

QUOTATION

NO. : 48507

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

: 10/12/2024

CLAIM NO. :

: 12677

POLICY NO. :

FROM

: MIGNON

VEHICLE NO.

Customer:

: FBL6652S

MAKE/MODEL

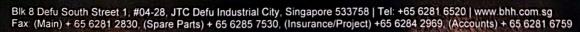
: YAM / MTM850A(XSR900)

(Page 1 of 2)

| S/N | <u>Description</u> | <u>Action</u> | Qty | Unit Price | Amount |
|-----|--|----------------|------|------------------|----------|
| 1 | Alignment front fork n Handlebar - (REPORTED BY MECHANIC) | Repair | 1.00 | \$186.00 | 186.00 |
| 2 | BEARING REAR WHEEL (6204) / P(P) P/N: 38880 - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$48.00 | 48.00 |
| 3 | COVER ENGINE (GB RACING) SET / (VI P/N: 80376 - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$1,008.00 | 1,008.00 |
| 4 | LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS | Supply/Install | 6.00 | \$\$8.00 \$\$ | 510.00 |
| 5 | MID BEARING (B6004Z) (Rim by) / IR P/N: 22614 - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$40.00 | 40.00 |
| 6 | RIM REAR ASSY (Ph. ho-L) / nx - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$1,138.00 | 1,138.00 |
| 7 | RUBBERPE PEDAL GEAR - (REPORTED BY MECHANIC) / (N) | REPLACE | 1.00 | \$124.00 | 124.00 |
| 8 | SEAL OIL P/N: 65151 - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$12.00 | 12.00 |
| 9 | SHOCK ABSORBER REAR (OHLINS) - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$3,410.00 | 3,410.00 |









| S/N | Description | Action | Qty | Unit Price | Amount |
|-----|--|------------------------|------|-------------------|------------------------|
| 10 | SLIDER FORK FRONT / MI | REPLACE | 1.00 | \$217.00 | 217.00 |
| | PIN: 35324 (REPORTED BY MECHANIC) | | | | |
| 11 | SLIDER REAR AXLE - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$217.00 | 217.00 |
| 12 | STAND SIDE / ST P/N: 53749 - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$107.00 | 107.00 |
| 13 | VALVE TYRE 11.3MM BLUE (RACING VALVE) P/N: 41896 - (REPORTED BY MECHANIC) / // | REPLACE | 1.00 | \$40.00 | 40.00 |
| | | SUB TOTAL GST @ 9 % | | | \$7,057.00 \$635.13 |
| | | GRAND TOTAL (SGD |)) | | \$7,692.13 |

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.

Steve (LKK) 11/12/24, 12 man

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:

+65 6281 6520 | www.bhh.com.sg 550, (msurance/Project) +65 6284 2969, (Accounts) + 65 6281 6759





Blk 8 Defu South Street 1, Fax: (Main) + 65 6281 2830

© 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 09/12/2024 13:39 (SGT)

Both Policyholder and Actual Driver Reported by

Date of Accident 27/09/2024 18:30 (SGT)

Exact Location of Accident Singapore

Twin Waterfalls Condo, 110 Punggol Walk Foyer Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Motorcycle

No - Claiming third party

Vehicle Registration Number FBL6652S

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner **CHIA ZHEN MING** NRIC No SXXXX245F

Email Address JAMESZCHIA@GMAIL.COM Mobile Phone No (Phone) +65-92277622

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

MTM850A (XSR900)

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Manual Transmission 847 CC

Petrol Vehicle Fuel

02/02/2017 First Regisration Date

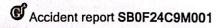
JYARN431000007738 Chassis no 03/02/2017 10:02 (SGT) Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd

Policy Number / Cover Note Number MC00893999/03

DRIVER





| Name of Driver | CHIA ZHEN MING |
|--|---|
| NRIC No | SXXXX245F |
| Date Of Birth | 31/12/1985 |
| Occupation | Indoor |
| Driving Pass Date | 30/12/2016 |
| Driving License Pass Class | 2 |
| Driving License Validity | Valid |
| Driving experience | 7 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92277622 |
| Alt. Phone Number | • |
| Email Address | JAMESZCHIA@GMAIL.COM |
| Address | BLK 553 PASIR RIS STREET 51 12-111 SINGAPORE 510553 |
| 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 | 100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | Hit and run / Vandalism / Damaged whilst parked |
| Weather Conditions Road Surface | Clear |
| Road Sulface | Dry |
| OTHER INFORMATION | |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? | Ne |
| Number of vehicles involved in the accident | No. 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? | Yes |
| Police Station Name | Ang Mo Kio Division Headquarters |
| Police Station Phone No | (Phone) +65-18002180000 |
| Alt. Police Station Phone No | (Fax) +65-64814246 |
| Police Station Address | 51 Ang Mo Kio Avenue 9 Singapore 569784 |
| 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 |
| to the state of th | 110 |





DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number | GBL1535E |
|---|------------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | * <u>*</u> * |
| Vehicle Variant | • |
| Vehicle Colour | |
| Vehicle Category | Goods 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) | to Book was ordered to |



| escribe Circumstance | of the Ac | cident | | | | |
|----------------------|-----------|----------|-----------------------|----------|--|---|
| Refer | to | Police | Report | No. | F/20240927/7111 & | |
| Flac | 124 | 12051 | 7067. | | | |
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Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed Reporting Centre Pe (Name as In NRICAD care)

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>traited</u> and <u>accurate as possible</u>. Any willed misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy Fability</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)

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;
- (w) 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

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

& Time

Minessed by Reporting Centre Personnel

(Name as in NRIGAD card)

Sketch Plan

Parked

Parked

1