



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

| | | | | | |
|-------------------------|--|---------------------|---------------------------|---------------------------|----------------|
| Customer | : INDIA INTERNATIONAL INSURANCE PTE 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711 | Document No. | : SOT21001346 | Page | 1 |
| Registration No | : SCY3692R | Date | : 19. Apr 2021 | Customer No. | : WZ1007 |
| Chassis No | : JHMGK5850KS204458 | Svc Advisor | : NG SIN HAI | Engine No | : L15B34100250 |
| Model | : JAZZ 1.5VTIR CVT 19YM (EURO 6) | Date Time | : 19. Apr 2021 4:54:15 PM | Surveyor Name | : |
| Owner's Name | : CHOY WENG MENG | Survey Date | : | Authorisation Date | : |
| Ins Policy No. | : | | | | |
| Date of Accident | : 18/4/2021 | | | | |

| Item | Description | Qty | Unit Price | Disc % | Amount | 0% GST Amount | Amount incld GST |
|-----------------|--|-----|------------|--------|---------|---------------|------------------|
| | TP DIRECT SETTLEMENT (J/NO:) OWNER: OWNER INSURER: ACC DATE: SURVEYED BY: DATE: REF NO: TP INSURER: TP VEH: | | | | | | |
| 04711-T5B-J50ZZ | FACE,FR.BUMPER X R | 1 | 497.20 | 25 | 372.90 | 26.10 | 399.00 |
| 71102-T5L-T80 | LOWER GRILLE ASSY,FR. X | 1 | 157.40 | 25 | 118.05 | 8.26 | 126.31 |
| 71103-T5B-J50 | GARNISH ASSY,R.FR.FOG X | 1 | 77.60 | 25 | 58.20 | 4.07 | 62.27 |
| 71104-T5B-J50 | COVER,FR.TOWING HOOK X | 1 | 7.70 | 25 | 5.77 | 0.40 | 6.17 |
| 71108-T5B-J50 | GARNISH ASSY,L.FR.FOG X | 1 | 77.60 | 25 | 58.20 | 4.07 | 62.27 |
| 71130-T5B-J50 | BEAM COMP,FR.BUMPER X | 1 | 319.70 | 25 | 239.77 | 16.78 | 256.55 |
| 71140-T5B-J60 | BEAM UPPER,R.FR.BUMPER X | 1 | 31.80 | 25 | 23.85 | 1.67 | 25.52 |
| 71193-T5A-000 | SPACERR.FR.BUMPER ? | 1 | 10.40 | 25 | 7.80 | 0.55 | 8.35 |
| 71198-T5A-000 | SPACERL.FR.BUMPER X | 1 | 10.40 | 25 | 7.80 | 0.55 | 8.35 |
| 91505-TM8-003 | CLIP,BUMPER / MC | 15 | 2.30 | 25 | 25.87 | 1.81 | 27.68 |
| 71121-T5B-J50 | BASE,FR.GRILLE HOOK X | 1 | 264.60 | 25 | 198.45 | 13.89 | 212.34 |
| 71123-T5B-J60 | MOLDING UPPER,FR.GRILLE X | 1 | 145.50 | 25 | 109.12 | 7.64 | 116.76 |
| 75700-T5A-000 | EMBLEM H X | 1 | 17.20 | 25 | 12.90 | 0.90 | 13.80 |
| 90301-ST0-003 | NUTPUSH 3MM X | 2 | 2.10 | 25 | 3.15 | 0.22 | 3.37 |
| 60211-T5R-A00ZZ | PANEL ,R.FR.FENDER / 00 | 1 | 425.10 | 25 | 318.82 | 22.32 | 341.14 |
| 74100-TAS-000 | FENDER ASSY,R.FR. ? | 1 | 84.60 | 25 | 63.45 | 4.44 | 67.89 |
| 91501-TR0-003 | CLIP,INNER FENDER | 11 | 2.80 | 25 | 23.10 | 1.62 | 24.72 |
| 33100-T5A-T21 | LIGHT ASSY,R.HEAD ? | 1 | 1664.80 | 25 | 1248.60 | 87.40 | 1336.00 |
| 44600-T5B-J00 | HUB ASSYFR. X | 1 | 138.30 | 25 | 103.72 | 7.26 | 110.98 |

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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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QUOTATION

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

Customer : INDIA INTERNATIONAL INSURANCE PTE
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711
Registration No : SCY3692R
Chassis No : JHMGK5850KS204458
Model : JAZZ 1.5VTIR CVT 19YM (EURO 6)
Owner's Name : CHOY WENG MENG
Ins Policy No. :
Date of Accident : 18/4/2021

Document No. : SQT21001346 **Page** 2
Date : 19. Apr 2021
Customer No. : WZ1007
Svc Advisor : NG SIN HAI
Engine No : L15B34100250
Date | Time : 19. Apr 2021 4:54:15 PM
Surveyor Name :
Survey Date :
Authorisation Date :

| Item | Description | Qty | Unit Price | Disc % | Amount | 0% GST Amount | Amount incld GST |
|-------------------------|--|-----|------------|--------|----------------|---------------|------------------|
| 44300-TD4-J51 | BEARING ASSY,FR.HUB X | 1 | 141.60 | 25 | 106.20 | 7.43 | 113.63 |
| 42700-TAR-E91 | DISK ALUMINIUM WHEEL,16X6 ? (Try Polish) | 1 | 262.70 | 25 | 197.02 | 13.79 | 210.81 |
| Sum Item | | | | | 3302.74 | 231.17 | 3,533.91 |
| BOSUN | SUNDRIES | 1 | 100.00 | 30 | 100.00 | 7.00 | 107.00 |
| BML01I | INSPECT FR LIGHTING MECHANISMS & FOCUS | 1 | 180.00 | 150 | 180.00 | 12.60 | 192.60 |
| BC012R | RESET VEHICLE SMART ENTRY SYSTEM | 1 | 650.00 | 580 | 650.00 | 45.50 | 695.50 |
| BKBU01R | REMOVE & RENEW FR BUMPER INCLUDING FITTINGS ON | 1 | 2000.00 | 1300 | 2000.00 | 140.00 | 2140.00 |
| BP03R | SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (3P) | 1 | 2000.00 | 1040 | 2000.00 | 140.00 | 2140.00 |
| BMU12R | REMOVE & REPLACE FR R UNDERCARRIAGE PARTS. (N) | 1 | 1200.00 | ? | 1200.00 | 84.00 | 1284.00 |
| BOSUN | REMOVE AND RENEW RHF WHEEL/RIM/TYRE | 1 | 50.00 | ? | 50.00 | 3.50 | 53.50 |
| Sum Labor | | | | | 6180.00 | 432.60 | 6,612.60 |
| BO-WHEEL ALIGN X4 | WHEEL ALIGNMENT X4 | 1 | 180.00 | ✓ | 180.00 | 12.60 | 192.60 |
| Sum Ext. Service | | | | | 180.00 | 12.60 | 192.60 |

Survey By: Steve (LKK)
Date & Time: 28/4/21, 10:30a
Excess: PIP
Status: By Blay
Signature: 4 dys

Total Amount 9,662.74 676.37 10,339.11
Total (Inclusive of GST) 10,339.11

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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. ledged by Repairer

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd., it will be refunded.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without prejudice" basis
- No illegal modification is allowed
- Supplementary terms must be surveyed and is subject to final approval from insurance Company

Signature:

Date:

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 19/04/2021 15:11 (SGT)
Date of Accident 18/04/2021 13:30 (SGT)
Exact Location of Accident Near 141 North Bridge Rd, Singapore 179099
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCY3692R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOY WENG MENG
NRIC No SXXXX796D
Email Address WENGMENG@HOTMAIL.COM
Mobile Phone No (Phone) +65-90084074
Alternative Phone No (Home) +65-90084074

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

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

DRIVER

Name of Driver CHOY WENG MENG
NRIC No SXXXX796D

Date Of Birth 14/07/1981
 Occupation Indoor
 Date Of Driving Pass 30/04/2003
 Driving experience 18 YEARS
 Gender Male
 Mobile Number (Phone) +65-90084074
 Alt. Phone Number (Home) +65-90084074
 Email Address WENGMENG@HOTMAIL.COM
 Address 455A ANG MO KIO STREET 44 #24-07 S561455
 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 Collision - Major/Minor Rd
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name MARIA ELENA DE JESUS
 Gender Female

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

ATTACHMENT(S)

Are accident photos available for attachment? No
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY: 1

Vehicle Registration Number SLM4762Y
 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) -

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:

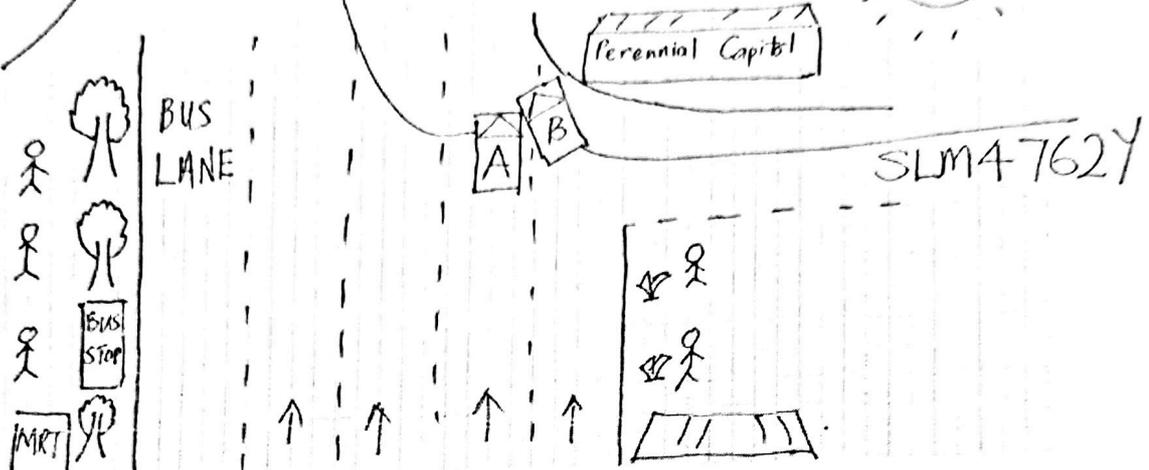


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Vehicle Number:

SCY3692R

SKETCH PLAN
CHURCH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along North Bridge Road.

Vehicle B came out from the minor road and hit onto my vehicle A.

DECLARATION

I/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:


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