



**BAN HOCK HIN**  
Co., Pte Ltd

Co.Reg.No: 197000288K

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

Steve (LKK)

Customer :

INDIA INTERNATIONAL INSURANCE P.L.

64 CECIL STREET

#04-00 & #06-00

IOB BUILDING

SINGAPORE 049711

ATTN: INDIA INTERNATIONAL INSURANCE P.L.

## QUOTATION

NO. : 48538

DATE : 13/12/2024

CLAIM NO. : 12678

POLICY NO. :

FROM : MIGNON

VEHICLE NO. : FBL9312D

MAKE/MODEL : YAM / TMAX 530 CVT

(Page 1 of 4)

S/N	Description	Action	Qty	Unit Price	Amount
1	BELLY PAN INNER / <i>cm</i> P/N: 46003 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$51.00	51.00
2	BOARD FOOTREST RH / <i>cm</i> P/N: 54000 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$248.00	248.00
3	BODY COWLING / <i>cm</i> P/N: 53753 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$157.00	157.00
4	BOX REAR ALUMINIUM 45LITRE (ZEDGE) / <i>cm</i> P/N: 74617 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$372.00	372.00
5	BRACKET 1 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$16.00	16.00
6	COVER GENERATOR / <i>cm</i> P/N: 66849 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$14.00	14.00
7	COVER SIDE LOWER RH / <i>cm</i> P/N: 84992 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$147.00	147.00
8	COVER SIDE LOWER TAIL RH / <i>cm</i> P/N: 84979 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$239.00	239.00
9	COVER SIDE TAIL LH / <i>cm</i> P/N: 53752 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$212.00	212.00

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:



Blk 8 Defu South S  
Fax: (Main) + 65 62



bizSAFE<sub>3</sub>



3758 | Tel: +65 6281 6520 | www.bhh.com.sg  
Object) +65 6284 2969, (Accounts) + 65 6281 6759

CERT NO.: 2002 10363  
ISO 9001 : 2015

S/N	Description	Action	Qty	Unit Price	Amount
10	COVER SIDE TAIL RH / <i>mt</i> P/N: 84975 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$214.00	214.00
11	COVER TRANSMISSION (RH) / <i>mt</i> P/N: 48290 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$51.00	51.00
12	DAMPER / <i>mt</i> P/N: 48294 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$4.00	4.00
13	DAMPER (BOARD FOOTREST 2) / <i>mt</i> P/N: 45958 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$3.00	3.00
14	DAMPER 1 / <i>mt</i> P/N: 67684 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$9.00	9.00
15	DAMPER 2 (BOARD FOOTREST 2) / <i>mt</i> P/N: 45961 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$5.00	5.00
16	DAMPER 3 / <i>mt</i> P/N: 67683 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$6.00	6.00
17	DAMPER 3 (BOARD FOOTREST 2) / <i>mt</i> P/N: 45962 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	12.00
18	DAMPER 4 (BOARD FOOTREST) / <i>mt</i> P/N: 45963 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$2.00	2.00
19	DAMPER COVER SIDE CENTRE / <i>mt</i> P/N: 54010 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$5.00	5.00
20	DAMPER COVER TRANSMISSION / <i>mt</i> P/N: 48292 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$6.00	6.00
21	DAMPER COVER TRANSMISSION 2 / <i>mt</i> P/N: 48293 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$5.00	5.00
22	DAMPER COVER TRANSMISSION 3 / <i>mt</i> P/N: 48291 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$3.00	3.00
23	DAMPER LOCATING 2 / <i>mt</i> P/N: 45965 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$8.00	8.00
24	EMBLEM / <i>mt</i> P/N: 47701 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$29.00	29.00
25	EMBLEM 3D / <i>mt</i> P/N: 53754 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$85.00	85.00



