

Date : 21 June, 2020

To : Indo Int'l. Insurance

Fax No : \_\_\_\_\_

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SLZ9612 and SHC3542Y on 29/5/2020.

I am the owner of vehicle no. SLZ9612. My vehicle was damaged in the above accident by your insured vehicle no. SHC3542Y.

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 : Yeoh Peng Chuan

NRIC No : S25573006

**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

<b>Customer</b>	: INDIA INTERNATIONAL INSURANCE PTE 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711	<b>Document No.</b>	: SQT20001705	<b>Page</b>	1
<b>Registration No</b>	: SLZ961Y	<b>Date</b>	: 1. Jun 2020	<b>Customer No.</b>	: WZI007
<b>Chassis No</b>	: MRHFC5650JT000478	<b>Svc Advisor</b>	:	<b>Engine No</b>	: R16B25500530
<b>Model</b>	: CIVIC 1.6 VTI YM2018	<b>Date   Time</b>	: 1. Jun 2020 11:07:01 AM	<b>Surveyor Name</b>	:
<b>Owner's Name</b>	: YEOH SENG CHUAN	<b>Survey Date</b>	:	<b>Authorisation Date</b>	:
<b>Ins Policy No.</b>	:				
<b>Date of Accident</b>	:				

Item	Description	Qty	Unit Price	Disc %	Amount	7% GST Amount	Amount incld GST
71101-TEA-T00ZZ	FACEFR.BUMPER	1	579.90	25	434.92	30.44	465.36
71103-TEA-T00	GARNISHR.FR.BUMPER SIDE	1	19.70	25	14.77	1.03	15.80
71193-TEA-T01	SPACERR.FR.BUMPER SIDE	1	10.40	25	7.80	0.55	8.35
71198-TEA-T01	SPACERL.FR.BUMPER SIDE	1	10.40	25	7.80	0.55	8.35
91505-TM8-003	CLIP,BUMPER	8	2.30	25	13.80	0.97	14.77
Sum Item					<b>479.09</b>	<b>33.54</b>	<b>512.63</b>
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BKBU01R	REMOVE & RENEW FR BUMPER INCLUDING FITTINGS ON	1	1200.00		1200.00	84.00	1284.00
BP01R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS (1P)	1	900.00		900.00	63.00	963.00
Sum Labor					<b>2150.00</b>	<b>150.50</b>	<b>2,300.50</b>

TP DIRECT SETTLEMENT (J/NO: )  
OWNER: YEAH SEANG CHUAN  
OWNER INSURER: AVIVA INSURANCE  
ACC DATE: 29/05/2020  
SURVEYED BY:  
DATE:  
REF NO:  
TP INSURER: INDIA INSURANCE  
TP VEH: SHC3542Y

Survey By		<b>Total Amount</b>	2,629.09	184.04	2,813.13
Date & Time		<b>Total (Inclusive of GST)</b>			<b>2,813.13</b>
Excess					
Status					
Signature					

Printed on 1/6/2020 4:28:20 PM

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>Model</b>	: CIVIC 1.6 VTI YM2018	<b>Svc Advisor</b>	:		
<b>Owner's Name</b>	: YEOH SENG CHUAN	<b>Engine No</b>	: R16B25500530		
<b>Ins Policy No.</b>	:	<b>Date   Time</b>	: 1. Jun 2020 11:07:01 AM		
<b>Date of Accident</b>	:	<b>Surveyor Name</b>	:		
		<b>Survey Date</b>	:		
		<b>Authorisation Date</b>	:		

Item	Description	Qty	Unit Price	Disc %	Amount	7% GST Amount	Amount incld GST
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However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.

## LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SLZ 9612

& (THIRD PARTY'S VEHICLE NO.) SHC 2542Y

ON 29/5/2020 ALONG MSCP Bldg 638, Punggol Drive

- 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 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 it's Co. registered vehicle)

Name : Yeeh Beng Chuan

NRIC No : S2557300E

Vehicle No : SLZ 9612

Date : 2/6/2020

## 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	01/06/2020 14:02
Date Of Accident	29/05/2020 20:00
Exact Location Of Accident	BLK 638 PUNGGOL DRIVE MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ961Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEOH SENG CHUAN
NRIC No	SXXXX300E
Email Address	TYEOH60@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96169460
Alternative Phone No	OFFICE-96169460

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 I-VTEC (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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10829411
Cover Note Number	

### Driver

Name of Driver	YEOH SENG CHUAN
NRIC No	SXXXX300E
Date Of Birth	23/11/1960
Occupation	INDOOR
Date Of Driving Pass	17/10/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96169460
Fax Number	
Contact Number	OFFICE-96169460
EMail Address	TYEOH60@HOTMAIL.COM

Address	BLK 637D PUNGGOL DRIVE THE MEADOWS #09-387
Postcode	824627
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	COLLIDED INTO PARKED 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)	0

#### 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	SHC3542Y
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SYARIF JAN
NRIC/Passport Number	SXXXX383D
Contact Number	96667237
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

Vehicle Number: SL 4761Y

## 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 willful 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: 1/6/2020 @  
1200hrs.

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

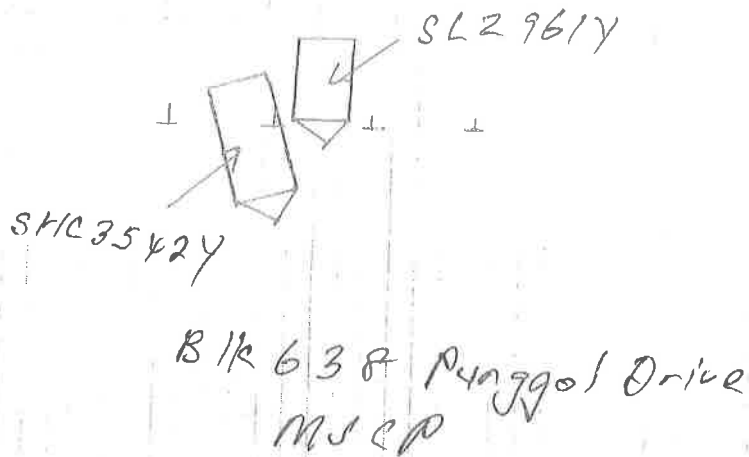
Name: Mhd Faizal  
NRIC/FIN No.: 51761977B

4

# Sketch Plan Pg. 2

Vehicle Number: SL2961Y

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my vehicle at Blk 638 Multi-storey carpark on the 29/5/2020. On the next day 30/5/2020 at about 1330hrs I came to retrieve my vehicle.

I discovered the right front bumper was damaged and the driver that hit my vehicle left a note on my windscreen.

He admitted that he had accidentally hit <sup>onto</sup> my car while moving off. He left his contact number and ask me to contact him.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 1/6/2020  
1200 hrs.

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

Reporting Centre Personnel's Signature  
Name: Mohd Faez  
NRIC/FIN No.: 81261977B



Ifi Sorry for  
the damage front  
bumper plse  
call 96667237

Mr. Sya Bill 6378

Desmond  
98393288

#16-385

## TERMS OF AGREEMENT (THIRD PARTY CLAIMS)


ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) \_\_\_\_\_

& (THIRD PARTY'S VEHICLE NO.) \_\_\_\_\_

ON \_\_\_\_\_ ALONG \_\_\_\_\_

I hereby authorize Kah Motor Co. Sdn Bhd (Kah Motor) to proceed with the repairs to my vehicle and to submit, resolve, sign all discharge voucher/indemnity forms and all necessary documents in connection with the arising out of the above accident and agree to the following...

1. The costs of repair shall in accordance with the recommendations and advice of the licensed motor surveyor appointed by the 3<sup>rd</sup> party insurers or on my behalf.
2. Kah Motor's role shall be limited to the submission and negotiation of my claim against the 3<sup>rd</sup> party insurers.
3. Kah Motor shall have absolute discretion to agree to any settlement or compensation amount in respect of my claim against the 3<sup>rd</sup> party insurers.
4. Any payment (claim proceeds) made in respect of the claim against the 3<sup>rd</sup> party insurers shall be forwarded direct to Kah Motor and payment by cheque shall be made in favor of Kah Motor Co. Sdn. Bhd.
5. Kah Motor shall be entitled to deduct and retain the claim proceeds the costs of repair for the vehicle, bills for rental of replacement vehicle, survey report and all incidental costs and expenses. Kah Motor shall pay to me the balance of the claim proceeds, if any.
6. In the event that the claim proceeds is not sufficient to cover the costs of repair for the vehicle, bills for rental of replacement vehicle, survey report and all incidental costs and expenses; or is dismissed due to any willful misrepresentation or withholding of material facts as well as failure to execute the discharge vouchers on request, I shall undertake to pay Kah Motor the full repair costs or any portion of the same that cannot be recovered.
7. Kah Motor shall not under any circumstance be liable for any costs, loses, expenses and damages whatsoever incurred by me in respect of the said claim.
8. I am well informed that if I decided to claim the repair costs under my own insurance policy, I must change the statement on the GIA accident statement and submit the Own Damage Claim within 14 days from the date of accident to my insurance company.

  
Owner Signature (Co stamp & authorized signature if its Co registered vehicle)

Name : \_\_\_\_\_

NRIC No : \_\_\_\_\_

Date : \_\_\_\_\_

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MRM120048806 Vehicle Registration No: SLZ 961Y  
Name (as shown in NRIC) : Yeoh Seng Chuan NRIC/FIN/Passport No : S2557300E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 637D, Punggol Drive # 09-387 Singapore (824628)  
Contact (Tel) : 96169460 Mobile No. : \_\_\_\_\_  
Email Address : tyrooh60@hotmail.com  
Date of Accident : 29/05/2010 Time of Accident : 08:00 PM  
Place of Accident : MSCP Blk 638, Punggol Drive  
Insurance Company : Aviva Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Typo error on customer name.  
Yeoh Seng Chuan instead of Yeoh Seng Chuan

Policyholder / Driver's Signature  
Date:


  
Reporting Centre Personnel's Signature  
Name: MD. FARAZ  
NRIC/FIN No.: S17614778  
Date: 4/6/2020

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2557300E**  
Name  
**YEOH SENG CHUAN**

Birth Date: 23 Nov 1960  
Issue Date: 05 Aug 2003

1000719452J



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S2557300E**

Name  
**YEOH SENG CHUAN**



楊 城 全

Race  
**CHINESE**

Date of birth  
**23-11-1960**

Sex  
**M**

Country/Place of birth  
**MALAYSIA**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 Oct 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Oct 1985

NP 428A

Licence No: S2557300E



6147304

NRIC No. **S2557300E**

Date of issue  
**12-03-2019**

Address  
**APT BLK 637D PUNGGOL DRIVE  
#09-387  
SINGAPORE 824637**





POLICY NO.: 10829411

**PERIOD OF INSURANCE**  
(both dates inclusive)

**FROM:** 23-Apr-2020 00:00hours  
**TO:** 22-Apr-2021 23:59hours

**AGENT'S DETAILS**

**CODE:** 54000012  
**NAME:** SIEW BOON YEO  
**COMPANY NAME:** SIEW BOON YEO

**POLICYHOLDER**

**INSURED:**  
**FAMILY NAME** Yeoh  
**GIVEN NAME** Seng Chuan  
**BLK/HOUSE NO.:** BLK 637D  
**UNIT NO.:** #09-387  
**STREET NAME:** Punggol Drive  
**BUILDING NAME:** The Meadows  
**POSTAL CODE:** 824637

**COVER**

**TYPE OF COVER:** Comprehensive  
**TYPE OF PLAN:** Annual Plan  
**TYPE OF PROGRAM:** Kah Motor Scheme  
**OWN DAMAGE POLICY EXCESS** S\$500.00  
-STANDARD EXCESS: S\$500.00  
-VOLUNTARY EXCESS: S\$0.00  
-NON-STANDARD EXCESS: S\$0.00  
**YOUNG AND/OR INEXPERIENCED DRIVER EXCESS:** S\$2,500.00  
(Aged 24 and below and/or has held a valid driving license for less than 1 year.)  
**note: in addition to Own Damage Policy Excess if applicable**  
**WINDSCREEN EXCESS:** S\$100.00  
All excess subject to GST if applicable

**USE INSURED AGAINST**

Use for social, domestic and pleasure purposes and for use in connection with the policyholders own business. The policy does not cover use for (i) Hire and rewards, (ii) Racing, pace making, reliability trial or speed testing, (iii) Driving tuition, (iv) The carriage of goods for hire and reward, (v) Any purpose in connection with the motor trade.

**PREMIUM CALCULATION**

**PREMIUM** S\$ 1189.95  
**GST @ 7.00%** S\$ 83.30  
**TOTAL DUE** S\$ 1273.25  
**DATE ISSUED** 23-Mar-2020 at 21:39hours

**SPECIAL CLAUSE**

**CAR INSURED**

**MAKE & TYPE OF BODY:** HONDA CIVIC 1.6 1597cc  
**REGISTRATION NO.:** SLZ961Y  
**CHASSIS NO.:** MRHFC5650JT000478  
**ENGINE NO.:** R16B25500530  
**SUM INSURED:** Market Value inclusive of COE 2018  
**YEAR OF REGISTRATION:** 2018  
**OFF-PEAK CAR:** No  
**PERIOD OF OWNERSHIP OF CAR TO BE INSURED:** 2 to <3 years  
**MODIFICATIONS TO YOUR CAR WHICH DO NOT COMPLY WITH AND/OR ARE NOT APPROVED BY LTA:** No

**ADDITIONAL COVERS**

Free Loss of Keys\*  
Free Loss of Use\*  
Free NCD Protector\*  
Free Waiver of Standard Excess\*

\*Terms and conditions apply.

**WHO MAY DRIVE YOUR CAR**

Any driver

**NO CLAIMS DISCOUNT**

(This NCD amount is specific to your Aviva policy only)

**NCD%:** 30

**BREAKDOWN ASSISTANCE**

If your car breakdown and you need assistance, please call our hotline at 6841 3838

**POLICY OWNERS' PROTECTION SCHEME (PPF)**

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

ORIGINAL

Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9966 • Website: [www.aviva.com.sg](http://www.aviva.com.sg)  
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8