



QUOTATION

: 47747

MS FIRST CAPITAL INSURANCE LTD

ATTN: MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877

DATE

: 21/09/2024

CLAIM NO.

: 12597

POLICY NO. : MC00884209/03

FROM

: STEPHANIE

VEHICLE NO.

Customer:

: FBM9515E

MAKE/MODEL

: YAM / SNIPER T150

(Page 1 of 4)

S/N	<u>Description</u>	Action	Qty	Unit Price	Amount
1	ALIGNMENT BODY - (REPORTED BY MECHANIC)	Repair	1.00	\$540.00	540.00
2	AXLE WHEEL FRONT P/N: 57081 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$13.00	13.00
3	BALANCER HANDLE SET (RCB) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$75.00	75.00
4	BASKET SNIPER150 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$71.00	71.00
5	BOX REAR (GIVI) E43N P/N: 63891 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$373.00	373.00
6	BRACKET MASTER PUMP RH P/N: 72530 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$11.00	11.00
7	BRACKET SIDE COVER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$13.00	13.00
8	BRACKET TANK RESERVOIR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$13.00	13.00
9	COOLANT (MOBIL) ANTIFREEZE P/N: 60213 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	21.00







(Page 2 of 4)

Quotation Nos.: 47747

<u>S/N</u>	Description	<u>Action</u>	Qty	<u>Unit Price</u>	<u>Amount</u>
10	COVER CRANKCASE 1 P/N: 72007 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$155.00	155.00
11	COVER FRONT LOWER LH P/N: 57070 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$28.00	28.00
12	COVER FRONT LOWER RH P/N: 57072 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$31.00	31.00
13	COVER SET BLACK METALLI X (V1) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$481.00	481.00
14	EMBLEM PANEL FRONT P/N: 64172 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$10.00	10.00
15	FOOTREST FRONT LH P/N: 39116 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$23.00	23.00
16	FOOTREST REAR LH P/N: 72015 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	21.00
17	FRONT FORK ASSY P/N: 71360 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$505.00	505.00
18	FRONT SIGNAL LIGHT ASSY - (REPORTED BY MECHANIC)	REPLACE	1.00	\$31.00	31.00
19	GASKET CRANKCASE COVER 1 P/N: 57244 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$10.00	10.00
20	GUIDE AIR 1 P/N: 57082 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$10.00	10.00
21	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	20.00	\$85.00	1,700.00
22	LEVER BRAKE RH P/N: 69244 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	21.00
23	LEVER CLUTCH P/N: 63058 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$25.00	25.00
24	LIGHT PILOT FRONT P/N: 57053 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$172.00	172.00







Quotation Nos.: 47747 (Page 3 of 4)

S/N	<u>Description</u>	<u>Action</u>	Qty	<u>Unit Price</u>	<u>Amount</u>
25	MIRROR LH	REPLACE	1.00	\$31.00	31.00
	P/N: 58099 - (REPORTED BY MECHANIC)				
26	MIRROR RH	REPLACE	1.00	\$31.00	31.00
	P/N: 58187				
	- (REPORTED BY MECHANIC)				
27	OBU TYPE B (12V) NEW	REPLACE	1.00	\$341.00	341.00
	P/N: 82490				
	- (REPORTED BY MECHANIC)				
28	OIL ENGINE (MOBIL) ADVANCE RACING 1 10/40	REPLACE	1.00	\$41.00	41.00
	P/N: 72811				
	- (REPORTED BY MECHANIC)				
29	O-RING	REPLACE	1.00	\$5.00	5.00
	P/N: 72002				
	- (REPORTED BY MECHANIC)				
30	PANEL INNER FRONT HEADLAMP	REPLACE	1.00	\$40.00	40.00
	P/N: 57075 - (REPORTED BY MECHANIC)				
31	PANEL STAND COVER BIG	REPLACE	1.00	\$40.00	40.00
	P/N: 57058				
	- (REPORTED BY MECHANIC)				
32	PEDAL GEAR ASSY	REPLACE	1.00	\$23.00	23.00
	P/N: 71365				
	- (REPORTED BY MECHANIC)				
33	RADIATOR COMP	REPLACE	1.00	\$171.00	171.00
	P/N: 73072				
	- (REPORTED BY MECHANIC)				
34	RUBBER FOOTREST FRONT	REPLACE	1.00	\$10.00	10.00
	P/N: 36394				
	- (REPORTED BY MECHANIC)				
35	RUBBER PEDAL GEAR	REPLACE	1.00	\$8.00	8.00
	P/N: 63062				
	- (REPORTED BY MECHANIC)				40.00
36	STAY	REPLACE	1.00	\$40.00	40.00
	P/N: 72188				
	- (REPORTED BY MECHANIC)	m=n: 10=	4.00	05100	54.00
37	STEERING CONE SET	REPLACE	1.00	\$54.00	54.00
	P/N: 33765				
	- (REPORTED BY MECHANIC)				
		SUB TOTAL			\$5,188.00
		GST @ 9 %			\$466.92
		GRAND TOTAL (SC	3D)	and the same of th	\$5,654.92
		CIVAIND IO IME (9)	JU)		ψ0,00 7 .02

