



# 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

<b>Customer</b>	: LONPAC INSURANCE BHD	<b>Document No.</b>	: SQT22000890	<b>Page</b>	1
	300 BEACH ROAD #17-04/07	<b>Date</b>	: 1. Apr 2022		
	THE CONCOURSE	<b>Customer No.</b>	: WZL009		
	SINGAPORE 199555	<b>Svc Advisor</b>	: IVAN TEO BOON KIAT		
<b>Registration No</b>	: SLS1855B	<b>Engine No</b>	: K24W72041114		
<b>Chassis No</b>	: JHMRC1890HC203471	<b>Date   Time</b>	: 1. Apr 2022 12:08:11 PM		
<b>Model</b>	: ODYSSEY 2.4 EXV-S 17YM (EURO 6)	<b>Surveyor Name</b>	:		
<b>Owner's Name</b>	: KOH THIEM TECK	<b>Survey Date</b>	:		
<b>Ins Policy No.</b>	:	<b>Authorisation Date</b>	:		
<b>Date of Accident</b>	: 30/3/2022				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: )						
	OWNER:KOH THIEM TECK						
	OWNER INSURER:SINGAPORE LIFE LTD						
	ACC DATE:30/03/2022						
	SURVEYED BY:						
	DATE:						
	REF NO:						
	TP INSURER:LONPAC						
	TP VEH:XD3894L						
67050-T6A-000ZZ	PANEL COMPL.FR.DOOR	1	954.70	25	716.02	50.12	766.14
67364-T6A-305ZA	TAPE SETL.FR.DOOR SASH INNER	1	40.90	25	30.67	2.15	32.82
67550-T6A-J00ZZ	PANEL COMPL.SLIDE DOOR	1	1067.00	25	800.25	56.02	856.27
67861-T6A-305ZA	TAPE SETL.RR.DOOR SASH INNER	1	60.90	25	45.67	3.20	48.87
72450-T6A-003	MOLDING ASSYL.FR.DOOR	1	78.80	25	59.10	4.14	63.24
72950-T6A-003	MOLDING ASSYL.RR.DOOR	1	74.20	25	55.65	3.90	59.55
72181-T6A-J71	HANDLE COMPL.FR.	1	336.90	25	252.67	17.69	270.36
72183-SZW-J01	COVER COMPL.FR.	1	43.00	25	32.25	2.26	34.51
72681-SZW-J01	HANDLE COMPL.RR.	1	76.00	25	57.00	3.99	60.99
72683-SZW-J01	COVER COMPL.RR.	1	40.50	25	30.37	2.13	32.50
72682-T6A-A71	BASE COMPL.RR.	1	48.70	25	36.52	2.56	39.08
75332-T6A-J11ZG	GARNISH ASSYL.FR.DOOR LOWER	1	308.90	25	231.67	16.22	247.89
75333-T6A-J11ZD	GARNISH ASSYL.SLIDE DOOR LWR	1	290.10	25	217.57	15.23	232.80
				<b>Sum Item</b>	<b>2565.41</b>	<b>179.61</b>	<b>2,745.02</b>
BOSUN	SUNDRIES	1	60.00		60.00	4.20	64.20
BKDR11R	REMOVE & TRANSFER ITEMS TO NEW FR L DR ADJUST	1	300.00		300.00	21.00	321.00
BKDR31R	REMOVE & TRANSFER ITEMS TO NEW RR L SLIDING DR.	1	650.00		650.00	45.50	695.50

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

<b>Customer</b>	: LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555	<b>Document No.</b>	: SQT22000890	<b>Page</b>	2
<b>Registration No</b>	: SLS1855B	<b>Date</b>	: 1. Apr 2022		
<b>Chassis No</b>	: JHMRC1890HC203471	<b>Customer No.</b>	: WZL009		
<b>Model</b>	: ODYSSEY 2.4 EXV-S 17YM (EURO 6)	<b>Svc Advisor</b>	: IVAN TEO BOON KIAT		
<b>Owner's Name</b>	: KOH THIEM TECK	<b>Engine No</b>	: K24W72041114		
<b>Ins Policy No.</b>	:	<b>Date   Time</b>	: 1. Apr 2022 12:08:11 PM		
<b>Date of Accident</b>	: 30/3/2022	<b>Surveyor Name</b>	:		
		<b>Survey Date</b>	:		
		<b>Authorisation Date</b>	:		

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
BOJSE	APPLY DOOR JOINT SEALANT.(NETT)	1	200.00		200.00	14.00	214.00
BKCP11R	STRAIGHTEN & KNOCKOUT CTR PILLAR OUTER PANEL,	1	1500.00		1500.00	105.00	1605.00
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. 1		1800.00		1800.00	126.00	1926.00
Sum Labor					<b>4510.00</b>	<b>315.70</b>	<b>4,825.70</b>

Survey By							
Date & Time							
Excess							
Status							
Signature							
					<b>Total Amount</b>	7,075.41	495.31
					<b>Total (Inclusive of GST)</b>		<b>7,570.72</b>

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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	31/03/2022 16:16 (SGT)
Date of Accident	30/03/2022 20:30 (SGT)
Exact Location of Accident	421 Choa Chu Kang Ave 4, Block 421, Singapore 680421
Additional Location Information	Open Car Park
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1855B
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH THIEM TECK
NRIC No	SXXX565I
Email Address	joannelim008216@gmail.com
Mobile Phone No	(Phone) +65-91138995
Alternative Phone No	(Home) +65-91138995

#### 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	Manual
CC	2400

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	LIM LEE POH
NRIC No	SXXX777F

Date Of Birth	06/05/1969
Occupation	Indoor
Date Of Driving Pass	05/06/1997
Driving experience	24 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-9113995
Alt. Phone Number	-
Email Address	joannelim008216@gmail.com
Address	BLK 421 CHOA CHU KANG AVENUE 4
Address complement	#08-216
Postcode	680421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 vehicle 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?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. T/20220330/2112

#### 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	XD3894L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	Da Engineering Pte Ltd
Contact Number	(Phone) +65-63689118
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### WITNESS DETAILS

##### WITNESS 1

Name	-
Phone	(Phone) +65-91386515
Email	-

Vehicle Number: SLS 1855B

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.

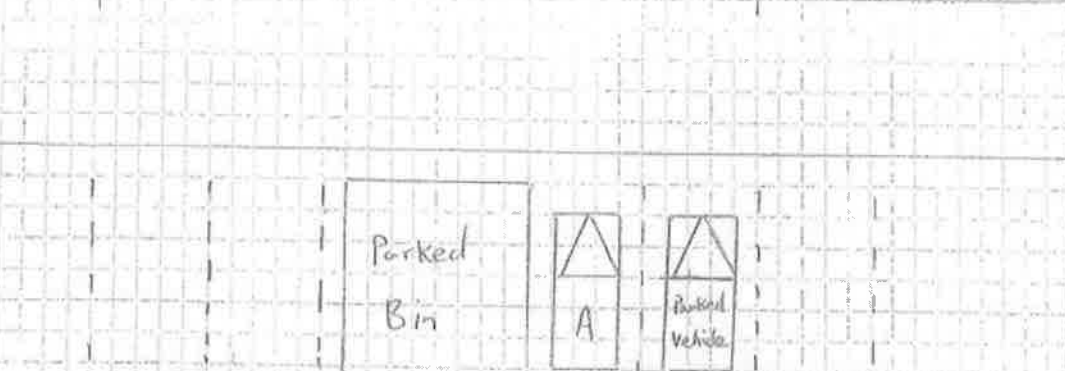
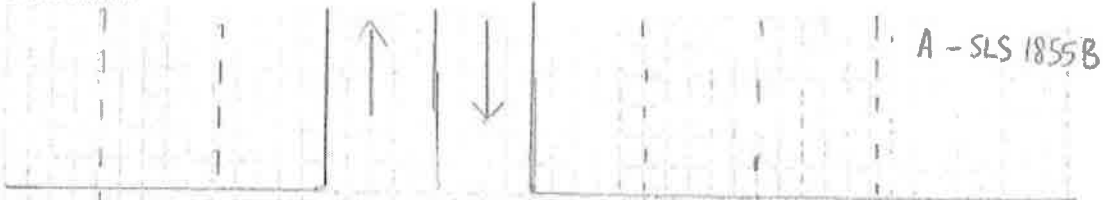
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: W. Chen  
NRIC/IN No.:

Vehicle Number: SLS 1855B

SKETCH PLAN



BK 421, Chuan Chuan Avenue 4, Car Park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: T/20220330/2112

Refer to Police Report: T/20220330/2112

Statement recorded in \_\_\_\_\_ language by driver.

\*Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident.

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: Winnie Chiu  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20220330/2112

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20220330/2112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/03/2022 20:30		Vide Report No.:		Station Diary No.: 113	
<b>Informant's Particulars</b>					
Name of Informant: LIM LEE POH			Address: APT BLK 421 CHOA CHU KANG AVENUE 4 #08-216 SINGAPORE 680421		
ID Type / ID No.: NRIC NO / S6979777F			Contact No.: Home/Office: Mobile: 91138995		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 52	Date of Birth: 06/05/1969	Type of Informant: Vehicle Owner		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: ADMIN FOR FISH MERCHANT			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2022 10:40	Type of Location: Car Park
Location:  CHOA CHU KANG AVENUE 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS1855B	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20220330/2112

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 3

Report No. T/20220330/2112

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	LIM LEE POH	ID No.	S6979777F
Related Vehicle	SLS1855B (Car)	Contact No.	91138995
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	Da Engineering Pte Ltd	ID No.	NIL
Related Vehicle	NIL	Contact No.	63889118 63689118
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/03/2022 at about 0630hrs, I went down to the open carpark at my residential block and went to my parked car, SLS1855B, parked at Lot 66. There was a Skip Tank (Da Engineering PTE LTD, Tel: 63889118, HP: 97265118) placed on the lot beside my parked car (Left).  
63689118

I then discovered dents on the left side of my car and my passenger door handle was broken. I saw a note that was placed on my windscreen and I gave the number a call. He informed me that he witnessed the skip tank had collided with my car. However, the witness wished to remain anonymous.

At about 0708hrs, I then gave a call to the company of the said skid tank and informed them of the damages.

They advised me to lodge a Police report and file an insurance claim.

I am lodging the Police report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20220330/2112

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20220330/2112

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

J /

SGT 3 MUHAMMAD SHA'ARI  
BIN ABDUL RASHID

Signature Of Interpreter:

Tan Yuheng / T0005759I

Officer In Charge Of Case:

TP / GIA /

Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN

Contact No.: 65476201

Signature Of Informant:

Date/Time:

30/03/2022 20:30

Classification Of Case: