



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.	: SQT23001981	Page	1
Registration No	: SLX6037L	Date	: 3. Jul 2023		
Chassis No	: JHMRU1810GX203568	Customer No.	: WZL009		
Model	: HRV DX-SIN CVT YM 2016	Svc Advisor	: RUEBEN THOMAS		
Owner's Name	: CHIA LIP LAY	Engine No	: L15B4533568		
Ins Policy No.	:	Date Time	: 3. Jul 2023 4:18:18 PM		
Date of Accident	: 2/7/2023	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: CHIA LIP LAY OWNER INSURER: TOKIO MARINE ACC DATE: 02/07/2023 SURVEYED BY: DATE: REF NO: TP INSURER: LONPAC INSURANCE TP VEH: GBL6724T						
04715-T7A-900ZZ	FACE,RR.BUMPER	1	484.70	25	363.52	29.08	392.60
91505-TM8-003	CLIP,BUMPER	8	2.30	25	13.80	1.10	14.90
33555-T7A-J01	REFLECTOR ASSYL.RR.	1	180.40	25	135.30	10.82	146.12
04718-T7A-000ZZ	FACEL.RR.BUMPER CORNER	1	103.80	25	77.85	6.23	84.08
71598-T7A-J00	SPACER,L.RR.BPR S	1	18.10	25	13.57	1.09	14.66
74450-T7B-003	PROTECTOR,L.RR.WHEEL ARCH	1	187.90	25	140.92	11.27	152.19
74485-T7A-N00	STRAKEL.RR.	1	14.10	25	10.57	0.85	11.42
33552-T7A-J01	LAMP UNITL.	1	509.60	25	382.20	30.58	412.78
04646-T7A-310ZZ	PANEL SET,L.RR.OUTSIDE	1	657.60	25	493.20	39.46	532.66
75450-SAA-013	OUTLETRR AIR	1	27.00	25	20.25	1.62	21.87
NMRS-4P-TM3040L	4PCS ACT RR.SENSOR	1	320.00		320.00	25.60	345.60
42700-T7A-J92	DISK,ALUMINIUM WHEEL	1	836.20	25	627.15	50.17	677.32
42200-T7A-J52	BEARING ASSYRR.HUB	1	342.90	25	257.17	20.57	277.74
					Sum Item	2855.50	228.44
							3,083.94
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

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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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Item	Description	Qty	Unit Price	Disc %	Amount	8% GST Amount	Amount incld GST
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	200.00		200.00	16.00	216.00
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	450.00		450.00	36.00	486.00
BMI02D	REMOVE & INSTALL RR SEATS, CARPET	1	450.00		450.00	36.00	486.00
BMF00D	REMOVE & INSTALL FUEL TANK FUEL PIPES.(N)	1	450.00		450.00	36.00	486.00
BC012R	RESET VEHICLE SMART ENTRY SYSTEM	1	450.00		450.00	36.00	486.00
BMU21R	REMOVE & REPLACE RR L WHEEL & BEARING	1	450.00		450.00	36.00	486.00
BKFE21R	CUT & RENEW RR L FENDER. STRAIGHTEN INNER PANEL	1	4000.00		4000.00	320.00	4320.00
BP04R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (4P)	1	2200.00		2200.00	176.00	2376.00
Sum Labor					9280.00	742.40	10,022.40

Survey By

Date & Time

Excess

Status

Signature

Total Amount 12,135.50 970.84 13,106.34

Total (Inclusive of GST) 13,106.34

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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	03/07/2023 14:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/07/2023 07:00 (SGT)
Exact Location of Accident	16 Raglan Grove, Singapore 556265
Additional Location Information	INFRONT OF 16 RAGLAN GROVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6037L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA LIP LAY
NRIC No	SXXXX409I
Email Address	chiall.terry@gmail.com
Mobile Phone No	(Phone) +65-90101439
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MT100806

DRIVER

Name of Driver	CHIA LIP LAY
NRIC No	SXXXX409I
Date Of Birth	19/07/1966
Occupation	Indoor

Date Of Driving Pass	23/11/1984
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90101439
Alt. Phone Number	-
Email Address	chiall.terry@gmail.com
Address	16 RAGLAN GROVE
Address complement	-
Postcode	556265
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL6724T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YEO SI RUI
NRIC No	SXXX027A

Contact Number	(Phone) +65-91120412
Address	
Address complement	
Postcode	
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

Vehicle

Number:

SLX 6037L

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 to 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:

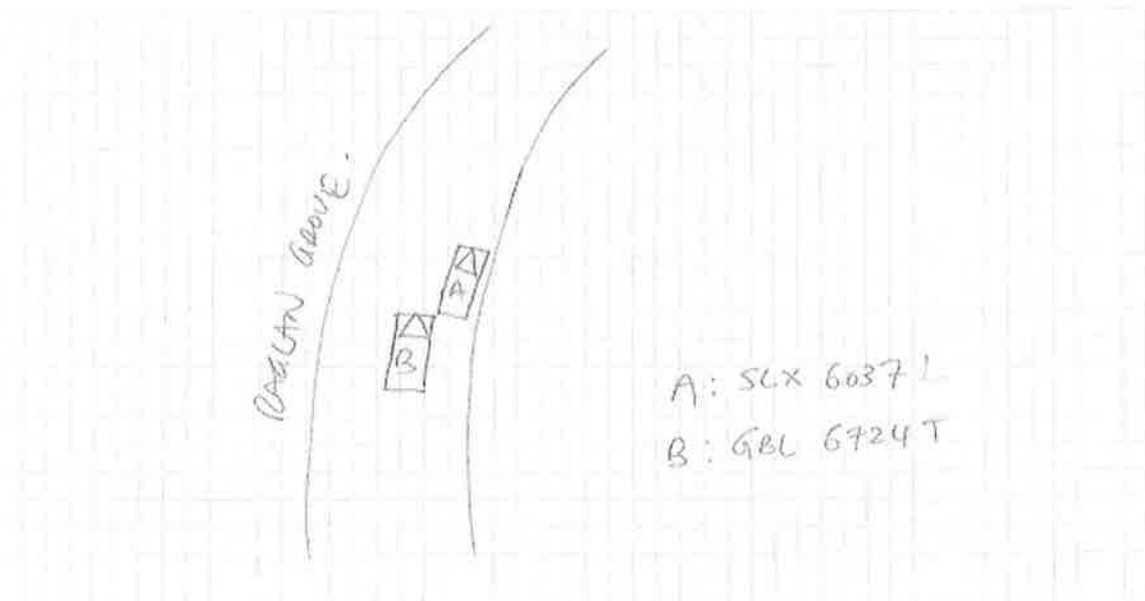
3/7/2023
130pm

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

Reporting Centre Personnel's Signature
Name:
INIC/ID No.:

Vehicle Number: SLX 60371

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/07/2023 at about 10.00pm, I parked my car outside of my house in good condition. The next day about 7.00am, I went out to my car and noticed that the rear left portion of my car is damaged. I found a note left on my windshield of the contact person that collided into my car.

DECLARATION

If We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time:

3/7/2023
130pm

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

[Signature]
Reporting Centre Personnel's Signature
Name:
NHC/ITN No.: