

**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: Central Narcotics BureauDate : 19/2/2021

C/o: LKK Auto Consultants Pte Ltd

Without Prejudice

Attn: Claims HandlerYour ref : QX998TOur ref : SLP2395X

Dear Sir / Madam,

THIRD PARTY DIRECT SETTLEMENT**Accident Involving SLP2395X and QX998T on 28.12.2020**

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

- (✓) 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 the following :-

Repair Cost	S\$ 3,136.89 payable to Kah Motor Co. Sdn. Bhd.
Loss Of Rental	S\$ 240.00 (\$60.00x4days) payable to ' Lew Shaun Marc '
Total	<u>S\$ 3,376.89</u>

- (✓) Kindly let us have your cheque made in favour of the above mentioned name(s) for our transmission as soon as possible.
- (✓) Letter of Authority, Repair Invoice

Thank you.

Yours faithfully,

Desmond Toh

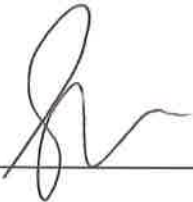

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER VEHICLE NO.) SLP 2395 X &
(THIR PARTY'S VEHICLE NO.) QX 998 T 28/12/2020
AIONG CHANGI PRISON

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 3rd 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.



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

Name : LEW SHAUN MARC

Nric SXXXX302E

Vehicle No: SLP 2395 X

Date : 14/1/2021

Letter of Authority (insurer)



Service Tax Invoice

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. :

GST Reg No. M200050223

Company Ref. No. S60FC1380G

SINGAPORE POLICE FORCE

ERIC TAN

P O BOX 1313

ROBINSON ROAD

902613 SINGAPORE

Customer Code : CU0129709

Payment Term : 30 Days

Invoice No. : SINV-BM21000095
Invoice Date : 21/01/21
Order No. : SVO21001952
Reference :
Job Card No. : 12662
Date/Time Received : 29/12/20 / 8:29:36 AM
Licence No. : SLP2395X
Model : JAZZ 1.3LXR CVT 17YM
Car Chassis No. : JHMGK3850HX200288
Car Engine No. : L13B11020203
Mileage : 55340
Service Advisor : JACK NG 1838
Served By : JACKNG
Page : 1

No.	Description	Qty.	UoM	U. Price	Disc %	7% GST Amount incld		
						Amount	Amount	GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER:LEW SHAUN MARC OWNER INSURER:AXA INSURANCE ACC DATE:28/12/2020 SURVEYED BY: DATE: REF NO: TP INSURER: TP VEH: QX 998 T							
BOSUN	1916 SUNDRIES	1	Hours	50.00		50.00	3.50	53.50
BC012R	1916 RESET VEHICLE SMART ENTRY SYSTEM	1	Hours	560.00		560.00	39.20	599.20
BKFE12R	1916 REMOVE & RENEW FR R FENDER. RENEW ALL DAMAGE PARTS FITTINGS ON ATTACHMENT ITEMS.	1	Hours	975.00		975.00	68.25	1,043.25
BP02R	1718 SPRAY PAINTING ON REPAIRED OR REPLACED AREAS.(2P)	1	Hours	1,040.00		1,040.00	72.80	1,112.80
60211-T5R-A00ZZ	PANEL ,R.FR.FENDER	1	Each	408.90	25	306.67	21.47	328.14
Sum Labor						2,625.00	183.75	2,808.75
Sum Item						306.67	21.47	328.14
Total SGD						2,931.67	205.22	3,136.89
Total Payable (SGD)								3,136.89

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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.

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	29/12/2020 08:27 (SGT)
Date of Accident	28/12/2020 13:30 (SGT)
Exact Location of Accident	Changi Prison, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2395X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW SHAUN MARC
NRIC No	SXXXX302E
Email Address	SHAUNLEW86@GMAIL.COM
Mobile Phone No	(Phone) +65-9788445
Alternative Phone No	(Home) +65-64682123

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	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA356204
Cover Note Number	-

DRIVER

Name of Driver	LEW SHAUN MARC
NRIC No	SXXXX302E
Date Of Birth	13/04/1986
Occupation	Indoor

Date Of Driving Pass	16/05/2006
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-9788445
Alt. Phone Number	(Home) +65-64682123
Email Address	SHAUNLEW86@GMAIL.COM
Address	61 HUME AVE #01-02
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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 TO ATTACHMENT

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

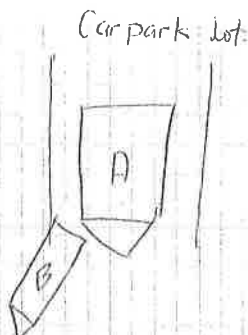
Vehicle Registration Number	QX998T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage _____ -
Details of property damaged in accident _____ -
No. Of Passenger (Including Driver) _____ -

SKETCH PLAN

Vehicle Number: _____

SKETCH PLAN



A = SLP 2395X.

B =

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 December 2020, I parked my car at Changi Prison carpark between 1.30pm and 3.00pm. When I returned to my vehicle, I saw that the front right side was damaged and there was a note on my windscreen.

In the note, Anthony apologized for damaging my car while reversing and left his number 9815 2665, telling me to call him. He did not leave his car plate no.

DECLARATION

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

Policyholder's Signature

Date & Time: 28.12.2020
4 pm

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: