



# QUOTATION

## 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

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>	: SQT20002674	<b>Page</b>	1
<b>Registration No</b>	: SCA6119L	<b>Date</b>	: 24. Aug 2020	<b>Customer No.</b>	: WZF002
<b>Chassis No</b>	: MRHFC5650JT002173	<b>Svc Advisor</b>	: ARY CHUA WAI NGEE	<b>Engine No</b>	: R16B25502558
<b>Model</b>	: CIVIC 1.6 VTI YM2018	<b>Date   Time</b>	: 24. Aug 2020 5:42:24 PM	<b>Surveyor Name</b>	: DID : +65 6846 5673
<b>Owner's Name</b>	: GOH SHAO HERN, SEAN	<b>Survey Date</b>	: HP : +65 8100 6306	<b>Authorisation Date</b>	: Email : arychua@honda.com.sg
<b>Ins Policy No.</b>	: 10898496				
<b>Date of Accident</b>	: 23/8/2020				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: 750) OWNER: GOH SHAO HERN, SEAN OWNER INSURER: AVIVA LTD ACC DATE: 23/08/2020@16.30PM ACC: HOLLAND SLIP RD TOWARDS HOLLAND AVE (L/P141/2) SURVEYED BY: REF NO: TP INSURER: MS FIRST CAPITAL INSURANCE LIMITED TP VEH: SHC608L - HYUNDAI/IONIQ/YELLOW TAXI						
33500-TEA-T01	TAILLIGHT ASSYR.	1	285.50	25	214.12	14.99	229.11
33550-TEA-T01	TAILLIGHT ASSYL.	1	307.40	25	230.55	16.14	246.69
71530-TEA-T00ZZ	BEAM COMPRR.BUMPER	1	180.00	25	135.00	9.45	144.45
71593-TEA-T01	SPACERR.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71598-TEA-T01	SPACERL.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71502-TEX-Y00	GARNISH,RR.BUMPER LOWER	1	39.80	25	29.85	2.09	31.94
71506-TEX-Y00	COVERRR.TOWING HOOK	1	8.90	25	6.67	0.47	7.14
71505-TBA-A00	BRACKETR.RR.BUMPER SIDE	1	2.50	25	1.87	0.13	2.00
71555-TBA-A00	BRACKETL.RR.BUMPER SIDE	1	2.50	25	1.87	0.13	2.00
71500-TEC-Q00ZZ	FACE ASSY,RR.BUMPER	1	617.20	25	462.90	32.40	495.30
66100-TEC-307ZZ	PANEL SETRR.	1	265.70	25	199.27	13.95	213.22
66114-TBA-A00ZZ	STIFFENER,R.RR.PANEL SIDE	1	29.20	25	21.90	1.53	23.43
66154-TBA-A00ZZ	STIFFENERL.RR.PANEL SIDE	1	29.20	25	21.90	1.53	23.43
68500-TEA-N00ZZ	LID COMP TRUNK	1	531.20	25	398.40	27.89	426.29
					<b>Sum Item</b>	<b>1741.54</b>	<b>121.90</b>
							<b>1,863.44</b>
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BOBC	BODY UNDERSIDE COATING (N)	1	100.00		100.00	7.00	107.00
BOJSE	BODY JOINT SEALANT.	1	100.00		100.00	7.00	107.00

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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>Owner's Name</b>	: GOH SHAO HERN, SEAN	<b>Survey Date</b>	:	<b>Authorisation Date</b>	:
<b>Ins Policy No.</b>	: 10898496				
<b>Date of Accident</b>	: 23/8/2020				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount Incl GST
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	160.00		160.00	11.20	171.20
BA02R	REMOVE & INSTALL REVERSE SENSORS-4 PCS (N)	1	240.00		240.00	16.80	256.80
BC011R	REMOVE INSTALL & CALIBRATE REAR VIEW CAMERA	1	380.00		380.00	26.60	406.60
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	450.00		450.00	31.50	481.50
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	450.00		450.00	31.50	481.50
BKTRK	STRAIGHTEN ALIGN TRUNK LID.	1	550.00		550.00	38.50	588.50
BKRP22M	CUT & RENEW RR PANEL, GUTTER AND RR FENDER.	1	2800.00		2800.00	196.00	2996.00
BP06R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	3200.00		3200.00	224.00	3424.00
Sum Labor					<b>8480.00</b>	<b>593.60</b>	<b>9,073.60</b>

Survey By

Date & Time

Excess

Status

Signature

**Total Amount** 10,221.54 715.50 **10,937.04**

**Total (Inclusive of GST)** **10,937.04**

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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	24/08/2020 17:41
Date Of Accident	23/08/2020 16:30
Exact Location Of Accident	HOLLAND SLIP RD TOWARDS HOLLAND AVE(L/P141/2)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA6119L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SHAO HERN, SEAN
NRIC No	SXXXX599B
Email Address	SEANGOHS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82189638
Alternative Phone No	OFFICE-90117708

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 L (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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	10898496
Cover Note Number	

### Driver

Name of Driver	GOH SHAO HERN, SEAN
NRIC No	SXXXX599B
Date Of Birth	01/02/1988
Occupation	INDOOR
Date Of Driving Pass	09/07/2008
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82189638
Fax Number	
Contact Number	OFFICE-90117708
Email Address	SEANGOHS@GMAIL.COM

Address	34 STRATION PLACE
Postcode	S806846
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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: : SURATH GENDER: : MALE

#### 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

Nobody Injury During The Accident & Refer to Owner Accident Report.

#### 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	SHC608L
Vehicle Make/Model/Colour	HYUNDAI/IONIQ/YELLOW TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GHAN DJIN HOAT
NRIC/Passport Number	SXXXX449C
Contact Number	96931193
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle Number: \_\_\_\_\_

SKETCH PLANIMPORTANT 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: \_\_\_\_\_

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

13:13pm  
 24 AUG 2020

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: **ARY CHUA**  
 NRIC/FIN No.: \_\_\_\_\_

DID : +65 6846 5673  
 HP : +65 8100 6306  
 Email : arychua@honda.com.sg

Vehicle Number:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. ~~SCA6119L~~ ~~was~~ ~~SHC608L~~ ~~was~~ ~~SHC608L~~, was driving yesterday 24 August 20. At about 4:38 PM, I was stationary at around Holland Village, one of the 2nd crossings. My friend, Surath, was with me in the car, SHC608L, yellow cab, hit ~~us~~ us with a loud thud. The bumper was damaged.

DECLARATION

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:

13:13pm  
24 AUG 2020

Reporting Centre Personnel's Signature

Name: **ARY CHUA**  
NRIC/FIN No.:

DID : +65 6846 5673  
HP : +65 8100 6306  
Email : arychua@honda.com.sg

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8803599B



Name

GOH SHAO HERN, SEAN

吴 劭 恒

Race

CHINESE

Date of birth

01-02-1988

Sex

M

Country/Place of birth

SINGAPORE

S8803599B

5585380



NRIC No. S8803599B



Date of issue

21-03-2016

Address

34 STRATTON PLACE  
SINGAPORE 806846

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8803599B

Name

GOH SHAO HERN, SEAN

Birth Date: 01 Feb 1988

Issue Date: 09 Jul 2008



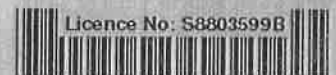
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 09 Jul 2008

NP 428A



Licence No: S8803599B