ASS. REC. BY: March	CD///	124100135/Uug3
	ASSI	GNMENT Vich No: FB1/2680 Yr Regn: 19/128/22
From:	Date:	Veh No: FBU 126 St Yr Regn: 19 110 C
Estimated Cost:		Type: M.Car /M.Cycle / Bus / Van / Lorry / Taxi / Prime move.
OD / TP /WS / TP RES / OD RE	S / EVA / INV / MV	Truck/Trailer or 1/2/7 Orice
To Inspect Vehicle No:	FBU 12680	Make: R.A.P. 10NA c.c Electric Make: A/C: Insured/Std/NI/NA
at Workshop m/s	B 1121	Colour Colour A/C: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA
of		Sp.Reading T/Radio: Insured / Std / Mark
Insured:	83858 G 9	Eng/No: SAIHD SACONC UDUOS
Policy No.		
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or Tyra Siza: F: // 0 - 9 0 - 1 ~ Pre 54
		132-60-13
(Policy Condition)		N.
Remark: The veh had commer		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of		TOYO / YOKO or CS / Rear /
Bal. or Market Value:	815/2.	$\frac{1}{7}$
IDAC Accident Rport:	Consistent?: Yes or No	I/Pol mm
GIA / PR Seen:	Consistent?: Yes or No	7/12/7 14
Est. Repairs:	days Res.: Yes or No	
Lum Sum:	% 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 H	HRS C623M	Des. of Damages: Pri 7 Real 7 G/G 7 Ric 7 G/G 7
	Vehicle: IN / OUT Contacted: \(\frac{10.8}{10.8} \)	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instru		
Date / Time Action / mate	201011	
	· }-	4
	- 1,000 C	
	Α	
		Dave Of Benzie
Date/Time, File Pass to?		Days Of Repair: Survey No. of Trip: Survey Fee:
1):	Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Return to?	Add Fee:	
2)	Addition	: Interview (\$) Photos
Poport Format :		: Tech. Invs (\$) Others
Report Format : Lump Sum / I.B.I: (\$:Weekend (\$
rauth sain t i'p'i' (4		. Weekend (+

wef

(08/11/13)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company				
Owner ID: Vehicle Details	623M				
Vehicle No.:	FBU1268D				
Vehicle to be Exported:	No				
Intended Deregistration Date:	07 Oct 2024				
Vehicle Make:	R.A.P.				
Vehicle Model:	IONA AKA OAK				
Primary Colour:	Blue				
Manufacturing Year:	2022				
Engine No.:	-				
Chassis No.:	SA1HDSGC0NC000056				
Maximum Power Output:	-				
Open Market Value:	\$4,201.00				
Original Registration Date:	19 Aug 2022				
First Registration Date:	19 Aug 2022				
Transfer Count:	1				
Actual ARF Paid: Intended PARF Rebate Details	\$631.00				
PARF Eligibility:	No				
PARF Eligibility Expiry Date:	-				
PARF Rebate Amount: Intended COE Rebate Details	\$0.00				
COE Expiry Date:	18 Aug 2032				
COE Category:	D - Motorcycle				
COE Period(Years):	10				
QP Paid:	\$10,910.00				
COE Rebate Amount:	\$8,578.00				
Total Rebate Amount:	\$8,578.00				

The information contained herein is correct as at 07 Oct 2024



Co.Reg.No: 197000288K

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

Fadhli

NOT Aufbrille Lu noens 7/10/24

QUOTATION

Customer:

NO.: 47890

INDIA INTERNATIONAL INSURANCE P.L.

64 CECIL STREET
#04-00 & #06-00
IOB BUILDING
SINGAPORE 049711

ATTN: INDIA INTERNATIONAL INSURANCE P.L.

DATE : 05/10/2024
CLAIM NO. : 12616
POLICY NO. : 2024-V5018204-VMF
FROM : RAYMOND

VEHICLE NO.

: FBU1268D

MAKE/MODEL

: RAP / IONA AKA OAK

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	2 <i>0</i> 0	Amount
1	LABOUR 4	Supply/Install	4.00	\$85.00	200	340.00
	P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.					00.00
2	MUDGUARD FRONT	REPLACE	1.00	\$99.00	310	99.00
	P/N: 77062 - (REPORTED BY MECHANIC)				~	202.00
3	RIM FRONT ASSY	REPLACE	1.00	\$392.00	, –	392.00
	P/N: 81954 - (REPORTED BY MECHANIC) SENSOR WHEEL SPEED	REPLACE	1.00	\$124.00	Tom	124.00
4	SENSOR WHEEL SPEED P/N: 83792 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$124.00	(***	121100
5	SIGNAL FRONT LH ASSY	REPLACE	1.00	\$132.00	Cre	132.00
	P/N: 81980 - (REPORTED BY MECHANIC)					101.00
6	STEERING CONE SET	REPLACE	1.00	\$164.00	17	164.00
	P/N: 81975 - (REPORTED BY MECHANIC)		4.00	0400.00	٦ (/	100.00
7	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED	•	1.00	\$108.00	J (_	108.00
	P/N: 45837 - BIKE TOWED BACK TO BHH				÷	
	SUB	TOTAL			\$1,	359.00
	GST	@9%			\$	122.31
	The state of the s	O Hanta be	nnon not	· v		

50% deposit required before ordering of parts.

Validity: 30 days

*47890

GRAND TOTAL (SGD) the Repairer of the following:

To resurvey before/after spray painting

- To display damaged part(s), larging recurvey Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudies" boois
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed in is subject to final approval from Insurance Company

Signature: Date:





\$1,481,31

S/N Description

<u>Action</u>

Qty Unit Price

Amount

For & on Behalf of

BAN HOCK HIN CO PTE LTD



RAYMOND

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

Acknowledge & Accepted By

*47890









Vehicle Details

CO2 Emission:

hicle Details	
Vehicle No. FBU1268D	Make / Model R.A.P. / IONA AKA OAK
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No.:
Normal	SA1HDSGC0NC000056
Propellant :	Engine No. :
Electric	•
Motor No. :	Engine Capacity:
501203220300319	-
Power Rating :	Maximum Power Output:
4.0 kW	•
Maximum Laden Weight :	Unladen Weight:
380 kg	213 kg
Year Of Manufacture :	Original Registration Date:
2022	19 Aug 2022
Lifespan Expiry Date :	COE Category:
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$10,910.00	18 Aug 2032
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
18 Feb 2025	-
nspection Due Date :	Intended Transfer Date:
18 Aug 2025	10 Oct 2024

CEV/VES Rebate Utilised Amount:

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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

21/09/2024 09:57 (SGT) Date of First Submission Reported by **Actual Driver** 20/09/2024 16:30 (SGT) Date of Accident 6 Raffles Blvd, Singapore 039594 Exact Location of Accident Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

FBU1268D Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? SINGAPORE POST LIMITED Name Of Registered Owner Company Reg No 1XXXXX623M g-sgbuvehicle@singpost.com Email Address (Phone) +65-91014662 Mobile Phone No (Office) +65-68412000 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer IONA AKA OAK Model Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Motorcycle Auto Transmission Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Great Eastern General Insurance Limited Name of Insurance Company 2024-V5018204-VMF Policy Number / Cover Note Number

DRIVER

MUHAMMAD FADZLI BIN AFFANDI Name of Driver SXXXX925Z NRIC No Date Of Birth 10/12/1998 Occupation Outdoor 16/03/2023 Driving Pass Date **Driving License Pass Class** Valid **Driving License Validity** 1 YEAR AND 6 MONTHS Driving experience Gender (Phone) +65-91014662 Mobile Number Alt. Phone Number g-sgbuvehicle@singpost.com Email Address 540 ANG MO KIO AVENUE 10 #02-2424 Address Address complement 560540 Postcode No Is the driver the policyholder? **Employee** If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) 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 No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 20/09/2024 AT ABOUT 1630HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER FBU1268D DRIVING AROUND DELIVERIES MAILS FOR WORK PURPOSES. WHILE DRIVING ALONG THE BASEMENT CARPARK OF MARINA SQUARE, VEHICLE (B) BEARING REGISTRATION NUMBER PD8288Z INFRONT OF ME STOPPED. I TOO STOPPED. SHORTLY AFTER VEHICLE (B) STARTED TO REVERSE AND THE REAR LEFT AREA OF VEHICLE (B) COLLIDED ONTO THE FRONT MUDGUARD OF MY VEHICLE. NOBODY WAS INJURED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PD8288Z Vehicle Manufacturer Mercedes V220 CDI EXTRA-LONG Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Bus MUHAMMAD AFDHALUDDIN BIN YUSOFF Name of Driver SXXXX023C NRIC No (Phone) +65-88850393 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 correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized 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
- 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 center 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.
- (ii) 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
- (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

Sketch Plan

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

20/09/2024 2100HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 20/09/2024 AT ABOUT 1630HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER FBU1268D DRIVING AROUND DELIVERIES MAILS FOR WORK PURPOSES. WHILE DRIVING ALONG THE BASEMENT CARPARK OF MARINA SQUARE, VEHICLE (B) BEARING REGISTRATION NUMBER PD8288Z INFRONT OF ME STOPPED. I TOO STOPPED. SHORTLY AFTER VEHICLE (B) STARTED TO REVERSE AND THE REAR LEFT AREA OF VEHICLE (B) COLLIDED ONTO THE FRONT MUDGUARD OF MY VEHICLE. NOBODY WAS INJURED.

Declaration

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

4

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

20/09/2024 2100HRS