250.00	157.50	2,407.50
BKRP02B	1466 CUT & RENEW RR FLOOR PANEL. RR CHASSIS INCLUDING FIITTING ON ATTACHMENT ITEMS.	1	Hours	2,240.00		2,240.00	156.80	2,396.80
BP01R	1718 SPRAY PAINTING ON FLOOR PANEL	1	Hours	450.00		450.00	31.50	481.50
75701-T9A-000	EMBLEM H	1	Each	12.30	25	9.22	0.65	9.87
75722-T9A-T00	EMBLEMRR.CITY	1	Each	12.70	25	9.52	0.67	10.19
75725-T9A-T00	EMBLEMRR.I-VTEC	1	Each	13.30	25	9.97	0.70	10.67
91512-SR3-004	CLIP TUBULAR	2	Each	2.40	25	3.60	0.25	3.85
66100-T9A-T50ZZ	PANEL COMPRR.	1	Each	364.50	25	273.37	19.14	292.51
84640-T9A-T01ZA	LINING ASSYRR.PANEL	1	Each	66.60	25	49.95	3.50	53.45
71501-T9A-T00ZZ	FACERR.BUMPER	1	Each	463.70	25	347.77	24.34	372.11
71593-T9A-J00	SPACER R.RR.BUMPER SIDE	1	Each	11.50	25	8.62	0.60	9.22
71598-T9A-J00	SPACERL.RR.BUMPER SIDE	1	Each	11.50	25	8.62	0.60	9.22
91505-TM8-003	CLIP,BUMPER	4	Each	2.30	25	6.90	0.48	7.38

Printed by IVANTEO on 25 Feb 2020 at 6:47:55 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

INDIA INTERNATIONAL INSURANCE PTE LTD

MOTOR CLAIMS DEPT

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE, 049711

Customer Code : CU0129750

Payment Term : 30 Days

Invoice No. : SINV-BM20000267
Invoice Date : 25/02/20
Order No. : SVO19082806
Reference :
Job Card No. : 12178
Date/Time Received : 13/12/19 / 1:51:24 PM
Licence No. : SLA6325B
Model : CITY 1.5SV CVT 2016
Car Chassis No. : MRHGM6660GP000466
Car Engine No. : L15Z12720058
Mileage : 48369
Service Advisor : IVAN TEO BOON KIAT 1876
Served By : IVANTEO
Page : 2

No.	Description	Qty.	UoM	U. Price	Disc %	7% GST Amount incld		
						Amount	Amount	GST
04655-T9A-T00ZZ	PANEL SETRR.FLOOR	1	Each	460.00	25	345.00	24.15	369.15
65513-T9A-T00ZZ	STIFFENERRR.JACK UP	1	Each	104.80	25	78.60	5.50	84.10
72841-SH3-315	OILSHEET	1	Each	41.70	25	31.27	2.19	33.46
74940-SZW-003	BUZZER ASSYSMART	1	Each	62.90	25	47.17	3.30	50.47
Sum Labor						8,690.00	608.30	9,298.30
Sum Item						1,229.58	86.07	1,315.65
Total SGD						9,919.58	694.37	10,613.95
Total Payable (SGD)								10,613.95

Printed by IVANTEO on 25 Feb 2020 at 6:47:55 PM

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Please give us your
feedback by scanning
the QR Code using
mobile device.



WONG YUAN KUAN JANE

1 SIN MING WALK
#10-36
SINGAPORE 575574

Tax Invoice

Invoice No. : CRINV/20/00045
Invoice Date : 07 Jan 2020
Customer No. : *****549E
Ref :
Currency : SGD
Terms : COD
RA No. : 07546

Customer Information

Customer Name : WONG YUAN KUAN JANE
Customer Ref No. : SLA6325B IVAN

Car Information

Registration No. : SLU5433Z
Car Model : HRV 1.5 LX CVT
Car Color : RUSE BLACK
METALLIC

Rental Information

Date/Time Out : 23/12/2019 13:45
Date/Time Return : 07/01/2020 09:00

Starting Mileage : 10599
Ending Mileage : 11349
Mileage Travelled : 750

Billing Detail

#	Description	Amt
1	15 DAYS @ 100.00	1,500.00

Remarks:

LK/BS - SA: IVAN TEO

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.