S/N	Description	Action	Qty	Unit Price	Amount
26	FOOTBOARD FRONT LH / <i>CV</i> P/N: 53757 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$248.00	248.00
27	FOOTREST REAR RH ASSY / <i>CV BR</i> - (REPORTED BY MECHANIC)	REPLACE	1.00	\$163.00	163.00
28	FOOTREST REAR SET (AFTERMARKET) / <i>CV</i> - (REPORTED BY MECHANIC)	REPLACE	1.00	\$93.00	93.00
29	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING & INSTALLATION OF PARTS	Supply/Install	<del>12.00</del> 10	<del>\$85.00</del> \$55	1,020.00
30	LEVER BRAKE LH / <i>CV</i> P/N: 45946 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$99.00	99.00
31	MIRROR SET (AFTERMARKET) / <i>CV</i> P/N: 69805 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$54.00	54.00
32	MOLE, SIDE COVER <i>2</i> / <i>CV</i> P/N: 53756 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$176.00	176.00
33	MUFFLER (ARROW) / <i>CV</i> - (REPORTED BY MECHANIC)	REPLACE	1.00	\$1,860.00	1,860.00
34	PANEL 1 / <i>CV (LH lower)</i> P/N: 45986 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$102.00	102.00
35	PLATE 1 ? P/N: 45988 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$26.00	26.00
36	PLATE BIG FOOT SIDE STAND / <i>CV</i> P/N: 69832 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$78.00	78.00
37	PROTECTOR EXHAUST (R&G) ROUND 4.5/5INCH / <i>CV</i> P/N: 45309 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$164.00	164.00
38	SLIDER FLOOR BOARD (R&G) <i>(R&amp;G BLH)</i> / <i>CV</i> P/N: 46363 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$326.00	326.00
39	STAND MAIN <i>X R</i> P/N: 53751 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$240.00	240.00
40	TRANSPORT CHARGES (MOTORCYCLE) CLASS 2 P/N: 45836 - ONE WAY TOWING / <i>NR</i>	Supply/Install	1.00	\$85.00	85.00

SUB TOTAL  
GST @ 9 %

\$6,637.00  
\$597.33





## 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	11/12/2024 13:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/12/2024 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Hougang Ave 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9312D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Zulaikha Binte Mohamed Nasir
NRIC No	SXXXX568Z
Email Address	ikhagonzalez@gmail.com
Mobile Phone No	(Phone) +65-92723753
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	TMAX 530 CVT ABS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	530
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P21004833R01

### DRIVER

Name of Driver	Zulaikha Binte Mohamed Nasir
NRIC No	SXXX568Z
Date Of Birth	29/08/1987
Occupation	Indoor
Driving Pass Date	05/03/2013
Driving License Pass Class	2
Driving License Validity	Valid
Driving experience	11 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92723753
Alt. Phone Number	-
Email Address	ikhagonzalez@gmail.com
Address	51 Hougang Ave 7 #17-49
Address complement	-
Postcode	533818
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	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	3
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SLF2976Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Budi
NRIC No	SXXXX201B
Contact Number	(Phone) +65-86837613
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SNB3219R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	Zulaikha Binte Mohamed Nasir
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



Describe Circumstance of the Accident

Refer to Police Report T/20241210/7155.

### Declaration

**We declare the foregoing particulars are true in every respect.**

1/12/2024 1300h  
Policyholder's Signature / Date & Time

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

Witnessed by Departing Centre Personnel  
(Name as in NRIC card)

**SKETCH PLAN**

**IMPORTANT NOTICE**

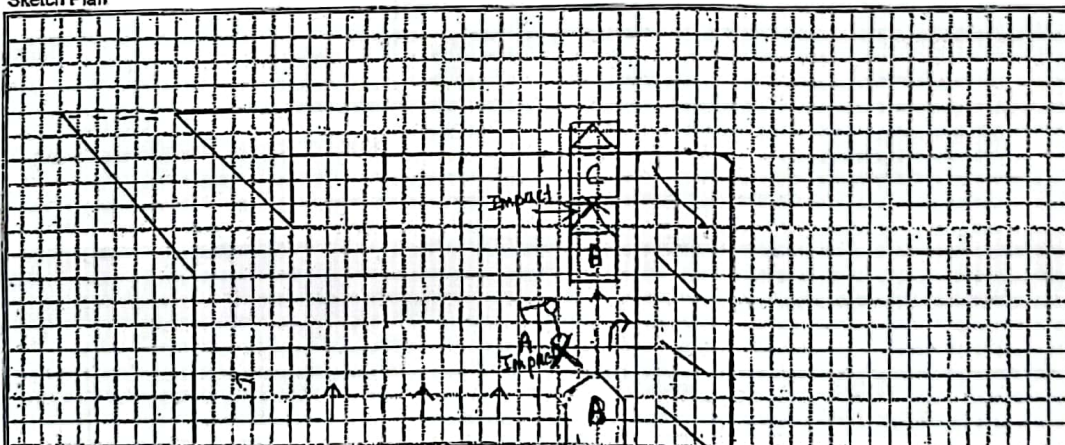
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Actual Driver.
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)
- 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.

*[Signature]*  
 11/12/2024 13:06  
 Policyholder's Signature / Date & Time

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

*[Signature]*  
 Gan Lay Peng  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

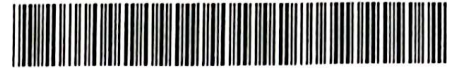
Sketch Plan







# SINGAPORE POLICE FORCE



T/20241210/7155

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

1 of 3

Report No. T/20241210/7155

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2024 22:03		Vide Report No.: F/20241210/0118		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZULAIKHA BINTE MOHAMED NASIR			Address: 51 Hougang Avenue 7 #17-49 SINGAPORE 533818		
ID Type / ID No.: NRIC NO / S8727568Z			Contact No.: Home/Office: Mobile: 92723753		
Nationality: SINGAPORE CITIZEN			Email: ikhagonzalez@gmail.com		
Sex: Female	Age: 37	Date of Birth: 29/08/1987	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2024 15:50	Type of Location: X-Junction
Location: HOUGANG AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9312D	Motorcycle	YAMAHA	TMAX 530 CVT ABS	Black		0
SLF2976Y	Motor car	TOYOTA		Silver	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBL9312D	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P21004833R01	28/09/2024	27/09/2025



# SINGAPORE POLICE FORCE



T/20241210/7155

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

2 of 3

Report No. T/20241210/7155

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZULAIKHA BINTE MOHAMED NASIR	ID No.	S8727568Z
Related Vehicle	FBL9312D (Motorcycle)	Contact No.	92723753
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/12/2024	Date Discharge	10/12/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
Driver			
Name	BUDI	ID No.	S8321201B
Related Vehicle	SLF2976Y (Motor car)	Contact No.	86837613
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

### Brief Details.

On 10/12/2024 at about 3.50pm, I was riding along Upper Serangoon Road towards Sengkang East Drive on the 2nd lane of 4 lane road. The weather is clear. Traffic flow was light, and road surface was dry. Upon approaching the junction of Hougang Avenue 5, traffic light was red, and all vehicles was stationary. I formed up into the extreme right lane to make a right turn at the junction. There was a car ahead of me. While waiting at the traffic light junction, the car behind me suddenly collided onto my rear and right-side portion of my motorcycle, FBL9312D, and hit onto my right leg. I fell to the left. Subsequently, the car continued to hit the car in front of me. There were no signs of braking from him. He came out from the vehicle and managed to exchange particulars. He informed that the GetGo rental vehicle, SLF2976Y, that he was driving, was in neutral gear and he did not know why the car moved ahead and collided onto me. I called police and ambulance arrived. Traffic Police was at scene as well. I was conveyed to Sengkang General Hospital. I suffered right leg injuries and was given 4 days mc from Sengkang General Hospital. There is a junction eye at the location and the car ahead of me, SNB3219R, has in built camera in the vehicle. There is also an in-built camera in the GetGo vehicle.



**SINGAPORE  
POLICE FORCE**



T/20241210/7155

3 of 3

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

Report No. T/20241210/7155

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD GHAZALI BIN ABDUL RAZAK  
Contact No.: 65476367

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
10/12/2024 22:03

Classification Of Case: