

**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.	: SQT23001100	Page	1
Registration No	: SJE1331T	Date	: 12. Apr 2023		
Chassis No	: MRHFC1660GT000169	Customer No.	: WZL009		
Model	: CIVIC 1.5 TURBO VTIS YM2016	Svc Advisor	: YOU PO SOON		
Owner's Name	: LUAR SIOK HONG	Engine No	: L15B71624993		
Ins Policy No.	:	Date Time	: 12. Apr 2023 8:10:32 AM		
Date of Accident	: 11/4/2023	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 LUAR OWNER INSURER: SINGLIFE ACC DATE: 11/4/2023 SURVEYED BY: DATE: REF NO: TP INSURER: LONPAC TP VEH: YN6516U						
71101-TEA-T00ZZ	FACEFR.BUMPER	1	579.90	25	434.92	34.79	469.71
71190-TEA-T00	BEAML.FR.BUMPER UPPER	1	30.80	25	23.10	1.85	24.95
71108-TEA-T10	GARNISHL.FR.BUMPER SIDE	1	16.50	25	12.37	0.99	13.36
71193-TEA-T01	SPACERR.FR.BUMPER SIDE	1	10.40	25	7.80	0.62	8.42
71198-TEA-T01	SPACERL.FR.BUMPER SIDE	1	10.40	25	7.80	0.62	8.42
91505-TM8-003	CLIP,BUMPER	17	2.30	25	29.32	2.35	31.67
71130-TEA-T00	BEAM COMPFR.BUMPER	1	399.20	25	299.40	23.95	323.35
60261-TBA-A00ZZ	PANELL.FENDER	1	450.80	25	338.10	27.05	365.15
60263-TBA-A00ZZ	BRACKET AL.FR.FENDER	1	34.00	25	25.50	2.04	27.54
74151-TEA-T10	FENDER L.FR.INNER	1	58.90	25	44.17	3.53	47.70
90682-SEA-003	CLIP ABUMPER	4	2.60	25	7.80	0.62	8.42
91501-TR0-003	CLIP,INNER FENDER	11	2.80	25	23.10	1.85	24.95
42700-TEA-T81	DISKALUMINIUM WHEEL	1	562.00	25	421.50	33.72	455.22
44600-TBC-A00	HUB ASSYFR.	1	85.30	25	63.97	5.12	69.09
44300-TEA-T51	BEARING ASSYFR.HUB	1	85.30	25	63.97	5.12	69.09
33150-TEA-T11	HEADLIGHT ASSYL.	1	1373.00	25	1029.75	82.38	1112.13
34350-TET-H01	LIGHT ASSYL.SIDE TURN	1	67.50	25	50.62	4.05	54.67
77930-TEA-B21	SENSOR ASSYFR.CRASH	1	82.50	25	61.87	4.95	66.82
Sum Item					2945.06	235.60	3,180.66

Printed on 12/4/2023 8:19:34 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.

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	: LUAR SIOK HONG	Engine No	: L15B71624993		
Ins Policy No.	:	Date Time	: 12. Apr 2023 8:10:32 AM		
Date of Accident	: 11/4/2023	Surveyor Name	:		
		Survey Date	:		
		Authorisation Date	:		

Item	Description	Qty	Unit Price	Disc %	Amount	8% GST Amount	Amount Incl'd GST
BO-WHEEL ALIGN X4	WHEEL ALIGNMENT X4	1	220.00		220.00	17.60	237.60
			Sum Ext. Service		220.00	17.60	237.60
BOSUN	SUNDRIES	1	50.00		50.00	4.00	54.00
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	180.00		180.00	14.40	194.40
BMS02R	REMOVE & RENEW CRASH SENSOR & RESET SYSTEM.	1	450.00		450.00	36.00	486.00
BMU11R	REMOVE & REPLACE FR L UNDERCARRIAGE PARTS.(N)	1	1000.00		1000.00	80.00	1080.00
BKFE11R	REMOVE & RENEW FR L FENDER INCLUDING	1	2200.00		2200.00	176.00	2376.00
BP03R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (3P)	1	1700.00		1700.00	136.00	1836.00
			Sum Labor		5580.00	446.40	6,026.40

Survey By

Date & Time

Excess

Status

Signature

Total Amount 8,745.06 699.60 9,444.66**Total (Inclusive of GST)** **9,444.66**

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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 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	12/04/2023 08:08 (SGT)
Reported by	Actual Driver
Date of Accident	11/04/2023 13:30 (SGT)
Exact Location of Accident	Near 3 Petain Rd, Singapore 208108
Additional Location Information	PETAINE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE1331T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUAR SIOK HONG
NRIC No	SXXXX209G
Email Address	LAYCHO@SPH.COM.SG
Mobile Phone No	(Phone) +65-96776893
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1500

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	

DRIVER

Name of Driver	LAU CHONG KIAT
NRIC No	SXXXX288I
Date Of Birth	28/01/1960
Occupation	Outdoor

Date Of Driving Pass	27/01/1979
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96776893
Alt. Phone Number	-
Email Address	LAYCHO@SPH.COM.SG
Address	BLK 6 KIM TIAN ROAD
Address complement	#06-110
Postcode	163006
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 - Change/cross lane
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	FRIEND
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN6516U
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: SSE1331T

SKETCH PLAN

Lamp

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:
NRIC/Fin No.:

Vehicle Number: SJE1331T

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/4/2023, at about 3:30PM, I was driving along Petain Road towards Sarragoon Road.

I was travelling along right lane, suddenly the vehicle B cut into my lane and collided onto the left front portion of my car.

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:
NRIC/PR No.: