

SIN BOON MOTOR CO
 10, ADMIRALTY STREET,
 #01-10, NORTHLINK BUILDING,
 SINGAPORE 757695.
 TEL: 62578404, FAX 67556214

FBL3758R- ESTIMATED REPAIR BILL

7-May-2018

MODEL: YAMAHA SNIPER T150

YEAR OF MANUFACTURE:2016

1	1 pc	Handlebar			\$95.00
2	1 pc	Headlamp			\$90.00
3	2 pcs	Top & Lower Light Casing	@	\$48.00	\$96.00
4	1 pc	Front Cover			\$55.00
5	1 pc	P/O Light Assy			\$128.00
6	1 pc	P/O Light Casing			\$58.00
7	1 pc	Front Fender			\$55.00
8	1 pc	RH Front Signal			\$48.00
9	1 pc	Centre Frame Panel			\$65.00
10	1 pc	Rear Frame Panel			\$68.00
11	1 pc	Inner Cowling			\$48.00
12	1 pc	Radiator			\$285.00
13	1 pc	Fork Underbracket			\$145.00
14	2 pcs	LH & RH Fork Tube	@	\$110.00	\$220.00
15	1 pc	RH Leg Shield			\$85.00
16	1 pc	Muffler Assy			\$245.00
17	1 pc	Muffler Protector			\$55.00
18	1 pc	RH Side Cover			\$115.00
					<hr/>
					\$1,956.00
					Less 10%
					<hr/>
					\$195.60
					<hr/>
					\$1,760.40
19	1 pc	Front Number Plate	[Nett]		\$14.00
20	1 pc	RH Brake Lever			\$90.00
21	1 pc	RH Lever Guard			\$80.00
22	1 pc	RH Mirror			\$90.00
23	1 bot	Coolant			\$30.00
24	1 pc	Carrier			\$65.00
25	1 pc	Cargo Box			\$180.00
26	1 pc	Footrest Bracket w/Footrest Comp			\$190.00
27	1 pc	Centre Basket			\$35.00
28	1 pc	Lower Spoiler			\$90.00
29	1 set	Emblem			\$80.00
30	3 Trips	Towing Charge			\$90.00
31		Labour Charges			\$280.00
					<hr/>
					Sub Total
					\$3,074.40
					GST
					\$215.21
					<hr/>
					Total
					<hr/>
					\$3,289.61
					<hr/>





Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Print Date/Time : 07 May 2018 / 09:48:56

Receipt Date/Time : 07 May 2018 / 09:48:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180507-000349

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 - SHA4274A As at 28 Apr 2018/09:00:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHA4274A Enquiry Fee 20180507094747019584	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx6538			
	Credit Card: Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	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.



T201804297003....

SINGAPORE
POLICE FORCE

T/20180429/7003

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

1 of 3

Report No. T/20180429/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2018 13:47	Vide Report No.: J/20180428/0102	Station Diary No.:
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Informant's Particulars

Name of Informant: OH KENG MENG			Address: APT BLK 731 WOODLANDS CIRCLE #12-11 SINGAPORE 730731		
ID Type / ID No.: NRIC NO / S69805011			Contact No.: Home/Office: Mobile: 96567037		
Nationality: MALAYSIAN			Email: stevenokm@gmail.com		
Sex: Male	Age: 48	Date of Birth: 23/10/1969	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SITE SUPERVISOR			Driving Licence Information: Class: 2B.3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2018 09:00	Type of Location: T-Junction
Location: WOODLANDS AVENUE 8 At the T-junction between Admiralty Rd West and Woodlands Ave 8.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3758R	Motorcycle	YAMAHA	SNIPER T150	White	Seriously Damaged	0
SHA4274A	Car	TOYOTA			Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3758R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72032360	21/09/2017	20/09/2018

SINGAPORE
POLICE FORCE

T/20180429/7003



**SINGAPORE
POLICE FORCE**



T/20180429/7003

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

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Report No. T/20180429/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	OH KENG MENG	ID No.	S69805011
Related Vehicle	FBL3758R (Motorcycle)	Contact No.	96567037
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	28/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

I was riding in my motorcycle along Admiralty Rd West. The traffic light was green and I was traveling straight. I saw a taxi about to turn onto the road in front of me, and thought that he would stop. However, he did not stop and so I collided into the front left side of the taxi. I fell onto the road. After a while, an ambulance arrived and brought me to the hospital.



**SINGAPORE
POLICE FORCE**



T/20180429/7003

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Traffic Police Division HQ
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Report No. T/20180429/7003

CONTINUATION OF REPORT

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180429-7003

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20180429-7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LEE GUANG HUI
Contact No : 65476138

Authentication Stamp
NP168

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

Date/Time:
29/04/2018 13:47

Classification Of Case:

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 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	07/05/2018 09:50
Date Of Accident	28/04/2018 09:00
Exact Location Of Accident	JUNCTION OF ADMIRALTY ROAD WEST & WOODLANDS AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3758R
Insured/Policyholder	
Name Of Registered Owner	OH KENG MENG
NRIC No	S69805011
Email Address	STEVENOKM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96567037
Alternative Phone No	OTHERS-96567037
Vehicle Particulars	
Manufacturer	YAMAHA
Model	Y15R
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-371891-CA
Cover Note Number	
Driver	
Name of Driver	OH KENG MENG
NRIC No	S69805011
Date Of Birth	23/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96567037
Fax Number	
Contact Number	OTHERS-96567037
Email Address	STEVENOKM@GMAIL.COM

Address	BLK 731 WOODLANDS CIRCLE #12-11 SINGAPORE
Postcode	730731
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4274A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	OH KENG MENG
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	FBL3758R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

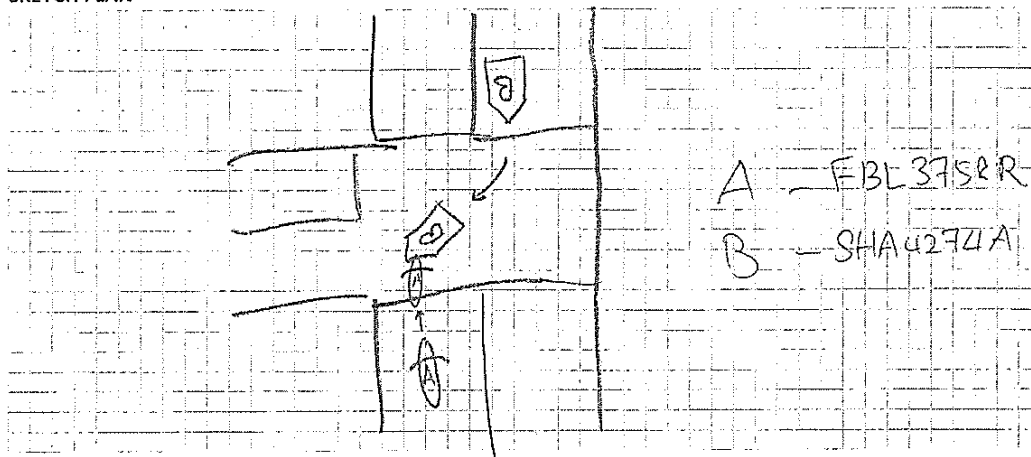
 Policyholder's Signature
 Date & Time:

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

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180429/7003

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

1 of 3

Report No. T/20180429/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2018 13:47		Vide Report No.: J/20180428/0102		Station Diary No.:	
Informant's Particulars					
Name of Informant: OH KENG MENG			Address: APT BLK 731 WOODLANDS CIRCLE #12-11 SINGAPORE 730731		
ID Type / ID No.: NRIC NO / S69805011			Contact No.: Home/Office: Mobile: 96567037		
Nationality: MALAYSIAN			Email: stevenokm@gmail.com		
Sex: Male	Age: 48	Date of Birth: 23/10/1969	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SITE SUPERVISOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2018 09:00	Type of Location: T-Junction
Location: WOODLANDS AVENUE 8 At the T-junction between Admiralty Rd West and Woodlands Ave 8.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3758R	Motorcycle	YAMAHA	SNIPER T150	White	Seriously Damaged	0
SHA4274A	Car	TOYOTA			Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3758R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72032360	21/09/2017	20/09/2018

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180429/7003

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

2 of 3
Report No. T/20180429/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	OH KENG MENG	ID No.	S69805011
Related Vehicle	FBL3758R (Motorcycle)	Contact No.	96567037
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

I was riding in my motorcycle along Admiralty Rd West. The traffic light was green and I was traveling straight. I saw a taxi about to turn onto the road in front of me, and thought that he would stop. However, he did not stop and so I collided into the front left side of the taxi. I fell onto the road. After a while, an ambulance arrived and brought me to the hospital.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180429/7003

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

3 of 3

Report No. T/20180429/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

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

Date/Time:
29/04/2018 13:47

Classification Of Case: