



**Kah Motor Co. Sdn. Bhd.**  
(A Member of Oriental Holdings Berhad)  
Body Repair & Paint Centre  
6A Mandai Estate  
Singapore 729903  
Tel : +65 6841 3838  
Fax : +65 6362 5015  
www.honda.com.sg

**M/s: MS First Capital Insurance Ltd**  
36 Robinson Road  
#16-01 City House  
Singapore 068877  
**Attn: Motor Claims Department**

Date : 28/4/2021

**Your ref : SHC3508Y**

Dear Sir / Madam,

**Our ref : SMT8461R**

**THIRD PARTY DIRECT SETTLEMENT**

**ACCIDENT INVOLVING SMT8461R & SHC3508Y ON 18/12/2020**

We refer to the item(s) marked ☒ below:

☒ We refer to your email dated 24/12/2020.

☒ We enclosed herewith the repair invoice / Third Party Direct Settlement Agreement.

☒ Kindly forward the discharge voucher for our client's signature within **2 weeks** via email to **desmondtoh@honda.com.sg**.

☐ We return your discharge voucher duly completed.

☒ Kindly expedite settlement of the following :-

Repair Cost **S\$12,285.00 payable to Kah Motor Co. Sdn. Bhd.**

Loss of rental **S\$107.00 x 8 days : S\$856.00 payable to LAB SCIENCE SOLUTION PTE LTD.**

☒ Kindly let us have your cheque made in favour of the above mentioned name(s) for our transmission as soon as possible.

☒ Enclosures

☒ Repair/Excess Bill

☒ Rental Invoice

☐ Others: \_\_\_\_\_

☒ Letter of Authority

☐ GIA Search

☐ LTA Search

☐ Remarks \_\_\_\_\_

Thank you.

Yours faithfully,

Ivan Teo



## LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SMT8461R &  
(THIRD PARTY'S VEHICLE NO.) SHC3508Y ON 18/12/2020  
ALONG UPPER BT TIMAH ROAD

I hereby authorize Kah Motor Co. Sdn Bhd (Kah Motor) and its agents or any person authorized by Kah Motor to do all or any of the following:

- To submit, resolve and make any claim(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.



*[Handwritten Signature]*

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

Name : LAB SCIENCE SOLUTION PTE LTD

NRIC No : 2XXXXX377E

Vehicle No : SMT8461R

Date : 31ST DECEMBER 2020



**Kah Motor Co. Sdn. Bhd.**

(A Member of Oriental Holdings Berhad)

6A Mandai Estate, SINGAPORE 729903

Mandai Parts Centre

Phone No. : +65 6841 3838 Fax No. :

MS FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIMS DEPT

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE, 068877

**Customer Code :** CU0129743**Payment Term :** 30 Days**Service Tax Invoice**

GST Reg No. M200050223

Company Ref. No. S60FC1380G

<b>Invoice No.</b>	:	SINV-BM21000505
<b>Invoice Date</b>	:	28/04/21
<b>Order No.</b>	:	SVO21000683
<b>Reference</b>	:	
<b>Job Card No.</b>	:	12646
<b>Date/Time Received</b>	:	21/12/20 / 2:35:54 PM
<b>Licence No.</b>	:	SMT8461R
<b>Model</b>	:	JAZZ 1.3LXR CVT 20YM
<b>Car Chassis No.</b>	:	JHMGK3850LS218008
<b>Car Engine No.</b>	:	L13B15000785
<b>Mileage</b>	:	3978
<b>Service Advisor</b>	:	IVAN TEO BOON KIAT 1876
<b>Served By</b>	:	IVANTEO
<b>Page</b>	:	1

No.	Description	Qty.	UoM	U. Price	Disc %	Amount	7% GST Amount	incld GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: LAB SCIENCE SOLUTION PTE LTD OWNER INSURER: Tokio Marine ACC DATE: 18/12/2020 SURVEYED BY: DATE: REF NO: TP INSURER: MSFIRST CAPITAL TP VEH: SHC3508Y							
BOSUN	0669 SUNDRIES	1	Hours	50.00		50.00	3.50	53.50
BML01I	0669 INSPECT FR LIGHTING MECHANISMS & FOCUS HEADLIGHTS.(N)	1	Hours	280.00		280.00	19.60	299.60
BML02I	0669 INSPECT RR LIGHTING MECHANISMS. PERFORM WATER TEST.(N)	1	Hours	280.00		280.00	19.60	299.60
BKDR12R	0669 REMOVE & TRANSFER ITEMS TO NEW FR R DR. ADJUST & ALIGN INCLUDING FITTINGS ON ATTACHMENT ITEMS.(N)	1	Hours	650.00		650.00	45.50	695.50
BKDR22R	0669 REMOVE & TRANSFER ITEMS TO NEW RR R DR. ADJUST & ALIGN INCLUDING FITTINGS ON ATTACHMENT ITEMS.(N)	1	Hours	650.00		650.00	45.50	695.50
BPBODY	0669 RENEW FRONT RIM	1	Hours	80.00		80.00	5.60	85.60
BPBODY	0669 RENEW REAR RIM	1	Hours	80.00		80.00	5.60	85.60
BKFE22K	0669 STRAIGHTEN ALIGN RR R FENDER AND RENEW DAMAGE PART	1	Hours	3,250.00		3,250.00	227.50	3,477.50
BP07R	1718 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS.(7P)	1	Hours	3,640.00		3,640.00	254.80	3,894.80
04711-T5A-J50ZZ	FACE,FR.BUMPER	1	Each	517.70	25	388.27	27.18	415.45
71193-T5A-000	SPACERR.FR.BUMPER	1	Each	10.40	25	7.80	0.55	8.35
91505-TM8-003	CLIP,BUMPER	19	Each	2.30	25	32.77	2.29	35.06
67010-T5A-306ZZ	PANEL COMP,R.FR.DOOR	1	Each	816.10	25	612.07	42.84	654.91
67324-T5A-003	TAPE SETR.FR.DOOR	1	Each	34.50	25	25.87	1.81	27.68
67510-T5A-N10ZZ	PANEL COMP,R.RR.DOOR	1	Each	736.20	25	552.15	38.65	590.80
67825-T5A-003	TAPER.RR.DOOR SASH	1	Each	15.40	25	11.55	0.81	12.36
71593-T5A-J50	SPACER,R.RR.BUMPER SIDE	1	Each	17.30	25	12.97	0.91	13.88
91505-TM8-003	CLIP,BUMPER	7	Each	2.30	25	12.07	0.84	12.91
42700-T5S-M72	WHEEL,DISK AL 15X7	1	Each	457.20	25	342.90	24.00	366.90
42700-T5S-M72	WHEEL,DISK AL 15X7	1	Each	457.20	25	342.90	24.00	366.90
BO-WHEEL ALIGN X4	WHEEL ALIGNMENT X4	1	Labor	180.00		180.00	12.60	192.60

Printed by IVANTEO on 28 Apr 2021 at 1:31:09 PM

This is a computer generated invoice. No signature is required. Please review your bill and advise us of any errors or omissions.  
Kah Motor reserves the right to deliver a subsequent bill for any charge omitted. GST Amount is calculated from individual line(s).

Payment due upon Payment Terms as stated above. Please make payment strictly in accordance with payment terms.

Interest will be charged at 2% per month on overdue amounts.

**Kah Motor Co. Sdn. Bhd.**

(A Member of Oriental Holdings Berhad)  
6A Mandai Estate, SINGAPORE 729903  
Mandai Parts Centre  
Phone No. : +65 6841 3838 Fax No. :

MS FIRST CAPITAL INSURANCE LIMITED  
MOTOR CLAIMS DEPT  
36 ROBINSON ROAD  
#16-01 CITY HOUSE  
SINGAPORE, 068877

**Customer Code :** CU0129743  
**Payment Term :** 30 Days

**Service Tax Invoice**

GST Reg No. M200050223  
Company Ref. No. S60FC1380G

Invoice No.	:	SINV-BM21000505
Invoice Date	:	28/04/21
Order No.	:	SVO21000683
Reference	:	
Job Card No.	:	12646
Date/Time Received	:	21/12/20 / 2:35:54 PM
Licence No.	:	SMT8461R
Model	:	JAZZ 1.3LXR CVT 20YM
Car Chassis No.	:	JHMGK3850LS218008
Car Engine No.	:	L13B15000785
Mileage	:	3978
Service Advisor	:	IVAN TEO BOON KIAT 1876
Served By	:	IVANTEO
Page	:	2

Sum Labor	8,960.00	627.20	9,587.20
Sum Item	2,341.32	163.88	2,505.20
Sum External Services	180.00	12.60	192.60
Total SGD	11,481.32	803.68	12,285.00
Total Payable (SGD)			12,285.00

Printed by IVANTEO on 28 Apr 2021 at 1:31:09 PM

This is a computer generated invoice. No signature is required. Please review your bill and advise us of any errors or omissions.  
Kah Motor reserves the right to deliver a subsequent bill for any charge omitted. GST Amount is calculated from individual line(s).

Payment due upon Payment Terms as stated above. Please make payment strictly in accordance with payment terms.  
Interest will be charged at 2% per month on overdue amounts.

**LAB SCIENCE SOLUTION PTE LTD**  
2 TUKANG INNOVATION GROVE  
#08-02  
SINGAPORE 618305

**Tax Invoice**  
**Invoice No.** : CRINV/21/00079  
**Invoice Date** : 13 Jan 2021  
**Customer No.** : \*\*\*\*\*377E  
**Ref** :  
**Currency** : SGD  
**Terms** : COD  
**RA No.** : 08862

**Customer Information**

Customer Name : LAB SCIENCE SOLUTION PTE LTD  
Customer Ref No. : SMT8461R IVAN

**Rental Information**

Date/Time Out : 05/01/2021 10:00  
Date/Time Return : 13/01/2021 10:50

**Car Information**

Registration No. : SLR5636X  
Car Model : CRV 1.5 TURBO  
CVT 7SEATER  
Car Color : RED

Starting Mileage : 20504  
Ending Mileage : 20834  
Mileage Travelled : 330

**Billing Detail**

#	Description	Amt
1	8 DAYS @ 100.00	800.00

**Remarks:**

LK/BS - SA: IVAN TEO

Payment due upon Payment Terms as stated above. Please make payment strictly in accordance with payment terms. Interest will be charged at 2% per month on overdue amounts.

Printed by Ivan Teo at 28/04/2021 13:58

Subtotal : S\$ 800.00  
GST 7.0% : S\$ 56.00  
**Total : S\$ 856.00**  
Paid : S\$ 856.00  
Outstanding : S\$ 0.00





## RENTAL AGREEMENT

No. 08862

Date: 05 Jan 2021

### VEHICLE PARTICULAR

Vehicle No. : SLR5636X  
Make : HONDA  
Model : CRV 1.5 TURBO CVT 7SEATER  
Out (Date & Time) : 05 Jan 2021 | 1000  
In (Date & Time) : 13/1/2021 1050  
**HIRER PARTICULAR**  
Name : LAB SCIENCE SOLUTION PTE LTD  
Address (Res) : 2 TUKANG INNOVATION GROVE #08-02 SINGAPORE 618305  
Tel :  
Name on Credit Card :  
Credit Card No. :  
Payment Mode : Cash

### MAIN DRIVER PARTICULAR

Name : MONIQUE MARTINA  
Address (Res) : BLK 2D HONG SAN WALK #03-10 SINGAPORE 689050  
Driving License No. :  
Passing Date :  
Date of Birth :  
NRIC/FIN/Passport No : S8179456A

### ADDITIONAL DRIVER PARTICULAR

Name :  
Address (Res) :  
Driving License No. :  
Passing Date :  
Date of Birth :  
NRIC/FIN/Passport No :

### PAYMENT

Day: 10 days x 100.00 1,000.00  
Week 0.00  
Month 0.00  
Add HRS 0.00  
SUB TOTAL 1,000.00  
GST 70.00  
**NETT AMOUNT** 1,070.00  
SECURITY DEPOSIT 0.00

### REMARKS

SMT8461R  
SA : IVAN TEO  
3RD PARTY CLAIM > MS FIRST CAPITAL

### TERMS & CONDITIONS

- Malaysia Drive Surcharge
  - Normal days \$20/day + 7% GST
  - Blackout dates, Eve of PH & PH \$40/day + 7% GST
- Insurance Excess
  - S'pore Drive Excess - \$1500 + 7% GST
  - Malaysia Drive Excess - \$2500 + 7% GST (Excluding towing & custome fees)
- Vehicle is rented to hirer upon terms and conditions on the front and back of this agreement.
- Vehicle is to be driven only by hirer and any additional hirer listed above.
- Hirer is responsible for all parking, fine

PAID  
13 JAN 2021

I have read and agree to the terms and conditions of this Rental Agreement.  
I authorize Kah Motor Co. Sdn. Bhd. to process any miscellaneous charges.  
All information I have given Kah Motor Co. Sdn.

Hirer's Signature

Main Driver's Signature  
(if not hirer)

ALL HOSTS SETTLED  
Signature (if not hirer)

Rented out by

DBS  
KAH MOTOR ALX WORKSHOP  
255 ALEXANDRA ROAD  
SINGAPORE 159937  
TID: 38007873 MID: 168168333546  
BATCH #: 001093 HOST: DBS  
DATE/TIME: 13JAN21 10:59  
SETTLEMENT SLIP  
TRANS COUNT AMOUNT(SGD)  
MASTERCARD  
SALES 001 856.00  
REFUND 000 -0.00  
V. SALE 000 0.00  
V. RFND 000 0.00  
CARD TOTAL 856.00  
BATCH TOTALS:  
SALES 001 856.00  
REFUNDS 000 -0.00  
TIPS 000 0.00  
V. SALES 000 0.00  
V. REFUNDS 000 0.00  
GRAND TOTAL 856.00  
BATCH CLOSED

DBS  
KAH MOTOR ALX WORKSHOP  
255 ALEXANDRA ROAD  
SINGAPORE 159937  
ENV SALE  
DATE/TIME: 13JAN21 10:58  
TID: 38007873 MID: 168168333546  
INVOICE#: 026368 BATCH#: 001093  
MASTERCARD EXPIRY  
XXXX XXXX XXXX 5237 XX/XX  
APPR CODE: R57239 HOST: DBS  
ENV CHIP RRN: 101302026368  
TC: 7CA2240D56E54744 AID: A0000000041010  
UOB MasterCard TVR: 0000000000 TSI: E000  
TOTAL SGD 856.00  
SIGN X  
MONIQUE MARTINA  
I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
\*\*\* MERCHANT COPY \*\*\*





## 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 Submission	21/12/2020 11:48 (SGT)
Date of Accident	18/12/2020 19:00 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	UPPER BT TIMAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT8461R
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LAB SCIENCE SOLUTION PTE LTD
Company Reg No	2XXXXX377E
Email Address	lorna@labsciencesolution.com
Mobile Phone No	(Phone) +65-90011090
Alternative Phone No	(Office) +65-62556068

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MR004010
Cover Note Number	-

#### DRIVER

Name of Driver	MONIQUE MARTINA
NRIC No	SXXXX456A
Date Of Birth	01/03/1981
Occupation	Indoor



Date Of Driving Pass	02/04/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90011090
Alt. Phone Number	
Email Address	MONIQUE@LABSCIENCESOLUTION.COM
Address	BLK 2D HONG SAN WALK #03-10
Address complement	
Postcode	689050
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN

#### 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	SHC3508Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TOK HONG SEET
NRIC No	SXXXX540J
Contact Number	(Phone) +65-98760650
Address	-
Address complement	-
Postcode	-

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: \_\_\_\_\_

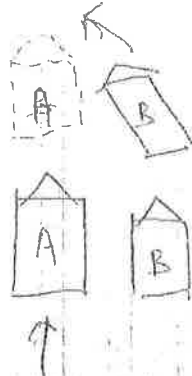


Driver's Signature  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

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

File Number: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As traffic light turns green, I planned to move forward.  
The taxi turned into my lane, and his vehicle grazed into  
my vehicle's right side portion.

DECLARATION

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



Policyholder's Signature  
Date & Time:



Hand-drawn signature of the driver.

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

Hand-drawn signature of the reporting centre personnel.

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