



德興摩托私人有限公司 DE XING MOTOR PTE. LTD.

Blk 3006 Ubi Road 1 #01-356 Singapore 408700
Tel : (65) 67468582 (4 Lines) Fax : (65) 67439525
Email : dxmotor@singnet.com.sg
Website : www.dxmotor.com
Co. Reg. No.: 198303312R



(✓) Third-Party

() Own Damage

() List Price - 10%

() Cost Price

Bike FBF818C

Date of Ac 22/06/2017

Make/ HONDA CBR1000RR

Chassis NJH2SC59AXBK300684

Year

2010 Requester KOK LEONG

SI/NO	Parts Description	Quantity	Unit Price	Total	Remarks
1	R/H HANDLEBAR	1	\$165.00	\$165.00	
2	BALANCES	1	\$65.00	\$65.00	
3	BRAKE LEVER	1	\$85.00	\$85.00	
4	HAND BRAKE PUMP ASSY	1	\$550.00	\$550.00	
5	BRAKE HOSE	1	\$200.00	\$200.00	
6	HEADLIGHT ASSY	1	\$685.00	\$685.00	
7	MIRROR BRACKET	1	\$385.00	\$385.00	
8	IU UNIT	1	\$156.00	\$156.00	
9	UNDER FORK BRACKET	1	\$550.00	\$550.00	
10	STEERING CONE	1	\$165.00	\$165.00	
11	FRONT FORK ASSY	2	\$850.00	\$1,700.00	
12	FRONT BRAKE DISC	2	\$550.00	\$1,100.00	
13	FRONT WHEEL SHAFT	1	\$95.00	\$95.00	
14	FRONT RIM	1	\$1,200.00	\$1,200.00	
15	R/H CLUTCH COVER	1	\$265.00	\$265.00	
16	BRAKE PEDAL	1	\$105.00	\$105.00	
17	RADIATOR ASSY	1	\$955.00	\$955.00	
18	EXHAUST ASSY	1	\$1,988.00	\$1,988.00	
19	TOP COWLING	1	\$580.00	\$580.00	
20	AIR INTAKE L/H	1	\$125.00	\$125.00	
21	AIR INTAKE R/H	1	\$125.00	\$125.00	
22	R/H FRONT SIDE FARING	1	\$785.00	\$785.00	
23	R/H INNER SIDE PANEL	1	\$200.00	\$200.00	
24	FRONT FENDER	1	\$195.00	\$195.00	
25	UNDER RADIATOR PANEL	1	\$205.00	\$205.00	
26	TRANSPORT	1	\$45.00	\$45.00	
27	LABOUR	1	\$550.00	\$550.00	
28					
29					
30					
31					





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32					
33					
34					
35					
36					
37					
38					
39					
40					

Sub Total
ADD7%GST

\$13,224.00
\$925.68

Grand Total

\$14,149.68

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE. THEREFORE, SHOULD THERE BE ANY ADDITIONAL PARTS REQUIRED OR DAMAGED DURING OUR COURSE OF REPAIRS, WE WILL INFORM YOU ACCORDINGLY FOR NECESSARY ACTION. PRICES OF PARTS QUOTED ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE.

APPROVING OFFICER'S SIGNATURE & COMPANY'S STAMP



MDXM17083832 / De Xing Motor Pte Ltd - HQ
ENTRY DATE & TIME: 27/06/2017 18:49

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 28/06/2017 15:56

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 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 ability.
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 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 Report 27/06/2017 16:49
Date Of Accident 22/06/2017 22:40
Exact Location Of Accident ALONG RAFFLES BOULEVARD TOWARDS ECP
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF818C
Insured/Policyholder
Name Of Registered Owner LEE YONG QUAN, BENJAMIN
NRIC No S9048401Z
Email Address BENLEE.GENX@GMAIL.COM
Mobile Phone No (LOCAL) +65-81822029
Alternative Phone No OFFICE-81822029

Vehicle Particulars

Manufacturer HONDA
Model CBR1000RR-999CC (M)
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

If No, Please state action to be taken THIRD PARTY
Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number 5075954509-01
Cover Note Number

Driver

Name of Driver LEE YONG QUAN, BENJAMIN
NRIC No S9048401Z
Date Of Birth 17/12/1990
Occupation INDOOR
Date Of Driving Pass 11/02/2010
Driving Experience 7 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81822029
Fax Number
Contact Number OFFICE-81822029
Email Address BENLEE.GENX@GMAIL.COM

Address BLK 189C RIVERVALE DRIVE
 #18-998
 Postcode 543189
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION- CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3152P

Vehicle Make/Model/Colour TAXI

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	LEE YONG QUAN, BENJAMIN
Approximate Age	26
Injuries Sustain	PARTS OF LIMBS
Injured person in which vehicle?	F8F818C
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 189C RIVERVALE DRIVE #16-898
Postcode	543189



**SINGAPORE
POLICE FORCE**



T/20170623/2073

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20170623/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2017 13:42		Vide Report No.:		Station Diary No.: 104	
Name of Informant: LEE YONG QUAN, BENJAMIN					
Address: APT BLK 189C RIVERVALE DRIVE #16-998 SINGAPORE 543189					
ID Type / ID No.: NRIC NO / S9048401Z		Contact No.: Home/Office: Mobile: 81822029			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 26	Date of Birth: 17/12/1990	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: BARISTA		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2017 22:40	Type of Location: Straight Road
Location: Along Road 1 RAFFLES BOULEVARD towards ECP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
FBF818C	Motorcycle	HONDA	CBR1000RR	Black	Slightly Damaged	0
SHC3152P	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry
FBF818C	NTUC Income Insurance Co-Operative Limited	5075954509-01	09/01/2017	08/01/2018

**SINGAPORE
POLICE FORCE**

T/20170623/2073

2 of 3

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20170623/2073

CONTINUATION OF REPORT**Brief Details.**

On 22/06/2017 at about 2240hrs I was riding along Raffles Boulevard towards ECP direction. At that point of time I was riding on lane 3, and I spotted one blue color taxi SHC3152P was driving on lane 1. The taxi swerved from lane 1 to lane 3. As the taxi was driving in fast speed, hence I was not able to avoid him. On the same day at about 2242hrs I then hit onto the said taxi left rear portion. I was injured and lying on the ground and waiting ambulance. Subsequently Traffic police and ambulance was at scene. I then conveyed by ambulance to Tan Tock Seng Hospital. 3 days mc was given to me.

The traffic police told me to lodge an accident report as soon. I wish to mention that I have the footage of the incident. That's all.

**SINGAPORE
POLICE FORCE**

T/20170623/2073

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

3 of 3

Report No. T/20170623/2073

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Cpl LEONG GHUM WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/06/2017 13:42

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168

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 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)

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan