



# 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>	: MS FIRST CAPITAL INSURANCE LIMITED #42-0116 RAFFLES QUAY HONG LEONG BUILDING SINGAPORE 048581	<b>Document No.</b>	: SQT23001813	<b>Page</b>	1
<b>Registration No</b>	: SGA2133Z	<b>Date</b>	: 15. Jun 2023	<b>Customer No.</b>	: WZF002
<b>Chassis No</b>	: JHMRC1890KC202225	<b>Svc Advisor</b>	:	<b>Engine No</b>	: K24W72461097
<b>Model</b>	: ODYSSEY 2.4 EXV-S 19YM (EURO 6)	<b>Date   Time</b>	: 15. Jun 2023 11:39:18 AM	<b>Surveyor Name</b>	:
<b>Owner's Name</b>	: KEE GEK CHENG	<b>Survey Date</b>	:	<b>Authorisation Date</b>	:
<b>Ins Policy No.</b>	:				
<b>Date of Accident</b>	: 14/6/2023				

Item	Description	Qty	Unit Price	Disc %	Amount	8% GST Amount	Amount incld GST	
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: OWNER INSURER: ACC DATE: SURVEYED BY: DATE: REF NO: TP INSURER: TP VEH:							
04715-T6A-N10ZZ	FACE ASSY,RR.BUMPER	1	562.00	25	421.50	33.72	455.22	
71512-T6A-901ZA	SPOILER ASSY,R.RR.	1	105.60	25	79.20	6.34	85.54	
71593-T6A-003	SPACERR.RR.BUMPER SIDE	1	20.40	25	15.30	1.22	16.52	
91505-TM8-003	CLIP,BUMPER	7	2.30	25	12.07	0.97	13.04	
04636-T6A-J22ZZ	PANEL SET,R.RR.OUTSIDE	1	1001.10	25	750.82	60.07	810.89	
33500-T6A-J51	LIGHT ASSY,R.TAIL	1	897.20	25	672.90	53.83	726.73	
42700-T6A-J43	WHEEL,DISK AL 17X7JJ	1	904.80	25	678.60	54.29	732.89	
73525-SYY-000	RUBBERRR QTR W/SHIELD	2	10.40	25	15.60	1.25	16.85	
73810-T6A-003	SEALR.QUARTER GLASS	1	37.60	25	28.20	2.26	30.46	
91501-SMA-003	CLIP AQTR.	1	3.20	25	2.40	0.19	2.59	
91501-SYA-000	CLIPQUARTER WINDSHIELD A	1	4.10	25	3.07	0.25	3.32	
91513-S70-003	CLIPL	1	4.10	25	3.07	0.25	3.32	
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	1	60.00		60.00	4.80	64.80	
					<b>Sum Item</b>	<b>2742.73</b>	<b>219.44</b>	<b>2,962.17</b>
BOSUN	SUNDRIES	1	110.00		110.00	8.80	118.80	
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	250.00		250.00	20.00	270.00	
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	650.00		650.00	52.00	702.00	

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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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<b>Ins Policy No.</b>	:	<b>Surveyor Name</b>	:	<b>Survey Date</b>	:
<b>Date of Accident</b>	: 14/6/2023	<b>Survey Date</b>	:	<b>Authorisation Date</b>	:

Item	Description	Qty	Unit Price	Disc %	Amount	8% GST Amount	Amount incld GST
GYG31R	REMOVE & INSTALL RIGHT REAR QUARTER GLASS	1	480.00		480.00	38.40	518.40
BKDR32R	REMOVE & INSTALL RR R SLIDING DOOR.	1	650.00		650.00	52.00	702.00
BMU22R	REMOVE & REPLACE RR R UNDERCARRIAGE PARTS. (N)	1	1500.00		1500.00	120.00	1620.00
BPBODY	REMOVE & TRANSFER TYRE TO NEW RIM.	1	60.00		60.00	4.80	64.80
BKFE22R	CUT & RENEW RR R FENDER. STRAIGHTEN INNER PANEL	1	4000.00		4000.00	320.00	4320.00
BP01R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS.	1	3000.00		3000.00	240.00	3240.00
BOJSE	BODY JOINT SEALANT.	1	120.00		120.00	9.60	129.60
<b>Sum Labor</b>					<b>10820.00</b>	<b>865.60</b>	<b>11,685.60</b>
<b>BO-WHEEL ALIGN X4</b>	<b>WHEEL ALIGNMENT X4</b>	1	220.00		220.00	17.60	237.60
<b>Sum Ext. Service</b>					<b>220.00</b>	<b>17.60</b>	<b>237.60</b>

Survey By \_\_\_\_\_  
Date & Time \_\_\_\_\_  
Excess \_\_\_\_\_  
Status \_\_\_\_\_  
Signature \_\_\_\_\_

**Total Amount** 13,782.73 1,102.64 14,885.37  
**Total (Inclusive of GST)** 14,885.37

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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	15/06/2023 11:35 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2023 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DAIRY FARM ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SGA2133Z

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEE GEK CHENG
NRIC No	SXXXX725F
Email Address	[REDACTED]
Mobile Phone No	[REDACTED]
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2400

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	3

### DRIVER

Name of Driver	NG YANG CHEE
NRIC No	SXXXX229D
Date Of Birth	[REDACTED]
Occupation	Indoor

Date Of Driving Pass	26/05/1999
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	S
Address complement	-
Postcode	-
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	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	GABE NG
Gender	Male

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

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	SMB1376U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour \_\_\_\_\_  
Vehicle Category \_\_\_\_\_ Bus  
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) \_\_\_\_\_

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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 Record's 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.
- 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

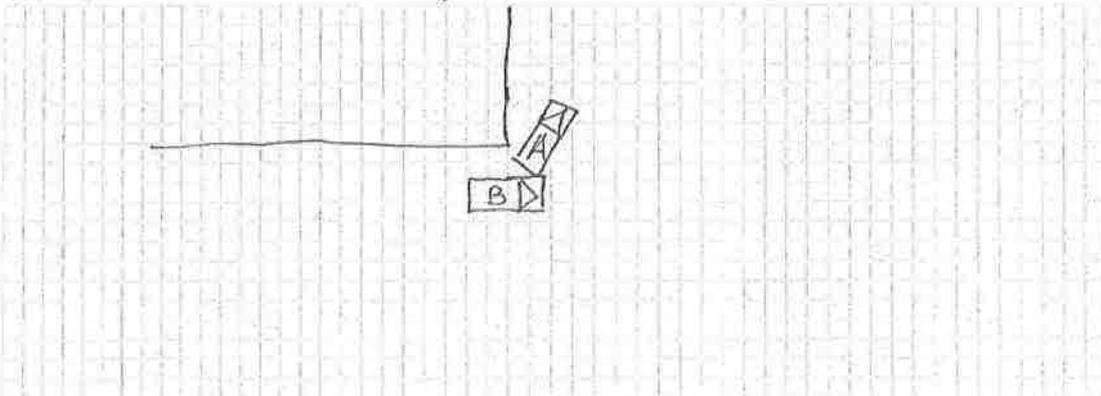
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

I was travelling along Dairy Farm Road. Going to turn in to East Gate entrance of Dairy Farm Estate Condo. I stop and give way to pedestrian crossing. ~~When~~ While stationary, vehicle B hit onto the rear of my vehicle A.

Declaration

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

