



BAN HOCK HIN
Co., Pte Ltd

Co.Reg.No: 197000288K

MOTORCYCLE ACCESSORIES | SERVICE CENTRE
MODIFICATION | SPRAY PAINTING AND BODY WORK | METAL
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

QUOTATION

Customer :

NO. : 47693

INDIA INTERNATIONAL INSURANCE P.L.

64 CECIL STREET

#04-00 & #06-00

IOB BUILDING

SINGAPORE 049711

ATTN: INDIA INTERNATIONAL INSURANCE P.L.

DATE : 17/09/2024

CLAIM NO. : 12593

POLICY NO. : P20709776R00

FROM : STEPHANIE

VEHICLE NO. : FBS13P

MAKE/MODEL : BMW / S1000XR

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	BAR HANDLE (BLACK) / BT - (REPORTED BY MECHANIC)	REPLACE	1.00	\$744.00	744.00
2	BEARING ? P/N: 78515 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$101.00	202.00
3	BRACKET COVER LOWER FRONT RH / APC - (REPORTED BY MECHANIC)	REPLACE	1.00	\$28.00	28.00
4	BRACKET UNDER FORK ? - (REPORTED BY MECHANIC)	REPLACE	1.00	\$1,271.00	1,271.00
5	BRAKE EXTENDER (WUNDERLICH) / BR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$403.00	403.00
6	CAMERA SET / cut / shaded - (REPORTED BY MECHANIC)	REPLACE	1.00	\$558.00	558.00
7	COVER FRONT LOWER RH - (REPORTED BY MECHANIC) / cut	REPLACE	1.00	\$186.00	186.00
8	ENGINE SLIDER / cut - (REPORTED BY MECHANIC)	REPLACE	1.00	\$512.00	512.00
9	FOOTREST FRONT RH / BT P/N: 67772 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$264.00	264.00



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Blk 8 Defu South Street 1, #04-28, JTC Defu Industrial City, Singapore 533758 | Tel: +65 6281 6520 | www.bhh.com.sg
Fax: (Main) + 65 6281 2830, (Spare Parts) + 65 6285 7530, (Insurance/Project) + 65 6284 2969, (Accounts) + 65 6281 6759

CERT NO.: 2003 1-0383
ISO 9001:2015

S/N	Description	Action	Qty	Unit Price	Amount
10	FORK FRONT ASSY LH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$4,495.00	4,495.00
11	FORK FRONT ASSY RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$4,495.00	4,495.00
12	HANDGUARD PROTECTOR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$752.00	752.00
13	KIT MAIN STAND P/N: 67771 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$140.00	140.00
14	LABOUR P/N: 06766 (Labour) - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS	Supply/Install	16.00	\$85.00 55	1,360.00 880
15	MIRROR RH (MOTOGADGET) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$574.00	574.00
16	MUFFLER (LEO VINCE) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$1,938.00	1,938.00
17	PEDAL BRAKE - (REPORTED BY MECHANIC)	REPLACE	1.00	\$434.00	434.00
18	PROTECTOR HANDGUARD CARBON - (REPORTED BY MECHANIC)	REPLACE	1.00	\$899.00	899.00
19	RUBBER FOOTREST P/N: 67770 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$46.00	46.00
20	SEAL DUST - (REPORTED BY MECHANIC)	REPLACE	1.00	\$34.00	34.00
21	SIGNAL LAMP FRONT LH RH P/N: 55766 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$170.00	170.00
22	TAIL LAMP - (REPORTED BY MECHANIC)	REPLACE	1.00	\$294.00	294.00
23	TRANSPORT CHARGES (MOTORCYCLE) CLASS 2 P/N: 45836		1.00	\$85.00	85.00

Stew (LKK)
18/9/24, 12.00p
w R

SUB TOTAL
GST @ 9 %

GRAND TOTAL (SGD)

\$19,884.00
\$1,789.56

\$21,673.56

50% deposit required before ordering o



P/P

My Ref. sy
3 days

Blk 8 Defu South Street 1, #04-28, JTC Defu Industri
Fax: (Main) + 65 6281 2830, (Spare Parts) + 65 6285

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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65 6281 6759

CERT NO.: 2003 1-0343
ISS 0001 / 2015

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 First Submission	13/09/2024 10:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/09/2024 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bukit Batok St 22 traffic Junction
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS13P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO KIEN LEONG, RICHARD
NRIC No	SXXXX242G
Email Address	RICHARD_KHOO01@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98436080
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	B.M.W.
Model	S1000XR
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	Motorcycle
Transmission	Manual
CC	999
Vehicle Fuel	Petrol
First Registration Date	22/09/2020
Chassis no	WB10D0306KZ479598
Effective Date/Time of Ownership	09/11/2020 03:11 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P20709776R0

DRIVER

Name of Driver	KHOO KIEN LEONG, RICHARD
NRIC No	SXXXX242G
Date Of Birth	31/07/1977
Occupation	Indoor
Driving Pass Date	29/05/2015
Driving License Pass Class	2
Driving License Validity	Valid
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98436080
Alt. Phone Number	-
Email Address	RICHARD_KHOO01@YAHOO.COM.SG
Address	BLK 296C BUKIT BATOK STREET 22 33-94 SINGAPORE 653296
Address complement	-
Postcode	-
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch Plan

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	GBJ3631H
Vehicle Manufacturer	Toyota
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)	-

INJURED PERSONS DETAILS

INJURED 1

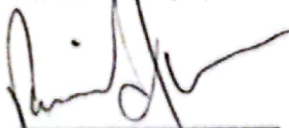
Name of injured person	Khoo Kien Leong, Richard
Gender	Male
Phone No	(Phone) +65-98436080
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck Pain, back pain, leg pain right side.
Injured person in which vehicle?	FBS13P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

Refer to Report No. T/20240912/7083

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


Gan Lay Peng
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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 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 Traffic Police Department for investigation.**
6. This 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 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

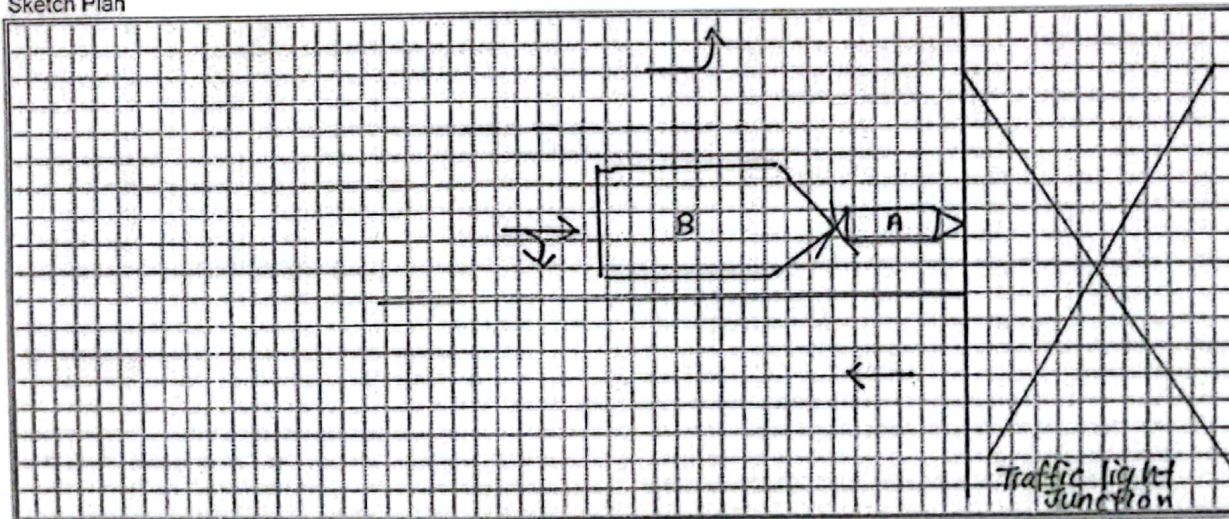
[Signature]
10:30am
13/9/24

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

[Signature]
Gan Lay Peng

Sketch Plan





**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



1/20240912/7083

1 of 3

Report No. T/20240912/7083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2024 18:27		Vide Report No.: J/20240912/0052		Station Diary No.:	
Informant's Particulars					
Name of Informant: KHOO KIEN LEONG, RICHARD			Address: 296C BUKIT BATOK STREET 22 #33-94 SINGAPORE 653296		
ID Type / ID No.: NRIC NO / S7723242G			Contact No.: Home/Office: Mobile: 98436080		
Nationality: SINGAPORE CITIZEN			Email: RICHARD_KHOO01@YAHOO.COM.SG		
Sex: Male	Age: 47	Date of Birth: 31/07/1977	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Regional sales manager			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/09/2024 10:50	Type of Location: X-Junction	
Location: BUKIT BATOK STREET 22				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS13P	Motorcycle	BMW	S1000XR	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBS13P	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P20709776R01	22/09/2023	21/09/2024



SINGAPORE POLICE FORCE



T/20240912/7083

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20240912/7083

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHOO KIEN LEONG, RICHARD	ID No.	S7723242G
Related Vehicle	FBS13P (Motorcycle)	Contact No.	98436080
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	12/09/2024	Date Discharge	12/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

I was riding my motorcycle, registration number FBS13P, along Bukit Batok Street 22 and had stopped in the right-turning lane at the junction of Bukit Batok Street 22 and Bukit Batok East Ave 6, as the traffic light was red. While waiting for the light to change, I was suddenly rear-ended by a motorvan with the registration number GBJ3631H.

The impact caused me to be thrown backward, resulting in me falling to the right side of my motorcycle. In the fall, the motorcycle's engine and fuel tank pinned my right leg, trapping me under the motorcycle. I remained trapped for about a minute until I was assisted by the motorvan driver and co-driver to free myself.

After freeing myself from under the motorcycle, I moved to the pavement. I was experiencing sharp pain in my neck, spine, and right leg, so I called emergency services. The emergency medical technicians who arrived on the scene assessed my condition and recommended a thorough examination at the hospital due to the severity of the pain.

Currently, my motorcycle has been impounded, and I need to retrieve the accident video footage once I have collected the motorcycle.



**SINGAPORE
POLICE FORCE**



T/20240912/7083

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Report No. T/20240912/7083

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
12/09/2024 18:27

Officer In Charge Of Case:
TP / TPIB /
FARHANA BINTE MOHAMED FAUZI ALKHATIB
Contact No.: 63767000

Classification Of Case:

NP168