

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBK493D		
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	YAMAHA		
Vehicle Model :	YBR 125		
Chassis No. :	LBPKE1780E0024497		
Propellant :	Petrol		
Engine No. :	E3J2E016704		
Engine Capacity :	124 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	-		
Unladen Weight :	124 kg		
Year Of Manufacture :	2014		
Original Registration Date :	11 Feb 2015		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$5,504.00		
COE Expiry Date :	10 Feb 2025		
Road Tax Expiry Date :	10 Feb 2019		
Inspection Due Date :	10 Feb 2019		
Intended Transfer Date :	03 Nov 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

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 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 Report	29/10/2018 17:52
Date Of Accident	29/10/2018 13:15
Exact Location Of Accident	66 KALLANG BAHRU CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK493D
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN CO PTE LTD
Co Reg No	197000288K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62913762

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR 125
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	AVFMSB0000621700
Cover Note Number	

Driver

Name of Driver	MOHD FADHIL BIN SAFI
NRIC No	G2713872T
Date Of Birth	11/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82858596
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	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 [OTHER]	ROCHOR N.P.C.
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181029/2076 LODGED AT ROCHOR N.P.C. ON 29/10/2018 AT ABOUT 1315HRS, I FINISHED MY DELIVERY AT 217 KALLANG BAHRU AND WANTED TO PROCEED BACK TO MY OUTLET. I WENT INTO THE CARPARK ALONG BLK 67 KALLANG BAHRU AND NEEDED TO EXIT THE OPEN SPACE CARPARK. I RODE MY MOTORCYCLE (FBK493D) AND THERE WAS A VEHICLE (SLJ6891K) IN FRONT, IN THE MIDDLE OF THE CARPARK. THE VEHICLE DID NOT TURN ON HIS HAZARD LIGHT AS SUCH I WANTED TO OVERTAKE THE VEHICLE FROM THE LEFT. UPON REACHING NEAR THE VEHICLE, THE VEHICLE'S REAR LEFT PASSENGER DOOR OPENED AND HIT ONTO ME. AS A RESULT, I SWERVED TOGETHER WITH THE MOTORCYCLE. THIS RESULT IN A COLLISION BETWEEN ME AND ONE STATIONARY VOLKSWAGEN BESIDE. THERE WAS A SCRATCH ON THE LEFT FRONT BUMPER OF VOLKSWAGEN. AFTER THE COLLISION, THE DRIVER OF (SLJ6891K) WENT TO PARK HIS VEHICLE AND ATTENDED TO ME. AS THERE WERE NO SERIOUS INJURIES, I DID NOT ASK FOR AMBULANCE. AFTER THE COLLISION, I TOOK DOWN THE CONTACT NUMBER OF THE DRIVER AND THE REGISTRATION NUMBER OF THE VEHICLE. WITH REGARDS TO THE VOLKSWAGEN, THE DRIVER WAS NOT AT VICINITY. I DID NOT MANAGE TO TAKE DOWN THE FULL REGISTRATION NUMBER OF THE VEHICLE AND COULD ONLY REMEMBER 773A AS PART OF THE VEHICLE REGISTRATION NUMBER. AFTER THE ACCIDENT, I INFORMED MY COMPANY ABOUT THIS AND WAS ADVISED TO LODGE A POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ6891K
Vehicle Make/Model/Colour	TOYOTA/COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	KOH YEE KENG
NRIC/Passport Number	
Contact Number	96606391
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

Sketch Plan

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any verbal 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 insured 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 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.

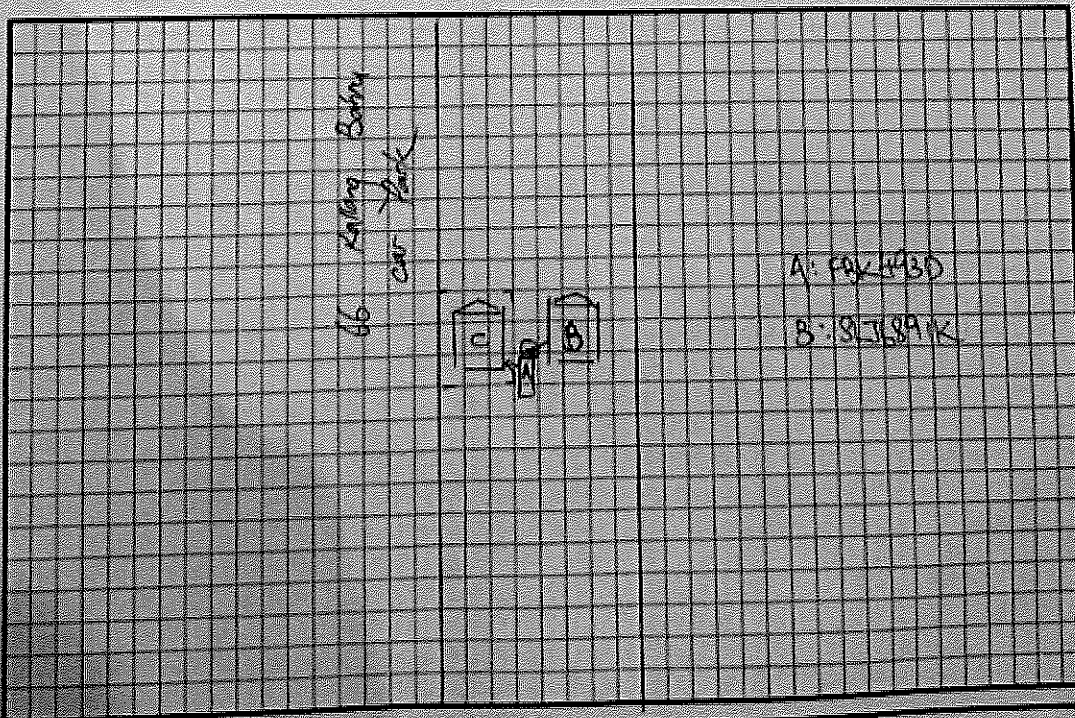
VERIFIED BY AJAX MARS
REPORTING OFFICER
JUN KEAT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20181029/2076

1 of 4

Report No. T/20181029/2076

Police Station Of Origin:
Rochor N.P.C
11 Kempong Kapor Road SINGAPORE
209878
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2018 14:51	Vide Report No.:	Station Diary No.: 93
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Informant's Particulars

Name of Informant: MOHD FADHIL BIN SAFI		Address:	
ID Type / ID No.: FIN NO / G2713872T		Contact No.: Home/Office:	Mobile: 82858596
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 30	Date of Birth: 11/05/1988	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 29/10/2018 13:15	Type of Location: Car Park
Location: Along Road 1 KALLANG BAHRU Blk 67 Kallang Bahru Open Space Carpark			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow:		Traffic Control:	Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Name	Model	Color	Condition	No of Passenger
773A (Not Accurate)	Car	VOLKSWAGO	N		Slightly Damaged	0
FBK493D	Motorcycle	YAMAHA	YBR 125	Red	Slightly Damaged	0
SLJ6891K	Car	TOYOTA	COROLLA ALTIS 1.6 CVT		No Damage	0

Police Report


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20181029/2076

Report No. T/20181029/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD FADHIL BIN SAFI	ID No.	G2713872T
Related Vehicle	FBK493D (Motorcycle)	Contact No.	82858596
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Koh Yee Keng	ID No.	NIL
Related Vehicle	SLJ6891K (Car)	Contact No.	98606391
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	NIL	Degree of Injury	NIL

Brief Details.

On 29/10/2018 at about 1315hrs, I finished my delivery at 217 Kallang Bahru and wanted to proceed back to my outlet. I went into the carpark along Blk 67 Kallang Bahru and needed to exit the open space carpark. I rode my motorcycle (FBK493D) and there was a vehicle (SLJ6891K) in front, in the middle of the carpark. The vehicle did not turn on his hazard light as such I wanted to overtake the vehicle from the left. Upon reaching near the vehicle, the vehicle's rear left passenger door opened and hit onto me.

As a result, I swerved together with the motorcycle. This result in a collision between me and one stationary Volkswagen beside. There was a scratch on the left front bumper of the Volkswagen. After the collision, the driver of (SLJ6891K) went to park his vehicle and attended to me. As there were no serious injuries, I did not ask for ambulance.

After the collision, I took down the contact number of the driver and the registration number of the vehicle.

With regards to the Volkswagen, the driver was not at vicinity. I did not manage to take down the full registration number of the vehicle and could only remember 773A as part of the vehicle registration number.

After the accident, I informed my company about this and was advised to lodge a police report.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181029/2076

Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapar Road SINGAPORE
208676
Tel No. 1800-2340990

3 of 4

Report No. T/20181029/2076

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2940999



1/20181029/2076

4 of 4

Report No: 1/20181029/2076

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:

A/

Sgt 2 LOW ZI HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/10/2018 14:51

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Sgt 12

Classification Of Case:

Authentication Stamp

2018

Singapore Police Force

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
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-18-170326

Date of Request: 02/11/2018

Your Ref No: Online Purchase

Ban Hock Hin Co. Pte Ltd
No. 6 Defu Lane 4
Singapore 539410

Dear Sir/Madam,

Enquiry Date 02/11/2018
Enquiry By Tan Chok Lok
TP Vehicle No. SLJ6891K
Accident Date 29/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLJ6891K	AXA Insurance Pte Ltd	21/12/2017-20/12/2018	6338 7288

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.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-170326

Date of Request: 02/11/2018

Your Ref No: Online Purchase

Ban Hock Hin Co. Pte Ltd
No. 6 Defu Lane 4
Singapore 539410

Dear Sir/Madam,

Enquiry Date 02/11/2018
Enquiry By Tan Chok Lok
TP Vehicle No. SLJ6891K
Accident Date 29/10/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



QUOTATION

Customer :

NO. : 33212

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way,
#27-01 AXA Tower
Singapore 068811

DATE : 02/11/2018
CLAIM NO. : 11208
POLICY NO. : AVFMSB0000591803
FROM : RAYMOND

VEHICLE NO. : FBK0493D
MAKE/MODEL : YAM / YBR125

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	COVER TAIL LH (RED) P/N: 45418	REPLACE	1.00	\$90.00	90.00
2	HEADLAMP ASSY P/N: 42005	REPLACE	1.00	\$147.00	147.00
3	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS	Supply/Install	1.00	\$90.00	90.00
4	LAMP SIGNAL FRONT LH P/N: 43344	REPLACE	1.00	\$55.00	55.00
5	LAMP SIGNAL REAR LH P/N: 44858	REPLACE	1.00	\$63.00	63.00
6	MUDGUARD FRONT (RED) P/N: 45374	REPLACE	1.00	\$98.00	98.00
7	MUDGUARD REAR P/N: 45416	REPLACE	1.00	\$68.00	68.00
8	PROTECTOR MUFFLER (REAR) P/N: 27115	REPLACE	1.00	\$32.00	32.00
9	RUBBER FOOTREST FRONT P/N: 26136	REPLACE	1.00	\$14.00	14.00
10	STICKER (MCDONALDS) WINDSHIELD V2 P/N: 56223	REPLACE	1.00	\$16.00	16.00
11	STICKER NUMBER PLATE FRONT (BLACK) STRAIGHT P/N: 32921	REPLACE	1.00	\$12.00	12.00
12	TRANSPORT CHARGES P/N: 07169		1.00	\$35.00	35.00
13	VISOR P/N: 42004	REPLACE	1.00	\$68.00	68.00



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
		SUB TOTAL			\$788.00
		GST @ 7 %			\$55.16
		GRAND TOTAL			\$843.16

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD



RAYMOND

Acknowledge & Accepted By

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.



CERT NO.: 2002-1-0383
ISO 9001:2015