



# QUOTATION

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

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

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

**Customer** : INDIA INTERNATIONAL INSURANCE PTE  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711

**Registration No** : SJP8160R

**Chassis No** : JHMFD46209S200743

**Model** : CIVIC 1.6L AUTO

**Owner's Name** : LOH KUM FAI

**Ins Policy No.** :

**Date of Accident** : 30/12/2019

**Document No.** : SQT20000207 **Page** 1

**Date** : 13. Jan 2020

**Customer No.** : WZI007

**Svc Advisor** : YOU PO SOON

**Engine No** : R16A14002912

**Date | Time** : 13. Jan 2020 6:51:41 PM

**Surveyor Name** :

**Survey Date** :

**Authorisation Date** :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: LOH KUM FAI OWNER INSURER: FWD SINGAPORE ACC DATE: 30/12/2019 SURVEYED BY: DATE: REF NO: TP INSURER: INDIA INTERNATIONAL INSURANCE TP VEH: SHC1731G						
67050-SNA-J00ZZ	PANELL FR DR	1	930.60	25	697.95	48.86	746.81
67364-SNA-A11	TAPE SETL.FR.DR.	1	54.90	25	41.17	2.88	44.05
76250-SNB-U11ZK	MIRROR ASSYL.DR.	1	474.50	25	355.87	24.91	380.78
75322-SNB-T01YD	PROTECTORL.FR.DR.	1	120.70	25	90.52	6.34	96.86
72450-SNA-A01	MLDGL FR DR	1	89.20	25	66.90	4.68	71.58
					<b>Sum Item</b>	<b>1252.41</b>	<b>87.67</b>
							<b>1,340.08</b>
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	480.00		480.00	33.60	513.60
BKDR11R	REMOVE & TRANSFER ITEMS TO NEW FR L DR ADJUST	1	600.00		600.00	42.00	642.00
BKSP11K	STRAIGHTEN ALIGN LEFT SILL PANEL.	1	800.00		800.00	56.00	856.00
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (2P)	1	1100.00		1100.00	77.00	1177.00
					<b>Sum Labor</b>	<b>3030.00</b>	<b>212.10</b>
							<b>3,242.10</b>

Survey By \_\_\_\_\_

Date & Time \_\_\_\_\_

Excess \_\_\_\_\_

Status \_\_\_\_\_

**Total Amount** 4,282.41 299.77 4,582.18

**Total (Inclusive of GST)** **4,582.18**

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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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<b>Customer</b>	: INDIA INTERNATIONAL INSURANCE PTE 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711	<b>Document No.</b>	: SQT20000207	<b>Page</b>	2
<b>Registration No</b>	: SJP8160R	<b>Date</b>	: 13. Jan 2020	<b>Customer No.</b>	: WZI007
<b>Chassis No</b>	: JHMFD46209S200743	<b>Svc Advisor</b>	: YOU PO SOON	<b>Engine No</b>	: R16A14002912
<b>Model</b>	: CIVIC 1.6L AUTO	<b>Date   Time</b>	: 13. Jan 2020 6:51:41 PM	<b>Surveyor Name</b>	:
<b>Owner's Name</b>	: LOH KUM FAI	<b>Survey Date</b>	:	<b>Authorisation Date</b>	:
<b>Ins Policy No.</b>	:				
<b>Date of Accident</b>	: 30/12/2019				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
Signature	_____						

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### 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	31/12/2019 11:30
Date Of Accident	30/12/2019 17:30
Exact Location Of Accident	TEMPLE ST CHINATOWN
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8160R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH KUM FAI
NRIC No	SXXXX766H
Email Address	LOHKUMFAI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96566522
Alternative Phone No	OTHERS-96566522

#### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 5AT (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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00004470
Cover Note Number	13/04/2019 - 12/04/2020

#### Driver

Name of Driver	LOH KUM FAI
NRIC No	SXXXX766H
Date Of Birth	29/12/1956
Occupation	INDOOR
Date Of Driving Pass	02/01/1981
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96566522
Fax Number	
Contact Number	OTHERS-96566522
Email Address	LOHKUMFAI@YAHOO.COM.SG

Address	34 LI HWAN PLACE
Postcode	557023
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 - OPENING DOOR OF VEHICLE
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 TO THE SKETCH PLAN BY DRIVER

#### 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	SHC1731G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TONY SEOW
NRIC/Passport Number	SXXXX779A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

*[Handwritten Signature]*

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.:





**CERTIFICATE OF INSURANCE**

Please call +65-6322-2072 for FWD Emergency Assistance  
If Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2018-00004470-01 (Comprehensive - Classic Plan)**

Car plate number: SJP8160R

Your name (As the policyholder): Loh Kum Fai

Coverage start date: 13/04/2019

Coverage end date: 12/04/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

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We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 28/02/2019

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.