

**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

Customer	: LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555	Document No.	: SQT20002207	Page	1
Registration No	: SMK1699R	Date	: 20. Jul 2020		
Chassis No	: MRHGM6670KT000225	Customer No.	: WZL009		
Model	: CITY 1.5V CVT 2019 (EURO 6)	Svc Advisor	:		
Owner's Name	: CHAN GUAN ZHI	Engine No	: L15Z16206824		
Ins Policy No.	:	Date Time	: 20. Jul 2020 2:24:03 PM		
Date of Accident	: 20/7/2020	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:						
	OWNER INSURER:						
	ACC DATE:						
	SURVEYED BY:						
	DATE:						
	REF NO:						
	TP INSURER:						
	TP VEH:						
60210-T9A-T50ZZ	PANEL COMP,R.FR.FENDER	1	343.80	25	257.85	18.05	275.90
67010-T9A-T00ZZ	PANEL COMPR.FR.DOOR	1	738.40	25	553.80	38.77	592.57
67326-T9A-T01	TAPER.FR.DOOR SASH CENTER	1	18.50	25	13.87	0.97	14.84
67410-T9A-T01ZZ	HINGER.FR.DOOR UPPER	1	56.80	25	42.60	2.98	45.58
67420-T9A-T01ZZ	HINGER.FR.DOOR LOWER	1	58.40	25	43.80	3.07	46.87
72324-T9A-T01	SUB SEALR.FR DOOR	1	14.60	25	10.95	0.77	11.72
72325-T9A-T01	SUB SEALR.ROOF	1	27.20	25	20.40	1.43	21.83
72326-T9A-T01	SEALFR.DOOR LOWER	1	19.90	25	14.92	1.04	15.96
72340-T9A-T11	CHECKER COMP,R.FR.DOOR	1	23.10	25	17.32	1.21	18.53
67510-T9A-T00ZZ	PANEL COMPR.RR.DOOR	1	712.50	25	534.37	37.41	571.78
67825-T9A-T01	TAPER.RR.DOOR SASH CENTER	1	15.40	25	11.55	0.81	12.36
67910-T2M-T02ZZ	HINGER.RR.DOOR UPPER	1	41.40	25	31.05	2.17	33.22
67920-T2M-T02ZZ	HINGER.RR.DOOR LOWER	1	42.00	25	31.50	2.21	33.71
72824-T9A-T01	SUB SEALR.RR.DOOR	1	16.10	25	12.07	0.84	12.91
72826-T9A-T01	SEALRR.DOOR LOWER	1	7.10	25	5.32	0.37	5.69
72840-T9A-T11	CHECKER COMP,R.RR.	1	9.50	25	7.12	0.50	7.62
72825-T9A-T11	SUB SEAL,R.RR.DOOR OUTER	1	43.90	25	32.92	2.30	35.22
04631-T9A-T00ZZ	PANELR.SIDE SILL	1	1174.80	25	881.10	61.68	942.78
04635-T9A-T00ZZ	PANELR.FR.OUTSIDE	1	1257.50	25	943.12	66.02	1009.14

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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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Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
63210-T9A-T00ZZ	STIFFENER COMPR.CENTER PILLAR	1	207.40	25	155.55	10.89	166.44
63220-T9A-305ZZ	STIFFENER COMPR.SIDE SILL	1	285.00	25	213.75	14.96	228.71
76201-T5A-J31ZQ	CAPR.SKULL T99	1	48.20	25	36.15	2.53	38.68
76208-T9A-T21	SETR.RH.RC MIRROR	1	287.90	25	215.92	15.11	231.03
04636-T9A-T00ZZ	PANEL SETR.RR.OUTSIDE	1	1276.90	25	957.67	67.04	1024.71
Sum Item					5044.67	353.13	5,397.80
BOSUN	SUNDRIES	1	100.00		100.00	7.00	107.00
BMS03R	REMOVE & RENEW FR SEAT & LEATHER TRIM	1	800.00		800.00	56.00	856.00
BML11R	REMOVE & INSTALL CABIN WIRE HARNESS. RESET ECU	1	800.00		800.00	56.00	856.00
BKDR12R	REMOVE & TRANSFER ITEMS TO NEW FR R DR. ADJUST	1	650.00		650.00	45.50	695.50
BKDR32R	REMOVE & TRANSFER ITEMS TO NEW RR R SLIDING DR.	1	650.00		650.00	45.50	695.50
BKSP12R	CUT OFF & RENEW R SILL PANEL. STRAIGHTEN ALIGN	1	6000.00		6000.00	420.00	6420.00
BOJSE	BODY JOINT SEALANT RHF DOOR	1	100.00		100.00	7.00	107.00
BOJSE	BODY JOINT SEALANTRHR DOOR	1	100.00		100.00	7.00	107.00
BP06R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	4000.00		4000.00	280.00	4280.00
BOJSE	BODY JOINT SEALANT SILL PANEL	1	100.00		100.00	7.00	107.00
BOBC	BODY UNDERSIDE COATING (N)	1	520.00		520.00	36.40	556.40
BML00I	INSPECT ALL LIGHTINGS MECHANISMS FOCUS HEADLAMP	1	180.00		180.00	12.60	192.60
Sum Labor					14000.00	980.00	14,980.00

Survey By				
Date & Time				
Excess				
Status				
Signature				

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Total Amount	19,044.67	1,333.13	20,377.80
Total (Inclusive of GST)			20,377.80

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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	20/07/2020 14:23
Date Of Accident	20/07/2020 12:15
Exact Location Of Accident	TUAS AVE 20 TOWARDS PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK1699R
Insured/Policyholder	
Name Of Registered Owner	CHAN GUAN ZHI
NRIC No	SXXXX972Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92313233
Alternative Phone No	OFFICE-92313233

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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	CHAN GUAN ZHI
NRIC No	SXXXX972Z
Date Of Birth	05/05/1985
Occupation	INDOOR
Date Of Driving Pass	18/08/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92313233
Fax Number	
Contact Number	OFFICE-92313233
Email Address	NOEMAIL

Address	663 WOODLANDS RING ROAD #06-178 SINGAPORE 730663
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 - CROSS JUNCTION
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?	YES
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: : LOW KHONG WEI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7825G
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)

Sketch Plan

Vehicle Number: _____

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 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:

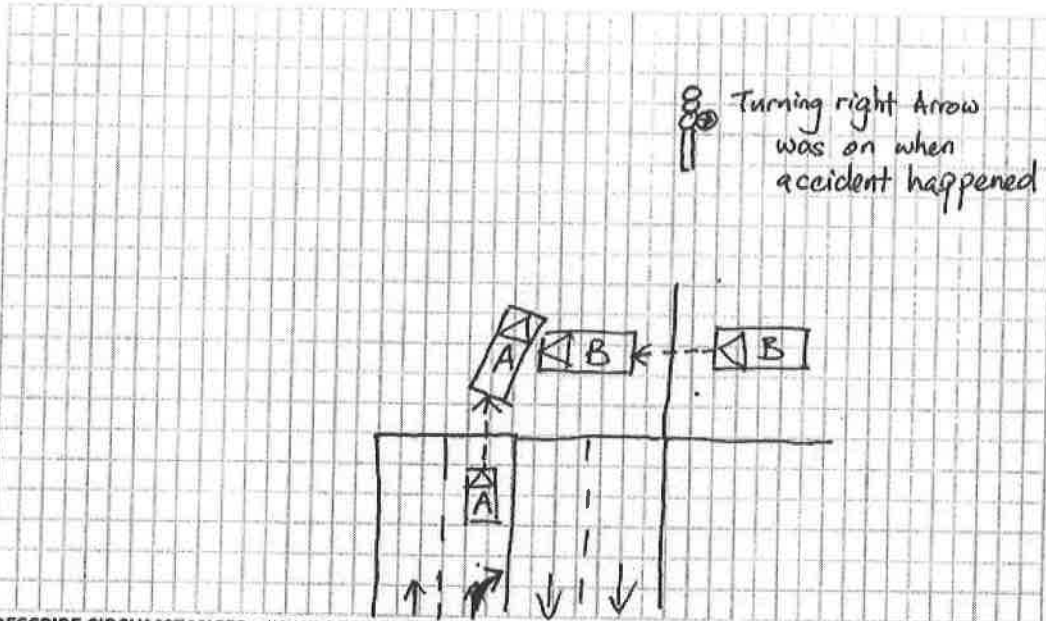
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Vehicle Number: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Tias Ave 20 going to turn right into Pioneer Road. The right arrow was shown and proceed to move on. Suddenly vehicle B hit my vehicle A on the right side.

refer to police report T/20200720/2078

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.:



**SINGAPORE
POLICE FORCE**



T/20200720/2078

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20200720/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2020 18:39		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: CHAN GUAN ZHI			Address: 39 SEMBAWANG CRESCENT #10-38 SINGAPORE 756987		
ID Type / ID No.: NRIC NO / S8513972Z			Contact No.: Home/Office: Mobile: 92313233		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 05/05/1985	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Sales supervisor		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/07/2020 12:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TUAS WEST ROAD PIONEER ROAD The X-junction of Tuas West Road turning right towards Pioneer Road.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7825G	Van				Slightly Damaged	0
SMK1699R	Car				Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200720/2078

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20200720/2078

CONTINUATION OF REPORT

Driver				
Name	Loh Siang Yam		ID No.	S9172334D
Related Vehicle	GBB7825G (Van)		Contact No.	94598595
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHAN GUAN ZHI		ID No.	S8513972Z
Related Vehicle	SMK1699R (Car)		Contact No.	92313233
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Slight

Brief Details.

On 20/07/2020 at about 1215hrs, I driving my vehicle (SMK1699R) along with my passenger, Tony Low Khong Wei (NRIC: S1500644G, H/P: 96346041) on the X-junction of Tuas West Road towards Pioneer Road. I was travelling on a right lane signaling right, which was only allowed a right turn and subsequently when I was turning right across the junction, a van (GBB7825G) at the right side of the X-junction beat the red light and collided into my vehicle. The van collided onto the right side of my vehicle and subsequently our vehicles come to a stop and we both came out of our vehicle and accessed the damage.

I wish to state that due to the collision, I felt numbness at my right shoulder, right arm, tailbone and my right leg. I also felt shortness of breath, headache, disorientated and shock. The driver of van did not sustain any visible injuries too. After which the Traffic Police came down to the accident scene and subsequently I was conveyed by the ambulance to Ng Teng Fong Hospital. I was also given a police report number TP/IP/30495/2020 to reference when I lodge a police report. After getting discharged by the hospital, I was given a 7 days MC from 20/07/2020 to 26/07/2020.

I also wish to state that due to the collision, my vehicle was totally destroyed on the right side to the point that I have to exit the vehicle via the left side of my car.



**SINGAPORE
POLICE FORCE**



T/20200720/2078

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3




Report No. T/20200720/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sgt 2 CHUA YU HANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2020 18:39
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311 	Classification Of Case:
Authentication Stamp NP168	