

KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Customer

Website: www.honda.com.sq

: CHINA TAIPING INSURANCE (S'PORE) PTE

For 24-hours Roadside Assistance, Call 98203838

Document No.

: SQT22001097

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QUOTATION

Company Ref. No.: S60FC1380G

GST Reg No.: M200050223

3 ANSON ROAD #16-00 SPRINGLEAF TOWER

SINGAPORE 079909

: MRHGM26509P020342

: JANICE LEE CHEN NEE

: CITY 1.5V AUTO

Customer No.

Date

: 21. Apr 2022

Svc Advisor

: WZC008

YOU PO SOON

Engine No

L15A71809032

Date | Time

: 21. Apr 2022 3:54:06 PM

Surveyor Name

Survey Date

Authorisation Date

Owner's Name Ins Policy No.

Registration No

Chassis No

Model

: MK000620

: SJR6665D

Date of Accident

: 19/4/2022

ltem	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TPDS - J/NO:						
	POLICY/CLAIMS NO: MK000620						
	OWNER: JANICE LEE CHEN NEE						
	ACC DATE: 19/4/2022						
	SURVEYED BY:						
	DATE:						
	AUTHORIZED ON:						
	REF NO:						
33150-TM0-T01	HEADLIGHT ASSY,L	1	324.10	25	243.07	17.01	260.08
71101-TM0-T00ZH	FACEFR.BUMPER	1	459.80	25	344.85	24.14	368.99
71190-TM0-T00	BEAM L FR BUMPER	1	27.50	25	20.62	1.44	22.06
71130-TM0-T00ZZ	BEAM COMP FR BUMPER	1	163.20	25	122.40	8.57	130.97
71121-TM0-T01	BASE FR GRILLE	1	101.80	25	76.35	5.34	81.69
71122-TM0-T01ZA	MOULDINGFR.GRILLE	1	142.80	25	107.10	7.50	114.60
75700-TM0-000	EMBLEM H	1	18.30	25	13.72	0.96	14.68
90301-ST0-003	NUT,PUSH 3MM	2	2.10	25	3.15	0.22	3.37
91503-SZ5-003	CLIP,BUMPER FACE	5	3.90	25	14.62	1.02	15.64
91503-SZ3-003	CLIP,ABUMPER	4	3.90	25	11.70	0.82	12.52
				Sum Item	957.58	<u>67.02</u>	1,024.60
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
BKFE11K	STRAIGHTEN ALIGN FR L FENDER.	1	1500.00		1500.00	105.00	1605.00
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED ARE (3P)	EAS. 1	1700.00		1700.00	119.00	1819.00
			,	Sum Labor	3430.00	240.10	3,670.10
Survey By							
Date & Time			Tot	al Amount	4,387.58	307.12	4,694.70

Printed on 4/5/2022 3:23:51 PM

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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3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909

Registration No

Customer

; SJR6665D

Chassis No

: MRHGM26509P020342

Model Owner's Name

: CITY 1.5V AUTO : JANICE LEE CHEN NEE

Ins Policy No. **Date of Accident**

: MK000620

: 19/4/2022

Document No.

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: L15A71809032

Date | Time

: 21. Apr 2022 3:54:06 PM

Surveyor Name

Survey Date Authorisation Date

0% GST

Amount

Excess

Unit Price Disc %

Amount Amount

incld GST

Status

ltem

Signature

Total (Inclusive of GST)

4,694.70

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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 witholding of material facts may allow insurance companies to repudiate

- 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 19/04/2022 17:41 (SGT) Date of Accident 19/04/2022 14:35 (SGT) **Exact Location of Accident** Near 203 Bedok North Street 1, Singapore 460203 Additional Location Information **BEDOK NORTH DRIVE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SJR6665D**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JANICE LEE CHEN NEE NRIC No SXXXX445C Email Address janfanlee@gmail.com Mobile Phone No (Phone) +65-92211179 Alternative Phone No +65-92211179

VEHICLE PARTICULARS

Manufacturer

Honda Model City 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 vour vehicle? Yes 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 MK000620 Cover Note Number

DRIVER

Name of Driver LEE KIM HOCK FRANCIS NRIC No SXXXX862F

Date Of Birth 19/11/1949 Occupation Indoor Date Of Driving Pass 08/07/1968 Driving experience 53 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96882193 Alt. Phone Number Email Address FRANCISLKH88@GMAIL.COM Address **BLK 868 TAMPINES STREET 83** Address complement #11-191 Postcode 520868 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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 Raining Road Surface Wet 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name SEAH LAY HWA 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 TO ATTACHED STATEMENT 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 YP2718U Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour Vehicle Category

Name of Driver	2
Contact Number	2
Address	_
Address complement	_
Postcode	2
nsurance Company Name	2
Nature Of Damage	22
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	<u> </u>

Vehicle Number: STR665D

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report corrughly 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.
- Information provided must be as truttful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
- 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 he made available upon application by interested parties.
- 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) Eunderstand, 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 resevant government agency/authority (such as the police), for the purpose(s) of :
 - 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, involces, 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 (inclosed)
 - (f) 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 by regulations, laws or court orders.

Policyholder's Signature Date & Times Driver's Signature (If driver is not the policylescoer)

Reporting Centry Presonnel's Signature Name:

NAME / FRY MOST

1

Vehicle Number: STRG665D SKETCH PLAN Bedok Worth Drive A-STRELLST 0 NSIFEGY BLK 203 HDR BLK 202 HOB Bedok North Bodok North DESCRIBE CIRCUMSTANCES OF THE AC On 1914/2002, at about 14:35+125 was coming out from Blk 203 Bodok North open carpore wintle I'm turning into Butok braked and stop my vehicle car stopped. Suddenly the larry (YP2718W) collided into my ushide front left portion while he making right turn Broke North Road, His lerry was very long and he turn looking into his side mirror and he crashed into my car. My vehicle was stationary at time of williston, He turn without for other busick Concarn DECLARATION Www.declare the foregoing particulars are true in elegine pect. Palicyholder's Signature sture (if driver is not the policyholder). Reporting Course Personnel's Signature Date & Time: Name: NRIC/GIN No.:

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