

**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

Customer : CHINA TAIPING INSURANCE (S'PORE) PTE
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909

Registration No : SJY7113L

Chassis No : MRHFC5650KT001311

Model : CIVIC 1.6 VTI YM2019

Owner's Name : DANNY LIM BOON TONG

Ins Policy No. :

Date of Accident : 27/4/2021

Document No. : SQT21001488

Date : 28. Apr 2021

Customer No. : WZC008

Svc Advisor : YOU PO SOON

Engine No : R16B25511508

Date | Time : 28. Apr 2021 3:57:27 PM

Surveyor Name :

Survey Date :

Authorisation Date :

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Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:)						
	OWNER: DANNY						
	OWNER INSURER: TOKIO MARINE						
	ACC DATE: 27/4/2021						
	SURVEYED BY:						
	DATE:						
	REF NO:						
	TP INSURER: C/TAIPING						
	TP VEH: GBG8079K						
71500-TEC-Q00ZZ	FACE ASSY,RR.BUMPER	1	617.20	25	462.90	32.40	495.30
71530-TEA-T00ZZ	BEAM COMPRR.BUMPER	1	188.00	25	141.00	9.87	150.87
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
91505-TM8-003	CLIP,BUMPER	7	2.30	25	12.07	0.84	12.91
75722-TBA-A00	EMBLEM SETRR.	1	13.40	25	10.05	0.70	10.75
75725-TEA-T01	EMBLEMRR.	1	12.50	25	9.37	0.66	10.03
75701-TBA-A10	EMBLEM,H-MARK	1	14.00	25	10.50	0.74	11.24
90301-ST0-003	NUTPUSH 3MM	1	2.10	25	1.57	0.11	1.68
68500-TEA-N00ZZ	LID COMP TRUNK	1	554.90	25	416.17	29.13	445.30
74865-TEA-T01	WEATHERSTRIPTRUNK LID	1	70.00	25	52.50	3.68	56.18
74851-TEA-003	LOCK ASSYTRUNK	1	84.90	25	63.67	4.46	68.13
66100-TEC-307ZZ	PANEL SETRR.	1	277.50	25	208.12	14.57	222.69
66114-TBA-A00ZZ	STIFFENER,R.RR.PANEL SIDE	1	30.50	25	22.87	1.60	24.47
66154-TBA-A00ZZ	STIFFENERL.RR.PANEL SIDE	1	30.50	25	22.87	1.60	24.47
39680-TEX-Y41ZT	SENSOR ASSY,PARKING	4	155.40	25	466.20	32.63	498.83
38387-TZ5-A01	ANTENNA ASSYL.F.	1	63.20	25	47.40	3.32	50.72
74940-SZW-003	BUZZER ASSYSMART	1	65.40	25	49.05	3.43	52.48
34150-TEX-Y01	LIGHT ASSYR.LID	1	139.60	25	104.70	7.33	112.03

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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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34155-TEX-Y01	LIGHT ASSYL.LID	1	139.60	25	104.70	7.33	112.03
33500-TEA-T01	TAILLIGHT ASSYR.	1	298.40	25	223.80	15.67	239.47
33550-TEA-T01	TAILLIGHT ASSYL.	1	321.10	25	240.82	16.86	257.68
84640-TEA-Z01ZA	LINING ASSYRR.PANEL	1	50.30	25	37.72	2.64	40.36
BO-NUM-COMP-L	NUMBER PLATE WITH CASING-L(N)	1	45.00		45.00	3.15	48.15
Sum Item					2770.29	193.92	2,964.21
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	180.00		180.00	12.60	192.60
BA02R	REMOVE & INSTALL REVERSE SENSORS-4 PCS (N)	1	200.00		200.00	14.00	214.00
BOJSE	BODY JOINT SEALANT.	1	100.00		100.00	7.00	107.00
BOBC	BODY UNDERSIDE COATING (N)	1	100.00		100.00	7.00	107.00
BP00R	APPLY BODY UNDERSIDE COATING (N).	1	250.00		250.00	17.50	267.50
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	650.00		650.00	45.50	695.50
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	520.00		520.00	36.40	556.40
BC011R	REMOVE INSTALL & CALIBRATE REAR VIEW CAMERA	1	520.00		520.00	36.40	556.40
BKTRR	REMOVE & TRANSFER ITEMS TO NEW TRUNK LID	1	520.00		520.00	36.40	556.40
BKRP02M	CUT OFF & RENEW RR PANEL. STRAIGHTEN ALIGN	1	2800.00		2800.00	196.00	2996.00
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (5P)	1	2800.00		2800.00	196.00	2996.00
Sum Labor					8690.00	608.30	9,298.30

Survey By

Date & Time

Excess

Status

Signature

Total Amount 11,460.29 802.22 12,262.51

Total (Inclusive of GST) 12,262.51

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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 Submission	28/04/2021 13:55 (SGT)
Date of Accident	27/04/2021 14:10 (SGT)
Exact Location of Accident	Near 27 Tampines Street 92, Singapore 528878
Additional Location Information	PIE TOWARDS CHANGI BEFORE TAMPINES AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7113L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DANNY LIM BOON TONG
NRIC No	SXXXX769H
Email Address	DANNYLIMBT@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98186081
Alternative Phone No	+65-98186081

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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
Transmission	Auto
CC	1600

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	DANNY LIM BOON TONG
NRIC No	SXXXX769H



Date Of Birth	16/09/1971
Occupation	Outdoor
Date Of Driving Pass	12/12/1997
Driving experience	23 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98186081
Alt. Phone Number	+65-98186081
Email Address	DANNYLIMBT@HOTMAIL.COM
Address	BLK 403 TAMPINES STREET 41
Address complement	#03-69
Postcode	520403
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT

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	GBG8079K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBK3838Z
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Commercial vehicle
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: SJY7113L

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

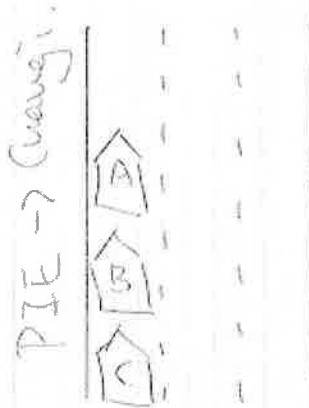
Policyholder's Signature
Date & Time:

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

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

Vehicle Number: SJY 7113L

SKETCH PLAN



A - SJY 7113L
B - GBG 8079K
C - GBK 3838Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/4/2021, at about 14:10 HRS. I was driving along PIE towards Cuang. I was travelling along left lane, suddenly the front car brake, and I could brake in time but suddenly the vehicle GBG 8079K was collided into the back of my car. This accident total involved 3 vehicle.

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.: