

**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	: LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555	Document No.	: SQT21001722	Page	1
Registration No	: SKZ8805A	Date	: 20. May 2021		
Chassis No	: JHMRC1890GC201766	Customer No.	: WZL009		
Model	: ODYSSEY 2.4 EXV-S 16YM	Svc Advisor	:		
Owner's Name	: ROBERT BING KOSAN	Engine No	: K24W72010776		
Ins Policy No.	:	Date Time	: 20. May 2021 7:56:38 AM		
Date of Accident	: 17/5/2021	Surveyor Name	:		
		Survey Date	:		
		Authorisation Date	:		

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: ROBERT OWNER INSURER: B/DIRECT ACC DATE: 17/5/2021 SURVEYED BY: DATE: REF NO: TP INSURER: LONPAC TP VEH: YM6180J						
73370-T6A-023	GLASS ASSY,L.FR.CORNER	1	393.10	25	294.82	20.64	315.46
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	1	60.00		60.00	4.20	64.20
60260-T6A-300ZZ	FENDER COMPL.FR.	1	585.00	25	438.75	30.71	469.46
72465-T6A-003	MOLDING ASSYL.FR.CORNER	1	93.50	25	70.12	4.91	75.03
74150-T6A-000	FENDER ASSYL.FR.INNER	1	128.70	25	96.52	6.76	103.28
90682-SEA-003	CLIP ABUMPER	4	2.60	25	7.80	0.55	8.35
91512-SX0-003	CLIPINNER FENDER	5	3.50	25	13.12	0.92	14.04
74155-T6A-000	ENCLOSUREL.FR.FENDER	1	28.10	25	21.07	1.47	22.54
91505-TM8-003	CLIP,BUMPER	14	2.30	25	24.15	1.69	25.84
42700-T6A-J81	DISK ALUMINIUM WHEEL 17X7J	1	975.70	25	731.77	51.22	782.99
Sum Item					1758.12	123.07	1,881.19
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
BOSUN	SUNDRIES	1	50.00		50.00	3.50	53.50
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	180.00		180.00	12.60	192.60
BG01S	TO VACUUM & CLEAR SHATTERED GLASS	1	450.00		450.00	31.50	481.50
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	520.00		520.00	36.40	556.40

Printed on 20/5/2021 8:17:17 AM

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

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	: LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555	Document No.	: SQT21001722	Page	2
Registration No	: SKZ8805A	Date	: 20. May 2021		
Chassis No	: JHMRC1890GC201766	Customer No.	: WZL009		
Model	: ODYSSEY 2.4 EXV-S 16YM	Svc Advisor	:		
Owner's Name	: ROBERT BING KOSAN	Engine No	: K24W72010776		
Ins Policy No.	:	Date Time	: 20. May 2021 7:56:38 AM		
Date of Accident	: 17/5/2021	Surveyor Name	:		
		Survey Date	:		
		Authorisation Date	:		

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
BC01R	PERFORM SETTING ON MULTI VIEW CAMERAS & SMART	1	520.00		520.00	36.40	556.40
BG51R	REPLACE RR. L QTR GLASS.(N)	1	450.00		450.00	31.50	481.50
BKFE11R	REPLACE FR L FENDER, REPAIR DOOR, ALIGN FR BUMPER	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					7770.00	543.90	8,313.90

Survey By

Date & Time

Excess

Status

Signature

Total Amount 9,708.12 679.57 **10,387.69**

Total (Inclusive of GST) **10,387.69**

Printed on 20/5/2021 8:17:17 AM

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.

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	17/05/2021 17:55 (SGT)
Date of Accident	17/05/2021 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	940 TAMPINES AVE 5 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8805A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROBERT BING KOSAN
NRIC No	SXXXX684I
Email Address	ROBERTKOSAN@GMAIL.COM
Mobile Phone No	(Phone) +65-90119268
Alternative Phone No	+65-90119268

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2400

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10499850R00
Cover Note Number	

DRIVER

Name of Driver	ROBERT BING KOSAN
NRIC No	SXXXX684I

Date Of Birth	02/02/1971
Occupation	Indoor
Date Of Driving Pass	13/11/2002
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90119268
Alt. Phone Number	+65-90119268
Email Address	ROBERTKOSAN@GMAIL.COM
Address	940 TAMPINES AVE 5 #02-195
Address complement	
Postcode	520940
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)	0
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6180J
Vehicle Manufacturer	Isuzu
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	NASIR
Contact Number	(Phone) +65-84841309
Address	
Address complement	

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

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:

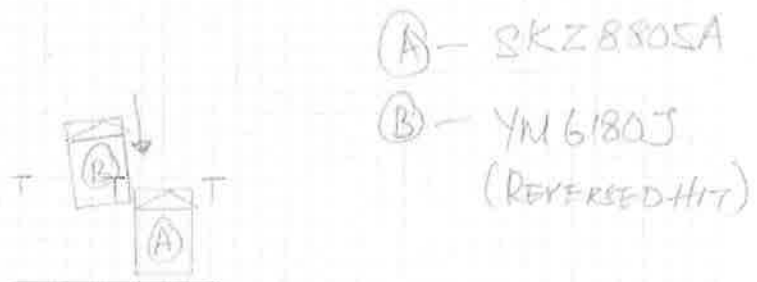
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car was parked at HDB open carpark at 940 Tampines Ave S. A neighbor noticed that my car was hit by lorry and he informed me.

I came down to take the lorry's driver particular No. HP 8484 1309

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/TFN No.: