



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.	: SQT23000218	Page	1
Registration No	: SMM7867Y	Date	: 26. Jan 2023		
Chassis No	: JHMGK3850KS218028	Customer No.	: WZL009		
Model	: JAZZ 1.3LXR CVT 19YM (EURO 6)	Svc Advisor	: YOU PO SOON		
Owner's Name	: SHIRLYN LIM KIA HWEE	Engine No	: L13B14101583		
Ins Policy No.	:	Date Time	: 26. Jan 2023 11:02:09 AM		
Date of Accident	: 26/1/2023	Surveyor Name	:		
		Survey Date	:		
		Authorisation Date	:		

Item	Description	Qty	Unit Price	Disc %	Amount	8% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: MS LIM OWNER INSURER: TOKIO MARINE ACC DATE: SURVEYED BY: DATE: REF NO: TP INSURER: LONPAC TP VEH: GB						
73211-T5A-J01	GLASS SETRR.WINDSHIELD	1	625.60	25	469.20	37.54	506.74
73127-TY0-000	RUBBER CWINDSHIELD DAMPER	1	12.30	25	9.22	0.74	9.96
73214-T5A-013	RUBBERWINDSHIELD DAMPER	2	7.60	25	11.40	0.91	12.31
73226-SZW-000	DAMPERSTD 5X5	1	9.10	25	6.82	0.55	7.37
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	1	60.00		60.00	4.80	64.80
68100-T5A-U10ZZ	TAIL GATE COMP	1	782.10	25	586.57	46.93	633.50
75722-T5L-T01	EMBLEMRR.	1	12.50	25	9.37	0.75	10.12
74440-T5A-003	WEATHERSTRIPTAILGATE	1	92.30	25	69.22	5.54	74.76
74801-T5S-K01	LOCK ASSY,TAILGATE	1	91.10	25	68.32	5.47	73.79
66100-TAR-T00ZZ	PANEL COMPRR.	1	342.90	25	257.17	20.57	277.74
84640-T5A-003ZA	LINING ASSY,RR.PANEL	1	60.80	25	45.60	3.65	49.25
34270-T5A-J01	LIGHT ASSYHIGH MOUNT STOP	1	92.00	25	69.00	5.52	74.52
33500-T5A-J02	TAILLIGHT ASSY,R.	1	258.40	25	193.80	15.50	209.30
33550-T5A-J02	TAILLIGHT ASSYL.	1	258.40	25	193.80	15.50	209.30
74890-T5A-A11	GARNISH ASSY,RR LICENCE	1	112.90	25	84.67	6.77	91.44
84521-T5A-901ZA	LID ASSYSPARE TIRE	1	203.10	25	152.32	12.19	164.51
84550-T5A-J30	BOX ASSY,CARGO FLOOR GATE	1	125.70	25	94.27	7.54	101.81
84440-T5A-J02ZA	LINING ASSYTAILGATE LOWER	1	61.90	25	46.42	3.71	50.13
NMRS-4P-TM3040L	4PCS ACT RR.SENSOR	1	320.00		320.00	25.60	345.60

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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.

All quotations and prices are subjected to GST adjustment from 7% to 8% with effect from 1st Jan 2023.

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Owner's Name	: SHIRLYN LIM KIA HWEE	Survey Date	:	Authorisation Date	:
Ins Policy No.	:				
Date of Accident	: 26/1/2023				

Item	Description	Qty	Unit Price	Disc %	Amount	8% GST Amount	Amount incld GST
Sum Item					2747.17	219.78	2,966.95
BO-R-COOL-RWS	SUPPLY & INSTALL SOLAR FILM ON REAR WINDSCREEN.	1	300.00		300.00	24.00	324.00
Sum Ext. Service					300.00	24.00	324.00
BOSUN	SUNDRIES	1	50.00		50.00	4.00	54.00
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	180.00		180.00	14.40	194.40
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	200.00		200.00	16.00	216.00
BOJSE	BODY JOINT SEALANT.	1	100.00		100.00	8.00	108.00
BOBC	BODY UNDERSIDE COATING (N)	1	100.00		100.00	8.00	108.00
BP00R	APPLY BODY UNDERSIDE COATING (N).	1	250.00		250.00	20.00	270.00
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	650.00		650.00	52.00	702.00
BC011R	REMOVE INSTALL & CALIBRATE REAR VIEW CAMERA	1	450.00		450.00	36.00	486.00
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	450.00		450.00	36.00	486.00
BG01S	TO VACUUM & CLEAR SHATTERED GLASS	1	450.00		450.00	36.00	486.00
BKTG02R	REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST &	1	650.00		650.00	52.00	702.00
BG02R	REPLACE RR. WINDSCREEN.(N)	1	650.00		650.00	52.00	702.00
BKRP02M	CUT OFF & RENEW RR PANEL. STRAIGHTEN ALIGN	1	3400.00		3400.00	272.00	3672.00
BP06R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (6P)	1	3300.00		3300.00	264.00	3564.00
Sum Labor					10880.00	870.40	11,750.40

Survey By				
Date & Time			Total Amount	13,927.17 1,114.18 15,041.35
Excess			Total (Inclusive of GST)	15,041.35
Status				
Signature				

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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 Actual 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	26/01/2023 12:15 (SGT)
Reported by	Both
Date of Accident	26/01/2023 09:10 (SGT)
Exact Location of Accident	Lor 4 Toa Payoh, Singapore
Additional Location Information	TOA PAYOH LOR 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7867Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHIRLYN LIM KIA HWEE
NRIC No	SXXXX180F
Email Address	KIAHWEE_89@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90110501
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1300

INSURANCE COMPANY

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

DRIVER

Name of Driver	HO GUANG DE
NRIC No	SXXXX925A
Date Of Birth	09/04/1985
Occupation	Indoor

Date Of Driving Pass	19/05/2015
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81238127
Alt. Phone Number	
Email Address	HGD85@HOTMAIL.COM
Address	BLK 310C PUNGGOL WALK
Address complement	#07-592
Postcode	823310
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 - Head to Rear
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)	1
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	

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE943D
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: SMA 7P67Y

SKETCH PLAN

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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.
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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 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 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: 24/1/20
21.20

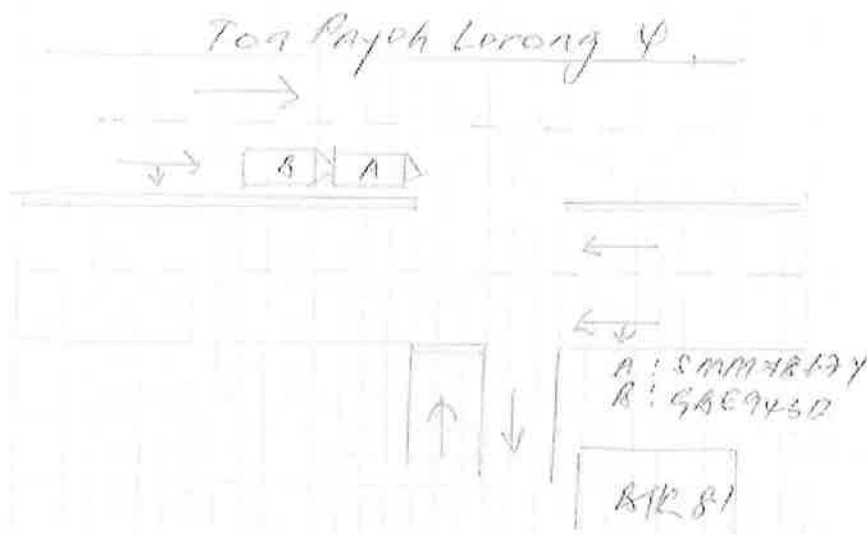
Driver's Signature (if driver is not the policyholder)
Date & Time: 24/1/20 @ 11.20

Reporting Centre Personnel's Signature
Name: M. K. P. 97
NRIC/FIN No.: S 176197 20

4

Vehicle Number: SMM 7867Y

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Tor Payoh Lorong 4 going towards RPL 81. When approaching the junction I slowed down my vehicle and put on my signal. Just before turning I felt a great impact from the back of my car. A van vehicle No: GAE943D had collided into the back of my car.

DECLARATION

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

Policyholder's Signature
Date & Time: 26/1/23
C. M. W.

Driver's Signature (If driver is not the policyholder)
Date & Time: 26/1/23 @ 11:30

Reporting Centre Personnel's Signature
Name: Ad. Fuent
NRK/FIR No: 312619775

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBE943D

Date of Accident

26/01/2023 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **01/09/2022 - 31/08/2023**Requested By **YOU PO SOON (KAH MOTOR C...**Requested Date **26/01/2023 11:06****Payment details**Request Amount: **S\$1.85**GST Amount: **S\$0.15**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**