

QUOTATION

Customer:

NO. : **46747**

INDIA INTERNATIONAL INSURANCE P.L.

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

DATE : 28/05/2024

CLAIM NO. : 12501

POLICY NO. : MC/01008824/02

FROM : RAYMOND

VEHICLE NO.

: FBN1676X

MAKE/MODEL

: YAM / NMAX155 ABS

(Page 1 of 3)

<u>S/N</u>	Description	<u>Action</u>	<u>Qty</u>	Unit Price	<u>Amount</u>
1	BELLY PAN	REPLACE	1.00	\$37.00	37.00
	P/N: 58094				
	- (REPORTED BY MECHANIC)				
2	BOARD FOOTREST LH	REPLACE	1.00	\$58.00	58.00
	P/N: 59588 - (REPORTED BY MECHANIC)				
3	BOX FILTER AIR OUTER	REPLACE	1.00	\$19.00	19.00
	P/N: 58141		1,00	Ψ10.00	10.00
	- (REPORTED BY MECHANIC)				
4	BOX FILTER AIR OUTER FRONT	REPLACE	1.00	\$12.00	12.00
	P/N: 58164				
_	- (REPORTED BY MECHANIC)	DEDI 4.05			
5	BOX REAR (GIVI) B45NM P/N: 79580	REPLACE	1.00	\$272.00	272.00
	- (REPORTED BY MECHANIC)				
6	COVER CLUTCH OUTER	REPLACE	1.00	\$31.00	31.00
	P/N: 58147				
	- (REPORTED BY MECHANIC)				
7	COVER CLUTCH OUTER DAMPER 1	REPLACE	1.00	\$13.00	13.00
	P/N: 58111				
0	- (REPORTED BY MECHANIC) COVER CLUTCH OUTER DAMPER 2	REPLACE	1.00	00.00	0.00
8	P/N: 58172	REPLACE	1.00	\$8.00	8.00
	- (REPORTED BY MECHANIC)				
9	COVER CLUTCH OUTER DAMPER 3	REPLACE	1.00	\$8.00	8.00
	P/N: 58107				
	- (REPORTED BY MECHANIC)				

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Quotation Nos.: 46747

<u> </u>	Description	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
10	COVER CLUTCH OUTER DAMPER 4	REPLACE	1.00	\$13.00	13.00
	P/N: 58140 - (REPORTED BY MECHANIC)				
1	COVER FRONT UPPER (WHITE)	REPLACE	1.00	\$40.00	40.00
	P/N: 59585				
	- (REPORTED BY MECHANIC)				
2	COVER SIDE LH (GREY)	REPLACE	1.00	\$42.00	42.00
	P/N: 60877				
2	- (REPORTED BY MECHANIC) COVER SIDE LOWER LH (WHITE)	REPLACE	1.00	\$24.00	24.00
3	P/N: 58097	THE ETTOE	1.00	Ψ24.00	2 1.00
	- (REPORTED BY MECHANIC)				
4	COVER SIDE REAR LH (WHITE)	REPLACE	1.00	\$33.00	33.00
	P/N: 58170				
	- (REPORTED BY MECHANIC)				
5	COWLING FRONT LH (WHITE)	REPLACE	1.00	\$36.00	36.00
	P/N: 58179 - (REPORTED BY MECHANIC)				
6	LABOUR	REPLACE	5.00	\$85.00	425.00
U	P/N: 06766			,	
	- (REPORTED BY MECHANIC)				
7	LAMP SIGNAL FRONT LH	REPLACE	1.00	\$39.00	39.00
	P/N: 59587				
_	- (REPORTED BY MECHANIC)	DEDLACE	4.00	#22.00	33.00
8	MIRROR LH	REPLACE	1.00	\$33.00	33.00
	P/N: 58099 - (REPORTED BY MECHANIC)				
9	MUDGUARD FRONT (WHITE)	REPLACE	1.00	\$51.00	51.00
	P/N: 58087				
	- (REPORTED BY MECHANIC)				
20	OBU TYPE B (12V) NEW	REPLACE	1.00	\$341.00	341.00
	P/N: 82490				
14	- (REPORTED BY MECHANIC) PANEL 1 (SILVER) LH	REPLACE	1.00	\$24.00	24.00
21	P/N: 60905		1.00	Ψ2-1.00	21.00
	- (REPORTED BY MECHANIC)				
22	RIVET	REPLACE	7.00	\$3.00	21.00
	P/N: 56583				
	- (REPORTED BY MECHANIC)				0.00
:3	SCREW (WINDSHIELD)	REPLACE	1.00	\$3.00	3.00
	P/N: 62053 - (REPORTED BY MECHANIC)				
24	SPARY LACQUER	REPLACE	1.00	\$0.00	0.00
. ¬	- (REPORTED BY MECHANIC)			, = : = =	

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Quotation Nos.: 46747

S/N	<u>Description</u>	<u>Action</u>	Qty	<u>Unit Price</u>	<u>Amount</u>
25	STICKER (CISCO DIAMOND GRADE) COWLING FRONT LH	REPLACE	1.00	\$45.00	45.00
	P/N: 79323				
	- (REPORTED BY MECHANIC)	DEDI ACE	4.00	#40.00	40.00
26	STICKER (CISCO DIAMOND GRADE) COWLING REAR LH	REPLACE	1.00	\$40.00	40.00
	P/N: 79321 - (REPORTED BY MECHANIC)				
27	STICKER (CISCO DIAMOND GRADE) MUDGUARD FRT	REPLACE	1.00	\$48.00	48.00
	P/N: 79325 - (REPORTED BY MECHANIC)				
28	STICKER (CISCO DIAMOND GRADE) SIDE BOTTO)M REPLACE	1.00	\$57.00	57.00
	P/N: 79324				
	- (REPORTED BY MECHANIC)				
29	STICKER (CISCO) COVER CENTRE LH	REPLACE	1.00	\$40.00	40.00
	P/N: 58614				
	- (REPORTED BY MECHANIC)				
30	STICKER (CISCO) COWLING FRONT LH P/N: 58616	REPLACE	1.00	\$40.00	40.00
	- (REPORTED BY MECHANIC)				
31	STICKER (CISCO) LINING COVER REAR RH	REPLACE	1.00	\$17.00	17.00
	P/N: 58613				
	- (REPORTED BY MECHANIC)				
32	STICKER (CISCO) MUDGUARD FRONT	REPLACE	1.00	\$40.00	40.00
	P/N: 58618				
	- (REPORTED BY MECHANIC)				
	S	SUB TOTAL			\$1,910.00
		SST @ 9 %			\$171.90
	G	GRAND TOTAL (SC	GD)		\$2,081.90

50% deposit required before ordering of parts.

Validity: 30 days

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.

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Vehicle Details

Make / Model Vehicle No. YAMAHA / NMAX155 ABS FBN1676X Vehicle Attachment 1: Vehicle Type: P01 - Passenger Scooter No Attachment Chassis No.: Vehicle Scheme: MH3SG431000007448 Normal Propellant: Engine No.: G3H6E0009657 Petrol Engine Capacity: Motor No.: 155 cc Maximum Power Output: Power Rating: Unladen Weight: Maximum Laden Weight: 128 kg 295 kg Original Registration Date: Year Of Manufacture: 27 Jul 2018 2018 COE Category: Lifespan Expiry Date: D - Motorcycle Quota Premium: COE Expiry Date: 26 Jul 2028 \$6,514.00 PARF Eligibility Expiry Date: Road Tax Expiry Date: 26 Jul 2024 Inspection Due Date: Intended Transfer Date: 21 Jun 2024 26 Jul 2024 CEV/VES Rebate Utilised Amount: CO2 Emission:

SA1D24500007-01 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 31/05/2024 12:50 (SGT) SUBMITTED BY: Sabitra VERSION: 2 (10/06/2024 14:28 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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	31/05/2024 12:50 (SGT)
Reported by	Actual Driver
Date of Accident	23/05/2024 18:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PANDAN GARDENS
Country/State of Loss	Singapore

•	•
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	FBN1676X
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes BAN HOCK HIN CO PTE LTD 1XXXXX288K raymond@bhh.com.sg (Phone) +65-62816520 -
VEHICLE PARTICULARS	
Manufacturer Model Variant 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 Transmission CC	Yamaha NMAX155 ABS NA Employment No - Claiming third party Motorcycle Manual 155
Name of Insurance Company Policy Number / Cover Note Number	Direct Asia Insurance (Singapore) Pte Ltd MC/01008824/02
DRIVER	
Name of Driver	JAYALETCHMI SANDRAKASI

MXXXX765N

10/10/1987 Outdoor

Work Permit No Date Of Birth

Occupation

Driving Pass Date Driving experience	28/10/2022 1 YEAR AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82649634
Alt. Phone Number	-
Email Address	raymond@bhh.com.sg
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
Tiodd Garlago	
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?	Yes
Was any injured onveyed 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)	1
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 AS IN POLICE REPORT.	
THE BOTTOM OF STREET	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
was there any video captains by Oar Camora	110
DETAIL DOCUMENT	D VEHICLE DROBERTY 1
DETAILS OF OTHE	R VEHICLE PROPERTY 1

SLJ2383L Honda Shuttle

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Accident report SA1D24500007

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN WEI HERNG WAYNE
NRIC No	SXXXX564B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

JAYALETCHMI SANDRAKASI
Female
(Phone) +65-91128714
-
-
-
-
-
FBN1676X
Yes
Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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. 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 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' law yers/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 law yers/law, firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre

Policyholder's Signature / Date &

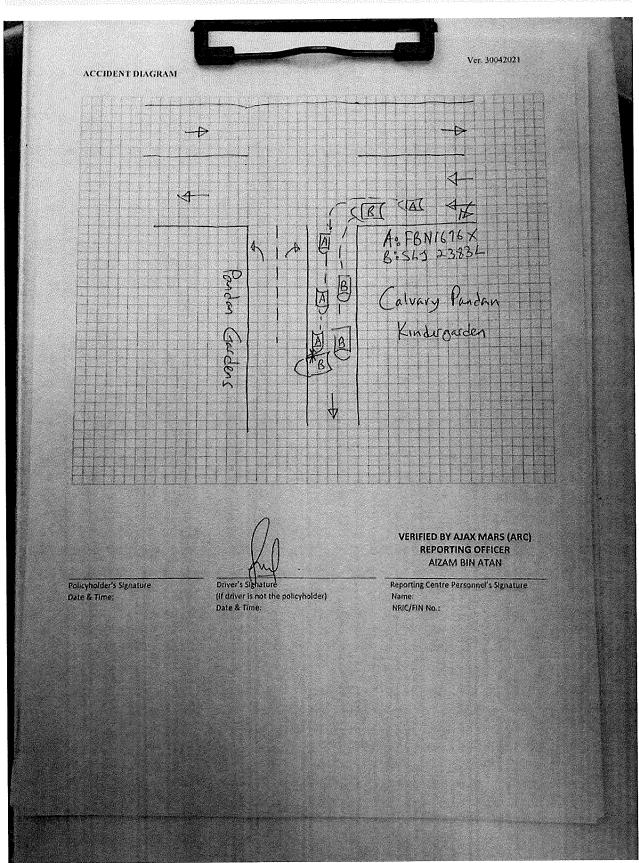
Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	<u> 1</u> 00	Witnessed By Reporting Officer Aizam Bin Atan
WWe declare the foregoing particula	rs are true in every respect.	
Declaration		







Date of Expiry:

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

REPORT OF A TRAFFIC ACCIDENT

Race:

Indian Occupation:

Parking warden

1 of 3 Report No. T/20240524/7002

Date/Time Report Made: 24/05/2024 00:26			Vide Report No.: D/20240523/0081	Station Diary No.:
Informant's	s Particular	S		
Name of Ir Jayaletchr	nformant: ni a/p sand	rakasi	Address:	
ID Type / I FIN NO / N	D No.: M3440765N	١	Contact No.: Home/Office:	Mobile: +6582649634
Nationality MALAYSI			Email: vivejaya2@gmail.com	
Sex: Female	Age:	Date of Birth: 10/10/1987	Type of Informant: Rider	

Language: English

Class:

General Information of the Accident Type of Location: Drink Drive: Date/Time of Accident: Injury Attended by Police Type of Accident: No 23/05/2024 18:05 Location: PANDAN GARDENS Weather: Road Surface: Dry Clear Traffic Volume: Traffic Control: Traffic Flow: No Traffic Two Way Not Controlled Type of Collision: Anyone conveyed by Between Moving Vehicles - Side Swipe - Same Direction ambulance: Yes

Driving Licence Information:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN1676X	Motor car					0

Details of Person Involved	建设在设施设置的企业的企业,但是企业的企业的企业,但是是企业的企业
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

Report No. T/20240524/7002

CONTINUATION OF REPORT

Rider							
Name	JAYALETCHMI A/P SANDRAKASI			ID No.		M3440765N	
Related Vehicle	FBN1676X (Motor car)			Contact No.		+6582649634	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL				of I e & Date	Class: 2B Date of Expiry: 10/10/2025	
Date Treatment	23/05/2024 Date Disch		arge 24/05		/2024		
No. of Days granted Medical Leave (MC) 09			Degree of	Injury Slight			
Rider							
Name	Jayaletchmi a/p sandrakasi			ID No.		M3440765N	
Related Vehicle	FBN1676X (Motor car)			Contact No.		+6582649634	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disch			arge	arge NIL		
No. of Days granted Medical Leave (MC) NIL			Degree of	Injury	NIL		

Brief Details.

I'm jayaletchmi a/P sandrakasi met an accident at Pandan garden on 23/05/2024 around 5.55 pm to 6.10 pm. I was hit by car No SLJ2383L when I was riding my company bike No FNB1676X at Pandan garden and i turn left and the car in my left side suddenly make U turn in corner of bend road and hit me on my left side of my bike. I lost control and make me fall down.



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



3 of 3 Report No. T/20240524/7002

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2024 00:26
Officer In Charge Of Case: TP / TPIB / MOHAMED SOPHIAN BIN MOHAMED AMIR Contact No.: 91874317	Classification Of Case:
NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SA1D245O0007 FBN1676X Vehicle Registration No: __NRIC/FIN/Passport No: ___ Name (as shown in MRIC). _ (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate _____ Singapore (Address: Mobile No.: ____ Contact (Tel):_____ Email Address: _ Date of Accident: 23/05/2024 _____ Time of Accident: _____ 18:05 Place of Accident: PANDAN GARDENS Insurance Company: DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: 1. AMEND TO THIRD PARTY CLAIM

Policyholder / Driver's Signature

SUGARGA Reporting Centre Personnel's Signature

Name: SUGANYA NRIC/FIN No.: Date: 10062024

GIARMC Addendum Form

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

10 Jun 2024 / 14:38:47

Receipt Date/Time: 10 Jun 2024 / 14:38:47

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240610-002829

Previous Receipt No.:

Previous Receipt No				
S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLJ2383L As at 23 May 2024/16:05:00 Insurance Co: INDIA INT'L INS PTE LTD				
1 Insurance Enquiry - SLJ2383L Enquiry Fee 20240610143736137145		25.00	2.25	27.25
	Sub-Total	25.00	2.25	27.25
	Total Before Rounding	25.00	2.25	27.25
	Rounding Difference			0.00
	Total Amount Payable			27.25
	Paid By	Direct Debit: eNETS Debit (Internet Banking)		
	20240610143748282			27.25
	Total			27.25
	Cash Change			0.00
	Tendered Amount			27.25
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.