



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.	: SQT22001828	Page	1
Registration No	: SNE5044Z	Date	: 28. Jun 2022	Customer No.	: WZL009
Chassis No	: JHMRV3800NS200133	Svc Advisor	: YOU PO SOON	Engine No	: L15ZK1100125
Model	: HRV DX-SIN CVT YM 2022	Date Time	: 28. Jun 2022 8:03:07 AM	Surveyor Name	:
Owner's Name	: TEOH LING LING	Survey Date	:	Authorisation Date	:
Ins Policy No.	:				
Date of Accident	: 27/6/2022				

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:						
04711-3N0-G00ZZ	FACE,FR.BUMPER	1	535.70	25	401.77	28.12	429.89
71240-3M0-000	COR UP BEAM,R.FR	1	49.80	25	37.35	2.61	39.96
71290-3M0-000	COR UP BEAM,L.FR	1	49.80	25	37.35	2.61	39.96
71130-3M0-000ZZ	BEAM COMP,FR.BUMP	1	358.80	25	269.10	18.84	287.94
71230-3M0-003	SPACER,R.FR.BPR S	1	11.60	25	8.70	0.61	9.31
71280-3M0-003	SPACER,L.FR.BPR S	1	11.60	25	8.70	0.61	9.31
71190-3M0-003	GARNISH ASSY,L.FR.FOG	1	35.70	25	26.77	1.87	28.64
91505-TM8-003	CLIP,BUMPER	20	2.30	25	34.50	2.42	36.92
71200-3M0-N01ZE	GRILLE ASSY,FR.	1	839.30	25	629.47	44.06	673.53
60260-3M0-000ZZ	PANEL COMP,L.FR.F	1	463.00	25	347.25	24.31	371.56
74157-3M0-J01	PROTECTOR,L.FR. W	1	101.90	25	76.42	5.35	81.77
91501-TR0-003	CLIP,INNER FENDER	12	2.80	25	25.20	1.76	26.96
33150-3M0-J41	HEADLIGHT ASSY,L.	1	1782.40	25	1336.80	93.58	1430.38
42700-3M0-J71	DISK,ALUMINIUM WHEEL 18	1	725.20	25	543.90	38.07	581.97
				Sum Item	3783.28	264.82	4,048.10
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

Printed on 28/6/2022 8:14:08 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 willful 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	27/06/2022 17:11 (SGT)
Reported by	Owner
Date of Accident	24/06/2022 05:30 (SGT)
Exact Location of Accident	Near 59 Ubi Ave 1, Singapore 408938
Additional Location Information	59 UBI AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE5044Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEOH LING LING
NRIC No	SXXXX581F
Email Address	lingling_27@hotmail.com
Mobile Phone No	(Phone) +65-88319915
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
Variant	1.5L
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	1500

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	

DRIVER

Name of Driver	ONG CHU CHUNG
NRIC No	SXXXX942E
Date Of Birth	27/10/1988
Occupation	Indoor

Date Of Driving Pass	30/07/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88319915
Alt. Phone Number	-
Email Address	lingling_27@hotmail.com
Address	BLK 613B PUNGGOL DRIVE #02-847
Address complement	-
Postcode	822613
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	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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TEOH LING LING
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 ATTACHED STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2963Y
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: SNE 50141-2

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 lodging 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 envelope/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: 25/6/22


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


 Reporting Centre Personnel's Signature
 Name: YOH JO SOH A
 NRIC/Fin No.:

Vehicle Number: SNE 50442

SKETCH PLAN

A - SNE 50442

B - XE 29634



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/6/2022, at about 5:30PM, I was stationary at near 53 Ubi Ave 1 for checking incoming car from my right side. Suddenly a lorry was tried to turning into the building without signal, and the lorry left portion was knocked into my vehicle left front portion.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 26/6/2022

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


 Reporting Centre Personnel's Signature
 Name: Yan Ho Jooi
 NRC/FIN No.:

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

XE2963Y

Date of Accident

25/06/2022 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **01/06/2022 - 31/05/2023**Requested By **YOU PO SOON (KAH MOTOR C...**Requested Date **25/06/2022 09:35****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**