50% deposit required before ordering of parts.

Validity: 30 days







S/N Description

Action

Qty Unit Price

Acknowledge & Accepted By

<u>Amount</u>

For & on Behalf of

BAN HOCK HIN CO PTE LTD



STEPHANIE

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.







Land Transport Authority

Vehicle Details

Make / Model Vehicle No. YAMAHA / SNIPER T150 FBM9515E Vehicle Type: Vehicle Attachment 1: P00 - Passenger Motorcycle/Autocycle No Attachment /Moped Chassis No.: Vehicle Scheme: MH3UG0740J0101693 Normal Engine No.: Propellant: Petrol G3E6E0384657 Motor No.: Engine Capacity: 150 cc Maximum Power Output: Power Rating: Unladen Weight: Maximum Laden Weight: 116 kg 266 kg Year Of Manufacture: Original Registration Date: 2018 22 May 2018 Lifespan Expiry Date: COE Category: D - Motorcycle COE Expiry Date: Quota Premium: 21 May 2028 \$7,204.00 PARF Eligibility Expiry Date: Road Tax Expiry Date: 21 Nov 2024 Intended Transfer Date: Inspection Due Date: 19 Sep 2024 21 May 2025 CEV/VES Rebate Utilised Amount: CO2 Emission:

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SHA1313R

Date of Accident

14/09/2024 🛗

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Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ______ MS First Capital Insurance Ltd

Period of Insurance ______ 01/01/2024 - 31/12/2024

Requested By _____ Gan Lay Peng (Ban Hock Hin C...

Requested Date ______ 19/09/2024 13:01

Payment details

Request Amount: **\$\$2** GST Amount: **\$\$0.18**

Total Amount Due (GST Inclusive): \$\$2.18

General Insurance Association

Records Management Centre GST Registration No: **M400017735** SB0F249JM001 / Ban Hock Hin Co Pte Ltd ENTRY DATE & TIME: 19/09/2024 12:59 (SGT) SUBMITTED BY: Gan Lay Peng VERSION: 1 (19/09/2024 12:59 (SGT))



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 witholding 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 19/09/2024 12:59 (SGT) Both Policyholder and Actual Driver Reported by 14/09/2024 10:30 (SGT) Date of Accident Exact Location of Accident Singapore Additional Location Information TPE Towards Changi Between Exit 10 & 9 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM9515E

INSURED/POLICYHOLDER

Name Of Registered Owner MUHAMMAD AS-RAFEEQ BIN IBRAHIM NRIC No SXXXX913E Email Address MUHDASRAFEEQ@GMAIL.COM (Phone) +65-85714434 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Yamaha SNIPER T150 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual 150 CC Vehicle Fuel Petrol First Regisration Date 22/05/2018 MH3UG0740J0101693 Chassis no Effective Date/Time of Ownership 22/12/2020 07:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MC00884209/03

DRIVER

Name of Driver MUHAMMAD AS-RAFEEQ BIN IBRAHIM NRIC No SXXXX913E Date Of Birth 20/02/1989 Occupation Indoor 23/01/2009 Driving Pass Date Driving License Pass Class 2B Driving License Validity Valid Driving experience 15 YEARS AND 8 MONTHS Gender Zamania and American and Mobile Number (Phone) +65-85714434 Alt. Phone Number Email Address MUHDASRAFEEQ@GMAIL.COM Address BLK 208B PUNGGOL PLACE 07-914 SINGAPORE 822208 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SGB7225D Insurance Company of Other Vehicle Owned by Driver Direct Asia Insurance (Singapore) Pte Ltd GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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 10 Ubi Avenue 3 Singapore 408865 Police Station Address 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	SHA1313R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Taxi
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	MUHAMMAD AS-RAFEEQ BIN IBRAHIM
Gender ,	Male
Phone No	-
Address	-
Address Complement	-
Post Code Fallonia Paris I Par	-
Approximate Age Years Old	-
Injuries Sustained	Both legs pain, cuts and bruises.
Injured person in which vehicle?	FBM9515E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance	of the Accident	
Rofer	to Report	T (20240914/7062.
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Declaration

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

Oriver's Signature (if driver is not the policyholder) / Oate 8 Time

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

2

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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, involces, 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 / Day & Time

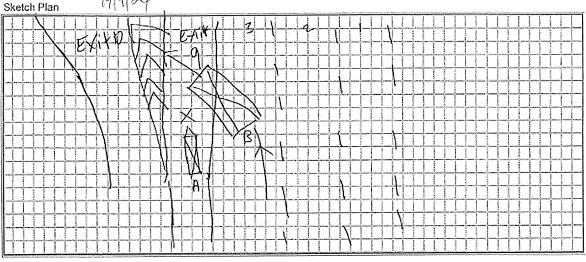
Oriver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

Gan Lay Peng

(Name as in NRICED card)





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



3 of 3

Report No. T/20240914/7062

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: 14/09/2024 17:12
Officer In Charge Of Case: TP / TPIB / MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI Contact No.: 96207105	Classification Of Case:
NP168	200 Sales - 100 Sa



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



2 of 3

Report No. T/20240914/7062

CONTINUATION OF REPORT

Any Pedestrian In	volved: No						
No. of Pedestrians	s Injured: NIL		Use of I	^o edestrian	Crossin	g: NA	
Rider							
Name	MUHAMMAD AS-RAF	EEQ BIN II	BRAHIM	ID No		S8905913E	
Related Vehicle	FBM9515E (Motorcycle)			Conta	ct No.	85714434	
Hospital/Clinic	NIL		1			Class: 2A,2,3,4 Date of Expiry: NIL	
Date Treatment	14/09/2024	, and the second	Date D	ischarge	14/09)/2024	
No, of Days grant	ed Medical Leave (MC)	NIL	Degree	of Injury	Slight		

Brief Details.

I was traveling at TPE towards changi at punggol area. I was on lane 4 going to exit 9Punggol. Suddenly taxi from lane 3 cut across trying exit at exit 10 cutting across the chevron. He suddenly stopped midway through this reckless behavior causing me to collide to its rear at the chevron.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240914/7062

Date/Time Report Made: 14/09/2024 17:12			Vide Report No.: Station Diary N			
Informan	t's Particulars	``````````````````````````````````````				
	Informant: MAD AS-RAF	EEQ BIN IBRAHIM	Address: 208B PUNGGOL PLACE #07-	914 SINGAPORE 822208		
ID Type / ID No.: NRIC NO / S8905913E			Contact No.: Home/Office:	Mobile: 85714434		
Nationali SINGAP	ly: ORE CITIZEN		Email: MUHDASRAFEEQ@GMAIL.C	OM		
Sex: Age: Date of Birth: Male 35 20/02/1989			Type of Informant: Rider	and proper proper to the control of the control of the lead to the control of the		
Race: Malay			Language: English	en en grant de la composition della composition		
Occupati Telecomi	on: munications t	echnician	Driving Licence Information: Class: 2A,2,3,4	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/09/2024 10:30	Type of Location Straight Road
Location:				
TPE changi, Bet e:	xit 10 and exit 9			
2				
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	an de assession valor de sos de processos (replanes playados) in investe afron el contra escultura (1900 et 20	Road Surface: Wet		
Drizzling		1	Tra	effic Volume:
Weather: Drizzling Traffic Flow: Dual Carriage Way	to ad transition of the contract of the contra	Wet	Tra Lig	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9515E	Motorcycle	YAMAHA	SNIPER T150	Black		0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date			
FBM9515E	DIRECT ASIA INSURANCE (SINGAPORE)	MC/00884209/03	23/12/2020	21/11/2024			
	PTE. LTD.						