

**QUOTATION** 

NO. : 48148

- Rev. 1

CHINA TAIPING INSURANCE (S) PTE LTD 105 CECIL STREET #18-00 / 19-00 THE OCTAGON S'PORE 069534

ATTN: CHINA TAIPING INSURANCE (S) PTE LTD

DATE

: 02/11/2024

CLAIM NO.

: 12638

POLICY NO. :

FROM

: MIGNON

VEHICLE NO.

Customer:

: FBG5666K

MAKE/MODEL : YAM / FZ16

(Page 1 of 3)

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
1	BALANCER HANDLE P/N: 80422 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$8.00	16.00
2	BAR FOOTREST FRONT RH P/N: 40315 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$17.00	17.00
3	BAR HANDLE P/N: 44886 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$47.00	47.00
4	BOLT FOOTREST FRONT P/N: 44888 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$10.00	10.00
5	BOX REAR ALUMINIUM 45LITRE (ZEDGE) P/N: 74617 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$373.00	373.00
6	CAP END MUFFLER (BLACK) P/N: 43631 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$34.00	34.00
7	EMBLEM P/N: 50204 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$14.00	28.00
8	FOOTREST REAR LH P/N: 53988 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	19.00
9	GRAPHIC 1 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$5.00	10.00







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10	GRAPHIC 3	REPLACE	1.00	\$5.00	5.00
	P/N: 45151				
	- (REPORTED BY MECHANIC)	DEDI 4.0E	4.00	<b>#20.00</b>	20.00
11	GRAPHIC FUEL TANK	REPLACE	1.00	\$38.00	38.00
	- (REPORTED BY MECHANIC)				
12	GRIP HANDLE SET	REPLACE	1.00	\$47.00	47.00
	P/N: 77911				
	- (REPORTED BY MECHANIC)				
13	GROMMET (TOP PROTECTOR)	REPLACE	6.00	\$8.00	48.00
	P/N: 46849				
	- (REPORTED BY MECHANIC)			***	050.00
14	LABOUR	Supply/Install	10.00	\$85.00	850.00
	P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND				
	INSTALLATION OF PARTS.				
15	LAMP SIGNAL FRONT RH	REPLACE	1.00	\$27.00	27.00
	P/N: 45130				
	- (REPORTED BY MECHANIC)				17.00
16	LEVER BRAKE	REPLACE	1.00	\$17.00	17.00
	P/N: 40317				
	- (REPORTED BY MECHANIC)	REPLACE	1.00	\$31.00	31.00
17	MIRROR ASSY (LH) P/N: 50884	NEFLACE	1.00	ψ31.00	01.00
	- (REPORTED BY MECHANIC)				
18	MIRROR RH	REPLACE	1.00	\$31.00	31.00
10	P/N: 40318				
	- (REPORTED BY MECHANIC)				
19	PROTECTOR MUFFLER (SILVER)	REPLACE	1.00	\$44.00	44.00
	P/N: 40320				
	- (REPORTED BY MECHANIC)				
20	Rear box bracket alignment	Repair	1.00	\$94.00	94.00
	- (REPORTED BY MECHANIC)				
21	RUBBER	REPLACE	10.00	\$3.00	30.00
21	- (REPORTED BY MECHANIC)			*	
	(NET OTTED DT INCOMMUNE)				
22	SHROUD AIR	REPLACE	1.00	\$40.00	40.00
	P/N: 50471				
	- (REPORTED BY MECHANIC)				
23	SIDE STAND	REPLACE	1.00	\$27.00	27.00
	P/N: 50203				
	- (REPORTED BY MECHANIC)	m=n: 4.0=	4.00	<b>#4.000.00</b>	4 000 00
24	Spray painting all cover	REPLACE	1.00	\$1,008.00	1,008.00
	- (REPORTED BY MECHANIC)				









Quotation Nos.: 48148 - Rev. 1

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S/N	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
25	STICKER COVER TAIL LH	REPLACE	2.00	\$2.00	4.00
	P/N: 63585 - (REPORTED BY MECHANIC)				
26	SWITCH HANDLE RH P/N: 59575 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$43.00	43.00
		SUB TOTAL			\$2,938.00
		GST @ 9 %			\$264.42
		GRAND TOTAL (SG	D)		\$3,202.42

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By



**MIGNON** 

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







INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

SKZ9722Z

**Date of Accident** 

28/10/2024 🛗

Reset

## % RESULT & RECEIPT

# TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 30/04/2024 - 29/04/2025

Requested By CHAI KOOI MOOI (Ban Hock Hi...

Requested Date 04/11/2024 10:57

**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

Land Transport Authority

# **Vehicle Details**

CO2 Emission:

Make / Model Vehicle No. YAMAHA / FZ 16 FBG5666K Vehicle Type: Vehicle Attachment 1: P00 - Passenger Motorcycle/Autocycle No Attachment /Moped Chassis No.: Vehicle Scheme: ME121C0D6C2005640 Normal Propellant: Engine No.: 21CD005352 Petrol Motor No.: Engine Capacity: 153 cc Maximum Power Output: Power Rating: Unladen Weight: Maximum Laden Weight: 135 kg 330 kg Year Of Manufacture: Original Registration Date: 29 Aug 2012 2012 COE Category: Lifespan Expiry Date: D - Motorcycle **COE Expiry Date:** PQP Paid: 28 Aug 2027 \$5,090.00 PARF Eligibility Expiry Date: Road Tax Expiry Date: 28 Feb 2025 Intended Transfer Date: Inspection Due Date: 08 Nov 2024 31 Aug 2025

CEV/VES Rebate Utilised Amount:



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
- 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 29/10/2024 13:23 (SGT) Both Policyholder and Actual Driver Reported by ...... Date of Accident 28/10/2024 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information ...... 596B SEMBAWANG ROAD CARPARK Country/State of Loss ..... Singapore

## **DETAILS OF OWN VEHICLE**

Yamaha

Vehicle Registration Number FBG5666K

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DARREN GIAN JUN JIE Email Address DGIAN651@GMAIL.COM Mobile Phone No (Phone) +65-90273644 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Fz16 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 your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Manual 160 Vehicle Fuel ..... First Regisration Date

#### INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5147543838

#### DRIVER

Chassis no

Effective Date/Time of Ownership

Occupation Outdoor Driving Pass Date 19/06/2024 Driving License Pass Class 2B Driving License Validity Valid Driving experience 4 MONTHS Gender Male Mobile Number (Phone) +65-90273644 Alt. Phone Number - Email Address DGIAN651@GMAIL.COM Address BLK 116 #09-621 Address Complement YISHUN RING ROAD Postcode 760116 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 Clear Dry  OTHER INFORMATION	Name of Driver	DARREN GIAN JUN JIE
Occupation Outdoor Diving Pass Date 1906/2024 Diving License Pass Class Diving License Pass Class Diving License Pass Class 28 Diving License Pass Class 29 Diving License Pass Class 29 Diving License Pass Class 29 Address Address Address Address Address Address Diving License Pass Class 20 Address Address Diving License Pass Class 20 Address Complement Pass Comple	NRIC No	T0122208I
Diving Dess Date Diving License Pass Class  Diving License Pass Class  ZB Diving License Validity Valid  Valid  Valid  Will Converted Validity Valid  Male Mobile Number (Phone) +65-90273644  Alt. Phone) +65-90273644  Alt. Phone Number  — Carefare Male Male Mobile Number (Phone) +65-90273644  Alt. Phone Number — Carefare Dessiration Number — Carefares Diving Experience Address — DIAMS51@GMAIL.COM BLK 118 490-921  Address Date Validity  Ves  It has Relationship of the Driver with the Insured — Describer Own Other Validices  It has Relationship of the Driver with the Insured — Carefare Company of Other Vehicle Owned by Driver — Insurance Company of Other Vehicle Owned by Driver — Carefar Information of the Accident  Type of Accident Westher Conditions — Clear  OTHER INFORMATION OF THE ACCIDENT  Type of Accident Westher Conditions — Clear  OTHER INFORMATION  Was any foreign vehicle involved in the accident?  Was any foreign vehicle involved in the accident?  Was any other vehicle or property damaged?  Yas  Translator's and accident claims assistance?  10 0  11 ansistor's phone number  12	Date Of Birth	16/07/2001
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Divining License Validity Divining experience Gender Mobile Number (Phone) +65-90273644 Alt. Phone Number	Driving Pass Date	19/06/2024
Diving experience Gender Mobile Number (Phone) +65-90273644 Alt. Phone Number	Driving License Pass Class	2B
Gender Mobile Number All, Phone Number	Driving License Validity	Valid
Mobile Number	Driving experience	4 MONTHS
All, Phone Number Email Address DOIAN®S1@GMAIL.COM BAddress DOIAN®S1@GMAIL.COM BLK 116 #00-821 YISHUN RING ROAD 760116 St the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles Owned by Driver Pown Other Vehicles Comment of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver - Coentral, INFORMATION OF THE ACCIDENT - Coentral, INFORMATION - Coentral, INFOR	Gender ,	Male
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Postcode 760116 St the driver the policyholder? Yes 1 No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver - CIRCHART ON OTHER ACCIDENT - CIRCHART ON OF THE ACCIDENT - CIRCHART ON OR ON	Address	
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Type of Accident Conditions Clear Weather Conditions Clear Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No Was any foreign vehicle involved in the accident 3 Was any foreign vehicles involved in the accident 3 Was any injured conveyed to hospital by ambulance? - Was any injured vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 Was the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's ID - Translator's name - Translator's remail - Original language used in the statement -  DETAILS OF POLICE ACTION  Was the accident reported to the police? Yes Police Station Name Sembawang Neighbourhood Police Centre (Phone) +65-18005549999  4 Sembawang Crescent Singapore 757633 No Office Station Phone No (Phone) +65-18005549999  4 Sembawang Crescent Singapore 757633 No Office Mass notice of intended Prosecution given? No Office REPORT  ATTACHMENT(S)  Are accident photos available for attachment? Yes	vangyanaanaanaanaanaanaanaanaanaanaanaanaana	-
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Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's Phone number  Translator's email  Original language used in the statement  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Police Station Name  Sembawang Neighbourhood Police Centre (Phone) +65-18005549999  Police Station Phone No (Phone) +65-18005549999  Police Station of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  ATTACHMENT(S)  Are accident photos available for attachment?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye		Yes
Soliciting/offering accident claims assistance?  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?  Police Station Name  Sembawang Neighbourhood Police Centre (Phone) +65-18005549999  Police Station Address  4 Sembawang Crescent Singapore 757633  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  ATTACHMENT(S)  Are accident photos available for attachment?  Yes		0
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ATTACHMENT(S)  Are accident photos available for attachment?  Yes	CIRCUMSTANCES OF ACCIDENT	
Are accident photos available for attachment? Yes	REFER TO POLICE REPORT	
,	ATTACHMENT(S)	
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,	Are accident photos available for attachment?	Yes
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# DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SKZ9722Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	FBW7361S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ASH
Contact Number	(Phone) +65-98755536
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

## WITNESS DETAILS

#### WITNESS 1

 Name
 SHAHEED

 Phone
 (Phone) +65-94798232

 Email

 WITNESS 2
 DANIEL

 Phone
 (Phone) +65-84482519

 Email

#### 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)

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
- (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 Sig 29/10/2024 Driver's Signature (if driver is not the policyholder) / Date

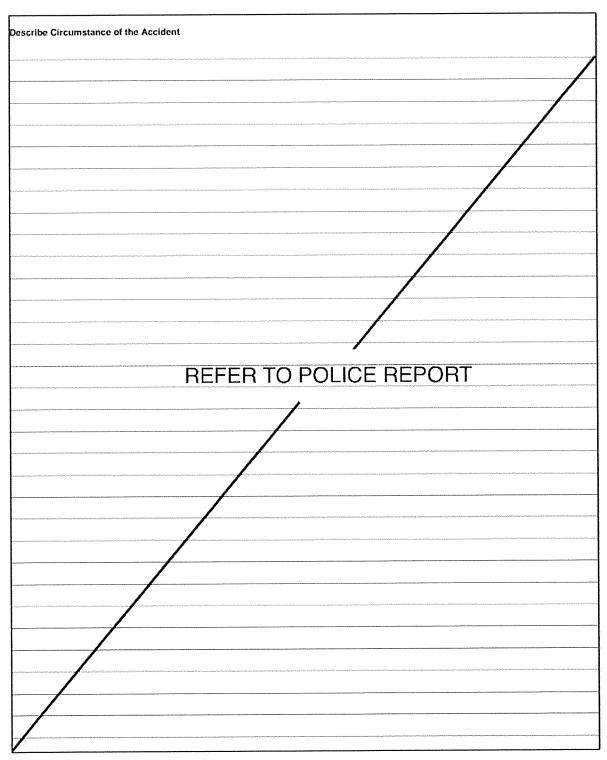
& Time

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Tan Jie Xiong, Shaun

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#### Declaration

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

Policyholder's Signature / Date & Time

29/10/2024 1300HRS Driver's Signature (if driver is not the policyholder) / Date

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

Tan Jie Xiong, Shaun 2 S996707

