



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



CERT Reg No.: 2005-2-1450
ISO 9001:2008

() Third-Party (X) Own Damage () List Price () Cost Price

Bike No : FBM5848X

Date of Acc : 02/06/2018

Make/ Model : BAJAJ PULSAR 200NSFI

Chassis No : MD2A36FZ2GCF47149

Year : 2016

Requested by : TIONG



S/ NO	Parts Description	Quantity	Unit Price	Total	Remarks
1	R/H HANDLE BAR	1	\$165.00	\$165.00	
2	R/H HANDLE BAR BALANCE	1	\$18.00	\$18.00	
3	BRAKE LEVER	1	\$38.00	\$38.00	
4	RH/ MIRROR	1	\$68.00	\$68.00	
5	LOWER FRONT FORK BRACKET	1	\$320.00	\$320.00	
6	FRONT FENDER	1	\$185.00	\$185.00	
7	BRAKE PEDAL	1	\$115.00	\$115.00	
8	RH/ REAR FOOTREST BRACKET	1	\$98.00	\$98.00	
9	RH/ REAR FOOTREST	1	\$53.00	\$53.00	
10	RH/ CENTER COVER	1	\$125.00	\$125.00	
11	REAR RIM FENDER	1	\$155.00	\$155.00	
12	STEERING CONE	1	\$120.00	\$120.00	
13	RH ENGINE GUARD	1	\$80.00	\$80.00	
14	REAR BOX BRACKET	1	\$135.00	\$135.00	
15	REAR BOX KAPPA 46	1	\$180.00	\$180.00	
16	REAR NUMBER PLATE	1	\$20.00	\$20.00	
17	ALIGN FORK	1	\$120.00	\$120.00	
18	LABOUR	1	\$480.00	\$480.00	

Sub Total \$2,475.00

ADD 7%GST \$173.25

Grand Total \$2,648.25

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

APPROVING OFFICER'S SIGNATURE & COMPANY'S STAMP





**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/34961/2018

Date : 23 July 2018

STAFFORD GOH JIAN HUI
BLK 302 UBI AVENUE 1
#03-17
SINGAPORE 400302

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING FBM5848X AND SKU2301C ALONG UBI AVENUE 1
ON 02/06/2018 AT ABOUT 2200 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver of **SKU2301C** had committed the following offences:

- (i) Careless Driving under Rule 29 of the Road Traffic Rules;
- (ii) Failing to stop after an accident under Section 84(1) of the Road Traffic Act Chapter 276;
- (iii) Failing to report an accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276.

Action has been initiated against the driver for the said offences.

3. If you have any clarification, you may contact the Investigation Officer, SI Kaleswari at office number: 6547 6902.

4. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.



GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE
8 Raffles Quay #18-00, Singapore 048660
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-120214
Date of Request: 06/08/2018

Your Ref No: Online Purchase

De Xing Motor Pte Ltd
Blk 3006 Ubi Road 1
#01-356
Singapore 408700

Dear Sir/Madam,

Enquiry Date 06/08/2018
Enquiry By LIM GEOK HEA
TP Vehicle No. SKU2301C
Accident Date 02/06/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKU2301C	India International Insurance Pte Ltd	14/07/2017-13/07/2018	63476100

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

ENTRY DATE & TIME: 04/06/2018 13:34
SUBMITTED BY: LIM GEOK HEA

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 04/06/2018 13:34
Date Of Accident 02/06/2018 22:00
Exact Location Of Accident BLK 302 UBI AVE 1 OPEN CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM5848X
Insured/Policyholder
Name Of Registered Owner STAFFORD GOH JIAN HUI
NRIC No S9316485G
Email Address STAFFORDGOH@GMAIL.COM
Mobile Phone No (LOCAL) +65-88665656
Alternative Phone No OFFICE-88665656

Vehicle Particulars

Manufacturer BAJAJ
Model PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident PLEASURE
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 GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number
Cover Note Number MOMVM000002239-00-000

Driver

Name of Driver STAFFORD GOH JIAN HUI
NRIC No S9316485G
Date Of Birth 11/05/1993
Occupation INDOOR
Date Of Driving Pass 13/12/2017
Driving Experience 0 YEAR AND 5 MONTH
Gender MALE
Mobile Number (LOCAL) +65-88665656
Fax Number
Contact Number OFFICE-88665656
Email Address STAFFORDGOH@GMAIL.COM


Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report accurately 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 willful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate 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:

 Stafford Goh@gmail.com

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

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

Address BLK 302 UBI AVE 1
#03-17
Postcode 400302
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN

Attachment(s)

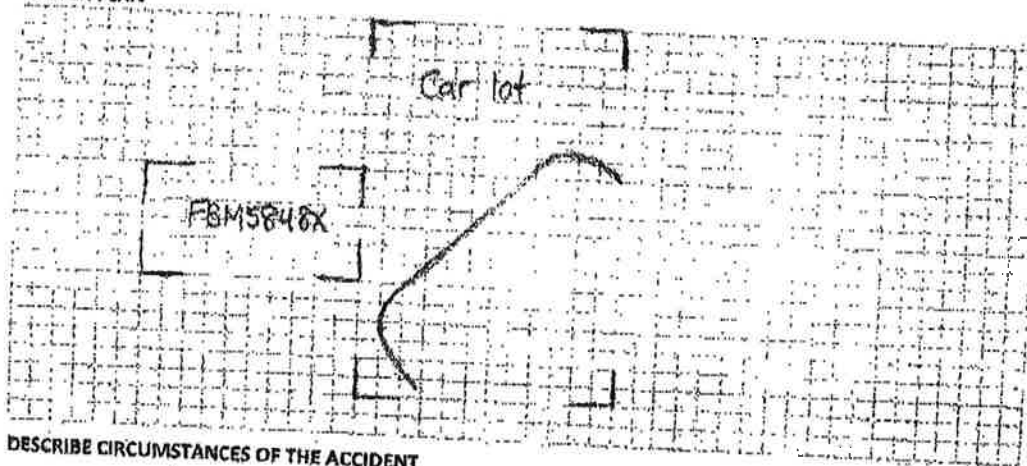
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

Details of Witness

Name UNKNOWN NOTE
Phone Number
Email Address

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Brief Details.

On 02/06/2018 at about 2200hrs, when I went back to my vehicle (FBM5848X), I then realized that there is a note on my motorbike stating 'SKU2301C, Red Honda Fit reverse and hit your bike and it fell on its right side'. As such, I make a check and I discovered that my right side handle, box, handle balancer and leg guard was damage. I would like to state that this is not the first time such incident happen to me.

DECLARATION

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

SAM
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.: