

## Enquire Transfer Fee

| Vehicle Details  |  |                     |                           |
|--|--|---------------------|---------------------------|
| Vehicle No. :  | FBL9177C                                   |                     |                           |
| Vehicle Type :   | P00 - Passenger Motorcycle/Autocycle/Moped |                     |                           |
| Vehicle Attachment 1 :   | No Attachment                              |                     |                           |
| Vehicle Scheme :   | Normal                                     |                     |                           |
| Vehicle Make :   | HONDA                                      |                     |                           |
| Vehicle Model :  | CB400X ABS MANUAL                          |                     |                           |
| Chassis No. :  | NC471102060                                |                     |                           |
| Propellant :   | Petrol                                     |                     |                           |
| Engine No. :   | NC47E1102075                               |                     |                           |
| Engine Capacity :  | 399 cc                                     |                     |                           |
| Maximum Power Output :   | -  |                     |                           |
| Maximum Laden Weight :   | 300 kg                                     |                     |                           |
| Unladen Weight :   | 190 kg                                     |                     |                           |
| Year Of Manufacture :  | 2017                                       |                     |                           |
| Original Registration Date :   | 06 May 2017                                |                     |                           |
| Lifespan Expiry Date :   | -  |                     |                           |
| COE Category :   | D - Motorcycle                             |                     |                           |
| Quota Premium :  | \$7,589.00                                 |                     |                           |
| COE Expiry Date :  | 05 May 2027                                |                     |                           |
| Road Tax Expiry Date :   | 05 May 2019                                |                     |                           |
| Inspection Due Date :  | 05 May 2020                                |                     |                           |
| Intended Transfer Date :   | 16 Feb 2019                                |                     |                           |
| CO2 Emission :   | -  |                     |                           |
| CO Emission :  | -  |                     |                           |
| HC Emission :  | -  |                     |                           |
| NOx Emission :   | -  |                     |                           |
| PM Emission :  | -  |                     |                           |
| The current road tax expiry is 05 May 2019. You may renew the road tax from 06 Feb 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 05 May 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late 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 (From 06 May 2019 to 05 Nov 2019)   |  |                     |                           |
|  | Amount Before GST<br>(S\$)                 | GST Amount<br>(S\$) | Amount After GST<br>(S\$) |
| Transfer Fee :   | 25.00                                      | -                   | 25.00                     |
| Sub Total :  |  |                     | 25.00                     |
| Nett Road Tax Amount (After Offsetting Over Payment) :   | 55.00                                      | -                   | 55.00                     |
| Total Amount Payable :   |  |                     | 80.00                     |
| Amount Payable (From 06 May 2019 to 05 May 2020)   |  |                     |                           |
|  | Amount Before GST<br>(S\$)                 | GST Amount<br>(S\$) | Amount After GST<br>(S\$) |
| Transfer Fee :   | 25.00                                      | -                   | 25.00                     |
| Sub Total :  |  |                     | 25.00                     |
| Nett Road Tax Amount (After Offsetting Over Payment) :   | 110.00                                     | -                   | 110.00                    |
| Total Amount Payable :   |  |                     | 135.00                    |

You may print this page for reference.

OK

Print



**BAN HOCK HIN**  
Co., Pte Ltd

Co.Reg.No: 197000288K  
MOTORCYCLE ACCESSORIES | SERVICE CENTRE  
MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL  
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

## QUOTATION

Customer :

NO. : 33633

FWD SINGAPORE PTE LTD  
6 TEMASEK BOULEVARD  
#18-01 SUNTEC TOWER  
SINGAPORE 038986

DATE : 15/02/2019  
CLAIM NO. : 11259  
POLICY NO. :

MOTOR CLAIMS DEPT

FROM : RAYMOND

VEHICLE NO. : FBL9177C  
MAKE/MODEL : HON / CB400X

(Page 1 of 2)

| S/N | Description                              | Action  | Qty  | Unit Price | Amount |
|-----|--|---------|------|------------|--------|
| 1   | BOX REAR (KAPPA) KGR52<br>P/N: 60855     | REPLACE | 1.00 | \$675.00   | 675.00 |
| 2   | COOLANT (MOBIL) ANTIFREEZE<br>P/N: 60213 | REPLACE | 2.00 | \$13.00    | 26.00  |
| 3   | GUARD HAND (ACERBIS) BLACK<br>P/N: 34173 | REPLACE | 1.00 | \$138.00   | 138.00 |
| 4   | LEVER HANDLE ASSY R<br>P/N: 54737        | REPLACE | 1.00 | \$126.00   | 126.00 |
| 5   | LIGHT FOG (TOUREX) 6X2400LM24W           | REPLACE | 1.00 | \$294.00   | 294.00 |
| 6   | MIRROR RH<br>P/N: 51173                  | REPLACE | 1.00 | \$138.00   | 138.00 |
| 7   | PROTECTOR MUFFLER<br>P/N: 51179          | REPLACE | 1.00 | \$126.00   | 126.00 |
| 8   | RADIATOR COMP                            | REPLACE | 1.00 | \$510.00   | 510.00 |
| 9   | SHROUD R RADIATOR<br>P/N: 57336          | REPLACE | 1.00 | \$126.00   | 126.00 |
| 10  | TAPE CRASH BAR<br>P/N: 59931             | REPLACE | 2.00 | \$12.00    | 24.00  |

SUB TOTAL

\$2,183.00

GST @ 7 %

\$152.81

GRAND TOTAL

\$2,335.81

50% deposit required before ordering of parts.

Validity: 30 days



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

Address: No. 6, Defu lane 4, Singapore 539410 | Telephone: +65 6281 6520 | Web: www.bhh.com.sg  
Fax: (Main) +65 6281 2830, (Spare Parts) +65 6285 7530, (Insurance/Project) +65 6284 2969, (Accounts) +65 6281 6759

| <u>S/N</u> | <u>Description</u> | <u>Action</u> | <u>Qty</u> | <u>Unit Price</u> | <u>Amount</u> |
|------------|--------------------|---------------|------------|-------------------|---------------|
|------------|--------------------|---------------|------------|-------------------|---------------|

For &amp; on Behalf of

Acknowledge &amp; Accepted By

BAN HOCK HIN CO PTE LTD



RAYMOND

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



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

## 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             | 01/02/2019 17:48                           |
| Date Of Accident           | 01/02/2019 11:20                           |
| Exact Location Of Accident | HONEYWELL AEROSPACE PTE LTD 161 GUL CIRCLE |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | FBL9177C |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                             |
|--------------------------|-----------------------------|
| Name Of Registered Owner | MUHAMMAD JUHARI BIN JAILANI |
| NRIC No                  | S8820693B                   |
| Email Address            | MUHAMMADJOEL13@GMAIL.COM    |
| Mobile Phone No          | (LOCAL) +65-92256244        |
| Alternative Phone No     | OFFICE-92256244             |

#### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | CB400X-399CC |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE      |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT             |
| Fleet Policy              | NO  |
| Policy Number             | MC/0047350                                |
| Cover Note Number         |   |

#### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | MUHAMMAD JUHARI BIN JAILANI |
| NRIC No              | S8820693B                   |
| Date Of Birth        | 13/06/1988                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 28/03/2008                  |
| Driving Experience   | 10 YEARS AND 10 MONTHS      |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-92256244        |
| Fax Number           |                             |
| Contact Number       | OFFICE-92256244             |
| Email Address        | MUHAMMADJOEL13@GMAIL.COM    |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 35 EUNOS CRESCENT<br>#08-266 |
| Postcode  | 400035                           |
| 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   | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR                        |
| Road Surface       | DRY                          |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| 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)   | 0   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO ACCIDENT STATEMENT 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         | FBL5210R                     |
| Vehicle Make/Model/Colour           | SYM / JOYRIDE 200I EVO CVT   |
| Details Of Properties               |                              |
| Vehicle Category                    | MOTORCYCLE                   |
| Name of Driver                      | MOHAMMED KAMAL BIN ABU BAKAR |
| NRIC/Passport Number                | S1774835A                    |
| Contact Number                      | 82848003                     |
| Address                             |                              |
| Postcode                            |                              |
| Insurance Company Name              |                              |
| Nature Of Damage                    |                              |
| No. Of Passenger (Including Driver) |                              |

## Sketch Plan

### 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.
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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.

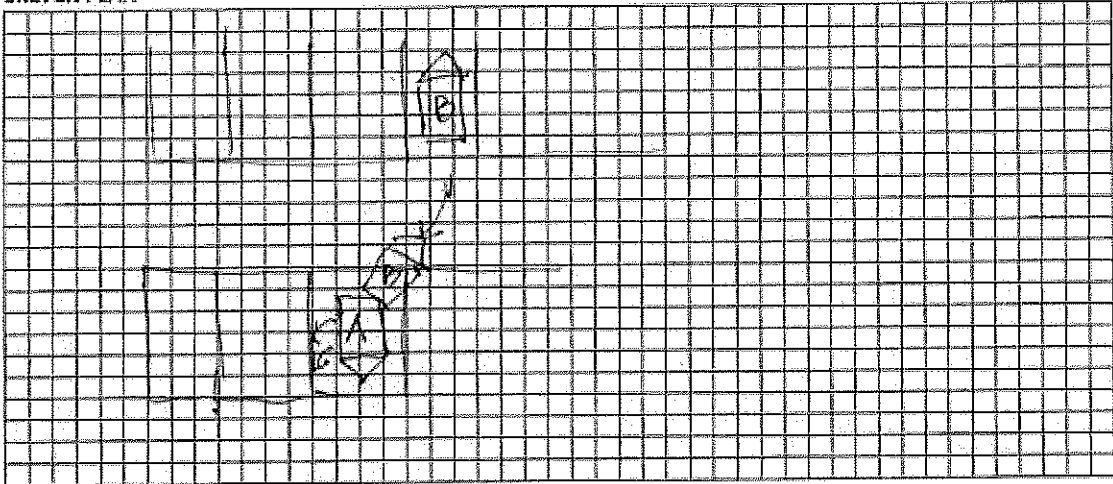
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Lim Chue Wei  
NRIC/FIN No.: G771523SR

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1<sup>st</sup> Feb 2019 @ about 11:30 hrs, a colleague of mine informed that a external contractor accidentally knock down my bike. I then went out and met the rider. He claimed that he reversed his bike and hit onto the left side of my bike and cause my bike to fall onto the right side. My right brake lever, hand guard, exhaust slider, fog light, crash bar and exhaust was damaged. & Radiator/coolerant also was seen leaking from the bike.

### DECLARATION

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

Policyholder's Signature  
Date & Time: 1/2/19 16:15

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

Reporting Centre Personnel's Signature  
Name: Tan Chye Wei  
NRIC/IN No.: 8771523R

GIARMC SketchPlanForm\_V3

2

**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-19-021815  
Date of Request: 12/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 12/02/2019  
Enquiry By Tan Chok Lok  
TP Vehicle No. FBL5210R  
Accident Date 01/02/2019

**Enquiry Result**

| TP Vehicle No. | Insurer                 | Period of Insurance   | Insurer Tel. No. |
|----------------|-------------------------|-----------------------|------------------|
| FBL5210R       | FWD Singapore Pte. Ltd. | 22/11/2018-21/11/2019 | 6727 5700        |

Thank You.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
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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-19-021815  
Date of Request: 12/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 12/02/2019  
Enquiry By Tan Chok Lok  
TP Vehicle No. FBL5210R  
Accident Date 01/02/2019

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

Thank You.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque