

**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>	: MS FIRST CAPITAL INSURANCE LIMITED 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877	<b>Document No.</b>	: SQT20002273	<b>Page</b>	1
<b>Registration No</b>	: SLX8539S	<b>Date</b>	: 23. Jul 2020	<b>Customer No.</b>	: WZF002
<b>Chassis No</b>	: MRHFC5650JT000402	<b>Svc Advisor</b>	: RUEBEN THOMAS	<b>Engine No</b>	: R16B25500441
<b>Model</b>	: CIVIC 1.6 VTI YM2018	<b>Date   Time</b>	: 23. Jul 2020 11:31:08 AM	<b>Surveyor Name</b>	:
<b>Owner's Name</b>	: KU HUI HUI	<b>Survey Date</b>	:	<b>Authorisation Date</b>	:
<b>Ins Policy No.</b>	:				
<b>Date of Accident</b>	: 6/7/2020				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount Incl GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: KU HUI HUI OWNER INSURER: AVIVA LTD ACC DATE: 06/07/2020 SURVEYED BY: DATE: REF NO: TP INSURER: FIRST CAPITAL INSURANCE TP VEH: SHA649D						
<b>BOSUN</b>	SUNDRIES	1	50.00		50.00	3.50	53.50
<b>BKBU02A</b>	REMOVE & ALIGN RR BUMPER.	1	800.00		800.00	56.00	856.00
<b>BP01R</b>	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (1P)	1	650.00		650.00	45.50	695.50
<b>Sum Labor</b>					<b>1500.00</b>	<b>105.00</b>	<b>1,605.00</b>

Survey By

Date &amp; Time

Excess

Status

Signature

**Total Amount** 1,500.00 105.00 1,605.00**Total (Inclusive of GST)** **1,605.00**

Printed on 23/7/2020 11:45:56 AM

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.

## 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	07/07/2020 14:42
Date Of Accident	06/07/2020 09:20
Exact Location Of Accident	TAMPINES AVENUE 6 TOWARDS TAMPINES CENTRAL 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8539S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KU HUI HUI
NRIC No	SXXXX031J
Email Address	KU.FRANCES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96804727
Alternative Phone No	OFFICE-96804727

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI-S (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	10827436
Cover Note Number	

### Driver

Name of Driver	TAM PENG CHYE
NRIC No	SXXXX395H
Date Of Birth	09/03/1976
Occupation	INDOOR
Date Of Driving Pass	08/08/2001
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81212536
Fax Number	
Contact Number	
E-Mail Address	PC.METE0RA@GMAIL.COM

Address	BLK 515B TAMPINES CENTRAL 7 #12-16
Postcode	522515
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 - CHANGE/CROSS LANE
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: TAM EN YU HEIDI 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 TO ATTACHED STATEMENT

#### 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	SHA649D
Vehicle Make/Model/Colour	HYUNDAI/YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

Vehicle Number: SUX 8539C

### SKETCH PLAN

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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:

1.7.2020

10.30am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

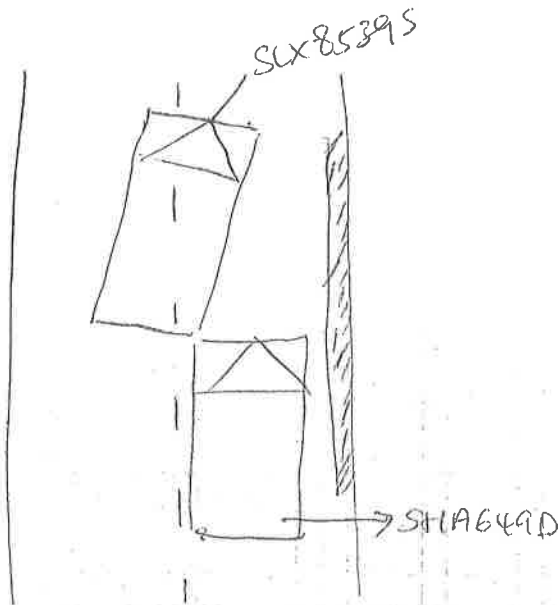
  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Vehicle Number: SLX 8539 S.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6 Jul 2020, about 9:30am, my husband was driving <sup>along</sup> Tampines Ave 6 heading towards Tampines Central 7, as he was switching lane to turn right to Tampines Central 7, the taxi from behind him speed up hence the rear right portion of my car brushed against the taxi's front left. Refer to attached videos.

DECLARATION

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

From  
Policyholder's Signature  
Date & Time: 7-7-2020  
10:30am

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

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