



## 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	Amount
1	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	4.00	\$85.00	340.00
2	MUDGUARD FRONT P/N: 77062 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$99.00	99.00
3	RIM FRONT ASSY P/N: 81954 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$392.00	392.00
4	SENSOR WHEEL SPEED P/N: 83792 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$124.00	124.00
5	SIGNAL FRONT LH ASSY P/N: 81980 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$132.00	132.00
6	STEERING CONE SET P/N: 81975 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$164.00	164.00
7	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED P/N: 45837 - BIKE TOWED BACK TO BHH		1.00	\$108.00	108.00

SUB TOTAL

\$1,359.00

GST @ 9 %

\$122.31

GRAND TOTAL (SGD)

\$1,481.31

50% deposit required before ordering of parts.

Validity: 30 days

\*47890 \*



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
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For & on Behalf of  
BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By



RAYMOND

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

\*47890 \*



*bizSAFE*<sub>3</sub>



## Vehicle Details

Vehicle No.	Make / Model
<b>FBU1268D</b>	<b>R.A.P. / IONA AKA OAK</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>P01 - Passenger Scooter</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>SA1HDSGC0NC000056</b>
Propellant :	Engine No. :
<b>Electric</b>	-
Motor No. :	Engine Capacity :
<b>501203220300319</b>	-
Power Rating :	Maximum Power Output :
<b>4.0 kW</b>	-
Maximum Laden Weight :	Unladen Weight :
<b>380 kg</b>	<b>213 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2022</b>	<b>19 Aug 2022</b>
Lifespan Expiry Date :	COE Category :
-	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$10,910.00</b>	<b>18 Aug 2032</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>18 Feb 2025</b>	-
Inspection Due Date :	Intended Transfer Date :
<b>18 Aug 2025</b>	<b>10 Oct 2024</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-

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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBU1268D
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer .....	R.A.P
Model .....	IONA AKA OAK
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Motorcycle
Transmission .....	Auto
CC .....	0
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	MUHAMMAD FADZLI BIN AFFANDI
NRIC No .....	SXXXX925Z
Date Of Birth .....	10/12/1998
Occupation .....	Outdoor
Driving Pass Date .....	16/03/2023
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91014662
Alt. Phone Number .....	-
Email Address .....	g-sgbuvehicle@singpost.com
Address .....	540 ANG MO KIO AVENUE 10 #02-2424
Address complement .....	-
Postcode .....	560540
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	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? .....	No
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? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PD8288Z
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	V220 CDI EXTRA-LONG
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	MUHAMMAD AFDHALUDDIN BIN YUSOFF
NRIC No .....	SXXXX023C
Contact Number .....	(Phone) +65-88850393
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 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 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)**

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.

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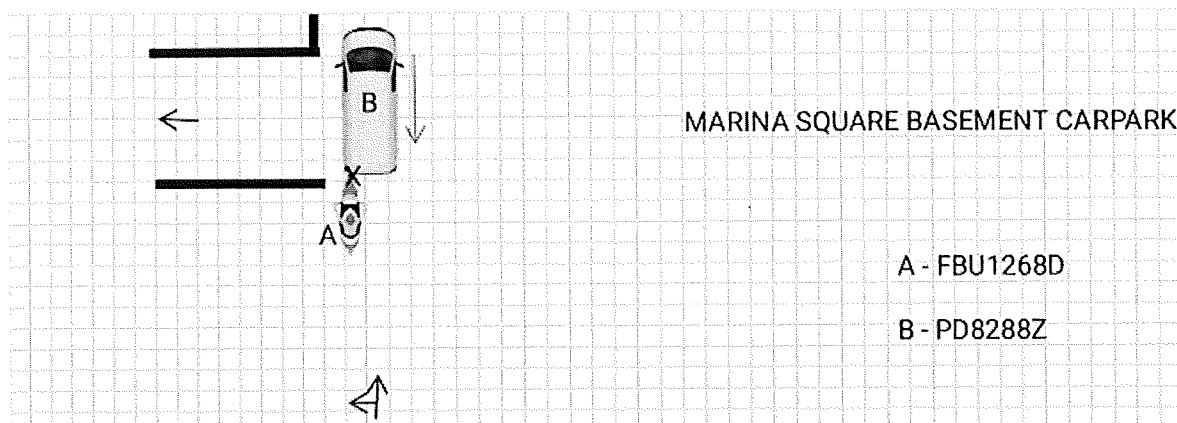
Policyholder's Signature / Date & Time

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

20/09/2024 2100HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



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.

*A*

*20/09/2024*

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




INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

PD8288Z

Date of Accident

20/09/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... India International Insurance ...

Period of Insurance ..... 11/09/2024 - 10/09/2025

Requested By ..... Tan Chok Lok (Ban Hock Hin C...

Requested Date ..... 07/10/2024 09:17

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

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

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**