Printed by Ivan Teo at 28/02/2020 15:22

Subtotal : S\$ 1,500.00
GST 7.0% : S\$ 105.00
Total : S\$ 1,605.00
Paid : S\$ 1,605.00
Outstanding : S\$ 0.00

RENTAL AGREEMENT

No. 07546

Date: 23 Dec 2019

VEHICLE PARTICULAR

Vehicle No. : SLU5433Z
Make : HONDA
Model : HRV 1.5 LX CVT
Out (Date & Time) : 23 Dec 2019 | 1345
In (Date & Time) : 7/1/2020 0900

HIRER PARTICULAR

Name : WONG YUAN KUAN JANE
Address (Res) : 1 SIN MING WALK #10-36 SINGAPORE 575574
Tel :
Name on Credit Card :
Credit Card No. :
Payment Mode : Cash

MAIN DRIVER PARTICULAR

Name : WONG YUAN KUAN JANE
Address (Res) : 1 SIN MING WALK #10-36 SINGAPORE 575574
Driving License No. :

PAYMENT

Day: 10 days x 100.00 1,000.00
Week 0.00
Month 0.00
Add HRS 0.00
SUB TOTAL 1,000.00
GST 70.00

NETT AMOUNT

1,070.00
SECURITY DEPOSIT 0.00

REMARKS

SLA6325B
SA : IVAN TEO
3RD PARTY CLAIM > INDIA

TERMS & CONDITIONS

- Malaysia Drive Surcharge
 - Normal days \$20/day + 7% GST
 - Blackout dates, Eve of PH & PH \$40/day + 7% GST
- Insurance Excess
 - S'pore Drive Excess - \$1500 + 7% GST
 - Malaysia Drive Excess - \$2500 + 7% GST (Excluding towing & custome fees)
- Vehicle is rented to hirer upon terms and conditions on the front and back of this agreement.
- Vehicle is to be driven only by hirer and any additional hirer listed above.

, fines and ERP charges.
Kah Motor within 24 hours of occurrence.
ement makes the hirer responsible for the
whether insurance is accepted or not.
se, unless covered by insurance for Malaysia

tated duration will incur the following

, a 0.5 day charge will apply
DAY charge will apply
confirmed, and will subsequently be

ted upon confirmation of rental booking.
will be forfeited if cancellation of rental
working days from intended start date of

ed after the end of the rental period.
rox 2-3 weeks via respective payment mode
nt.
you return us the rental car.
added to your final bill. **

nder this agreement including
s true.

DBS
ALL HOSTS SETTLED

DBS
KAH MOTOR ALX WORKSHOP
NO 255 ALEXANDRA ROAD
LEVEL 1
SINGAPORE 159937
ENV SALE
DATE/TIME: 07JAN20 09:07
TID: 37996053 MID: 168168333546
INVOICE#: 023127 BATCH#: 001799
MASTERCARD
XXXX XXXX XXXX 4132 EXPIRY XX/XX
APPR CODE: R67348 HOST: DBS
EMV CHIP RRN: 000701023127
TC: 001239F9BD9CBECB AID: A00000000041010
MasterCard TVR: 0000000000 TSI: E800
TOTAL SGD 1605.00

SIGN X
ANG KAH KIN
I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
*** MERCHANT COPY ***

DBS
KAH MOTOR ALX WORKSHOP
NO 255 ALEXANDRA ROAD
LEVEL 1
SINGAPORE 159937
TID: 37996053 MID: 168168333546
BATCH # : 001799 HOST: DBS
DATE/TIME: 07JAN20 09:08
SETTLEMENT SLIP
TRANS COUNT AMOUNT(SGD)
MASTERCARD
SALES 001 1605.00
REFUND 000 -0.00
V. SALE 000 0.00
V. RFND 000 0.00
CARD TOTAL 1605.00
BATCH TOTALS:
SALES 001 1605.00
REFUNDS 000 -0.00
TIPS 000 0.00
V. SALES 000 0.00
V. REFUNDS 000 0.00
GRAND TOTAL 1605.00
BATCH CLOSED

Hirer's Signature

Main Driver's Signature
(if not hirer)

Credit Card Holder's
Signature (if not hirer)

Rented out by

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	13/12/2019 13:34
Date Of Accident	13/12/2019 08:35
Exact Location Of Accident	CARPARK NEAR BLK 112 BISHAN ST 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6325B
Insured/Policyholder	
Name Of Registered Owner	WONG YUAN KUAN JANE
NRIC No	S8113549E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83814791
Alternative Phone No	OTHERS-96171425

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V01915
Cover Note Number	

Driver

Name of Driver	ANG KAH KIN
NRIC No	S7922408A
Date Of Birth	26/07/1979
Occupation	INDOOR
Date Of Driving Pass	05/09/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96171425
Fax Number	
Contact Number	
Email Address	KAHKIN.ANG@GMAIL.COM

Address	-
Postcode	
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	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 SKETCH PLAN

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	SHD4335S
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	EDMUND
NRIC/Passport Number	
Contact Number	88266786
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle Number: _____

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

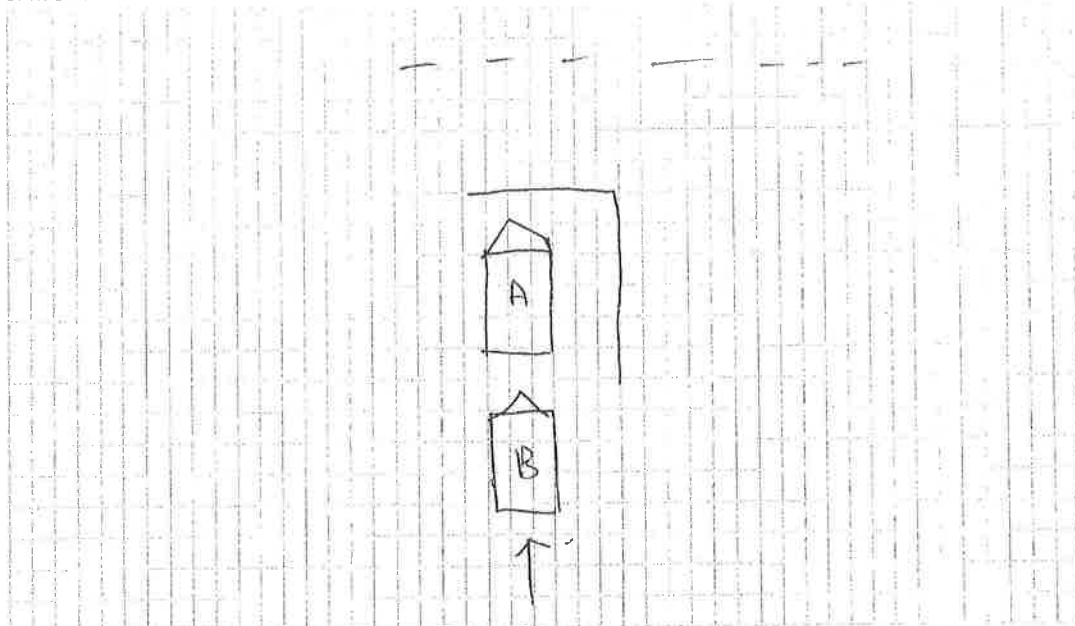
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Vehicle Number: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the carpark waiting to turn into the carpark when vehicle B behind me suddenly hit onto my vehicle rear portion.

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.: