

## Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBL3617P		
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	HONDA		
Vehicle Model :	PCX150 AUTO		
Chassis No. :	MLHKF2088G5334263		
Propellant :	Petrol		
Engine No. :	KF20E4334263		
Engine Capacity :	153 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	301 kg		
Unladen Weight :	129 kg		
Year Of Manufacture :	2016		
Original Registration Date :	19 Sep 2016		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$6,452.00		
COE Expiry Date :	18 Sep 2026		
Road Tax Expiry Date :	18 Sep 2019		
Inspection Due Date :	18 Sep 2019		
Intended Transfer Date :	07 Mar 2019		
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 (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

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. : 33762

INDIA INTERNATIONAL INSURANCE P.L.  
64 CECIL STREET  
#04-00 & #06-00  
IOB BUILDING  
SINGAPORE 049711

DATE : 05/03/2019  
CLAIM NO. : 11285  
POLICY NO. :

FROM : RAYMOND

VEHICLE NO. : FBL3617P  
MAKE/MODEL : HON / PCX150 A

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BRAKE LEVER AFTER MARKET	REPLACE	1.00	\$108.00	108.00
2	COVER FOOTREST LH P/N: 49600	REPLACE	1.00	\$77.00	77.00
3	COVER FOOTREST LOWER LH	REPLACE	1.00	\$119.00	119.00
4	COVER L FR	REPLACE	1.00	\$140.00	140.00
5	COVER SIDE LH P/N: 52550	REPLACE	1.00	\$383.00	383.00
6	COVER SUB ASSY.	REPLACE	1.00	\$35.00	35.00
7	COVER, R. FR.	REPLACE	1.00	\$135.00	135.00
8	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED.	Supply/Install	6.00	\$35.00	210.00
9	SIDE MIRROR 1SET	REPLACE	1.00	\$108.00	108.00

SUB TOTAL

\$1,315.00

GST @ 7 %

\$92.05

GRAND TOTAL

\$1,407.05

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 & on Behalf of			Acknowledge & Accepted By		
BAN HOCK HIN CO PTE LTD					



RAYMOND

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

### Third Party Insurer Enquiry

Our Ref No: GR-19-035504  
Date of Request: 06/03/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 06/03/2019  
Enquiry By Tan Chok Lok  
TP Vehicle No. SJY8963T  
Accident Date 15/02/2019

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJY8963T	India International Insurance Pte Ltd	13/10/2018-12/10/2019	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.

**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-19-035504

Date of Request: 06/03/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 06/03/2019  
Enquiry By Tan Chok Lok  
TP Vehicle No. SJY8963T  
Accident Date 15/02/2019

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

## 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	18/02/2019 13:58
Date Of Accident	15/02/2019 17:25
Exact Location Of Accident	EXITED BISHUN FLYOVER TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3617P
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#### Insured/Policyholder

Name Of Registered Owner	SEOW WEI YEN, DAPHNE
NRIC No	S8425503C
Email Address	DAPHNE.SEOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93890804
Alternative Phone No	OFFICE-93890804

#### Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00402080/01
Cover Note Number	

#### Driver

Name of Driver	SEOW WEI YEN, DAPHNE
NRIC No	S8425503C
Date Of Birth	23/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93890804
Fax Number	
Contact Number	OFFICE-93890804
EEmail Address	DAPHNE.SEOW@GMAIL.COM

Address	134 HILLVIEW AVENUE #02-02
Postcode	669619
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 - HEAD TO REAR
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)	1

#### 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 THE 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	SJY8963T
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	MARCH 1.4L
Vehicle Category	PRIVATE CAR
Name of Driver	WONG LIANG HOO
NRIC/Passport Number	S1426005F
Contact Number	91864283
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.
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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: 16/02/2019

12.00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



### Sketch Plan #2

### SKETCH PLAN

SKETCH PLAN

GIF

Dist. 3 2 Time 1

N  
R  
P  
Y  
N

FBL B-17A

JLY 8903 T

□ = COW

△ = me, motorcycle before collision

⊠ = me, motorcycle, after car, bring me

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I just exited Bishan flyover and travelling towards CTE, and then I heard a bang sound. Before I knew it, I was hit at my left-rear side, and was pushed to the next lane (previously I was on the slowest lane - Lane 3). ~~There was no vehicle on the 2nd lane~~ I was pushed to lane 2. The collision occurred before the road direction signages (Turn left to go CTE, go straight to go up Serangoon).

After I was hit from the back, my bike was thrown out of balance, lucky for me, I managed to steer back into balance.

I stopped my bike on the road shoulder and walked back towards the car.

I would like to point out that, lucky for me, there was no vehicle on the 2nd lane. Else, it would have been catastrophic.

## DECLARATION

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

*Explanations*

Policyholder's Signature \_\_\_\_\_  
Date & Time: 16/03/2019

GIAPMC Sketch Plan Form V3

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

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Reporting Centre Personnel's Signature  
Name: Tan Chuan Han  
NRIC/FIN No.: 971157358