

**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>	: CHINA TAIPING INSURANCE (S'PORE) PTE 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909	<b>Document No.</b>	: SQT20003550	<b>Page</b>	1
<b>Registration No</b>	: SLV6353J	<b>Date</b>	: 31. Oct 2020	<b>Customer No.</b>	: WZC008
<b>Chassis No</b>	: MRHFC5650HT000796	<b>Svc Advisor</b>	: YOU PO SOON	<b>Engine No</b>	: R16B22001228
<b>Model</b>	: CIVIC 1.6 VTI YM2017	<b>Engine No</b>	: R16B22001228	<b>Date   Time</b>	: 31. Oct 2020 10:48:36 AM
<b>Owner's Name</b>	: WANG MING HWEE	<b>Surveyor Name</b>	:	<b>Survey Date</b>	:
<b>Ins Policy No.</b>	:	<b>Authorisation Date</b>	:		
<b>Date of Accident</b>	: 30/10/2020				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: WANG MING HWEE OWNER INSURER: NTUC INCOME INS. ACC DATE: 30/10/2020 SURVEYED BY: DATE: REF NO: TP INSURER: C/TAIPING INS. TP VEH: SLX9638H						
71500-TEC-Q00ZZ	FACE ASSY,RR.BUMPER	1	617.20	5	586.34	41.04	627.38
71530-TEA-T00ZZ	BEAM COMPRR.BUMPER	1	180.00	5	171.00	11.97	182.97
71502-TEX-Y00	GARNISH,RR.BUMPER LOWER	1	39.80	5	37.81	2.65	40.46
71593-TEA-T01	SPACERR.RR.BUMPER SIDE	1	11.50	5	10.92	0.76	11.68
71598-TEA-T01	SPACERL.RR.BUMPER SIDE	1	11.50	5	10.92	0.76	11.68
91505-TM8-003	CLIP,BUMPER	7	2.30	5	15.29	1.07	16.36
75722-TBA-A00	EMBLEM SETRR.	1	12.90	5	12.25	0.86	13.11
75725-TEA-T01	EMBLEMRR.	1	12.00	5	11.40	0.80	12.20
75701-TBA-A10	EMBLEM,H-MARK	1	13.30	5	12.63	0.88	13.51
90301-ST0-003	NUTPUSH 3MM	2	2.10	5	3.99	0.28	4.27
38387-TZ5-A01	ANTENNA ASSYL.F.	1	60.80	5	57.76	4.04	61.80
74940-SZW-003	BUZZER ASSYSMART	1	62.90	5	59.75	4.18	63.93
74851-TEA-003	LOCK ASSYTRUNK	1	81.20	5	77.14	5.40	82.54
39680-TEX-Y41ZT	SENSOR ASSY,PARKING	2	148.40	5	281.96	19.74	301.70
				<b>Sum Item</b>	<b>1349.16</b>	<b>94.43</b>	<b>1,443.59</b>
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	150.00		150.00	10.50	160.50
BA02R	REMOVE & INSTALL REVERSE SENSORS-4 PCS (N)	1	180.00		180.00	12.60	192.60

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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.



# QUOTATION

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

<b>Customer</b>	: CHINA TAIPING INSURANCE (S'PORE) PTE	<b>Document No.</b>	: SQT20003550	<b>Page</b>	2
	3 ANSON ROAD #16-00	<b>Date</b>	: 31. Oct 2020		
	SPRINGLEAF TOWER	<b>Customer No.</b>	: WZC008		
	SINGAPORE 079909	<b>Svc Advisor</b>	: YOU PO SOON		
<b>Registration No</b>	: SLV6353J	<b>Engine No</b>	: R16B22001228		
<b>Chassis No</b>	: MRHFC5650HT000796	<b>Date   Time</b>	: 31. Oct 2020 10:48:36 AM		
<b>Model</b>	: CIVIC 1.6 VTI YM2017	<b>Surveyor Name</b>	:		
<b>Owner's Name</b>	: WANG MING HWEE	<b>Survey Date</b>	:		
<b>Ins Policy No.</b>	:	<b>Authorisation Date</b>	:		
<b>Date of Accident</b>	: 30/10/2020				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	450.00		450.00	31.50	481.50
BKRP02S	STRAIGHTEN ALIGN RR PANEL & RENEW DAMAGE PARTS.	1	1500.00		1500.00	105.00	1605.00
BP03R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (3P)	1	1700.00		1700.00	119.00	1819.00
Sum Labor					4030.00	282.10	4,312.10

Survey By							
Date & Time					Total Amount	5,379.16	376.53
Excess							
Status					Total (Inclusive of GST)		5,755.69
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	31/10/2020 08:56
Date Of Accident	30/10/2020 17:15
Exact Location Of Accident	ANG MO KIO AVE 6 TOWARDS YCK DIRECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6353J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WANG MING HWEE
NRIC No	SXXXX739B
Email Address	CSKOH3490@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96558396
Alternative Phone No	OTHERS-96558396

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115226504 (DRIVO CLASSIC)
Cover Note Number	

### Driver

Name of Driver	WANG MING HWEE
NRIC No	SXXXX739B
Date Of Birth	23/09/1970
Occupation	INDOOR
Date Of Driving Pass	15/07/1995
Driving Experience	25 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96558396
Fax Number	
Contact Number	OTHERS-96558396
EMail Address	CSKOH3490@YAHOO.COM.SG

Address	1 SIN MING WALK #10-40
Postcode	575574
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	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)	3
Passenger 1	NAME: : LIM KIM MIN GENDER: : MALE
Passenger 2	NAME: : LENG BING LING 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 STATEMENT ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SYSTEM UNABLE TO UPLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX9638H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CANDICE CHAN SHIHUI
NRIC/Passport Number	SXXXX944B
Contact Number	91077173
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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: 31/10/2020  
9am.

31 OCT 2020

Driver's Signature

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

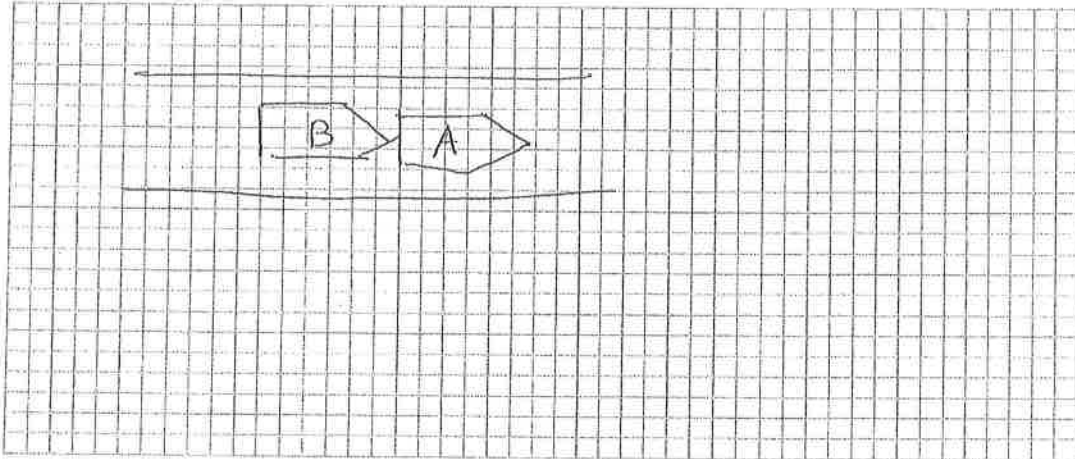


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary, with cars in front of me, at a traffic junction.

Car B hit my car at the back.

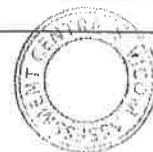
DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 31/10/2020  
 9am.

31 OCT 2020

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



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