

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBG3380Y		
Vehicle Type :	P01 - Passenger Scooter		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	SYM		
Vehicle Model :	MAXSYM 400I CVT		
Chassis No. :	RFGLXA902BS000401		
Propellant :	Petrol		
Engine No. :	MU002160		
Engine Capacity :	400 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	399 kg		
Unladen Weight :	219 kg		
Year Of Manufacture :	2011		
Original Registration Date :	18 Jun 2012		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$1,912.00		
COE Expiry Date :	17 Jun 2022		
Road Tax Expiry Date :	17 Jun 2020		
Inspection Due Date :	17 Jun 2020		
Intended Transfer Date :	09 May 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. : 34089

AXA INSURANCE SINGAPORE PTE LTD

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

MOTOR CLAIMS DEPT

DATE : 07/05/2019

CLAIM NO. : 11329

POLICY NO. :

FROM : RAYMOND

VEHICLE NO. : FBG3380Y

MAKE/MODEL : SYM / MAXSYM 400I CVT

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	BOX FR-INNER P/N: 55078	REPLACE	1.00	\$66.00	66.00
2	BOX REAR (GIVI) E450N BLACK W/O STOP LIGHT P/N: 27220	REPLACE	1.00	\$202.00	202.00
3	COVER GARNISH FRONT RH P/N: 55474	REPLACE	1.00	\$9.00	9.00
4	COVER L-BODY ASSY	REPLACE	1.00	\$198.00	198.00
5	COVER OUTER ASSY .BK-001U P/N: 55354	REPLACE	1.00	\$119.00	119.00
6	COVER REAR CENTER	REPLACE	1.00	\$77.00	77.00
7	COVER TAIL REAR RH P/N: 56665	REPLACE	1.00	\$9.00	9.00
8	DAMPER BOX INNER LID P/N: 56666	REPLACE	1.00	\$12.00	12.00
9	DAMPER COVER TAIL RH P/N: 56673	REPLACE	1.00	\$5.00	5.00
10	FRONT UNDER SPOILER P/N: 57449	REPLACE	1.00	\$262.00	262.00
11	GUARD HANDLE (ACERBIS) X-TARMAC P/N: 62535	REPLACE	1.00	\$382.00	382.00
12	L.SIDE COVER ASSY WH-300P P/N: 61511	REPLACE	1.00	\$135.00	135.00
13	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED		12.00	\$35.00	420.00



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

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

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
14	LEVER BRAKE RH P/N: 55472	REPLACE	1.00	\$80.00	80.00
15	L-FR COVER GARNISH BK P/N: 55050	REPLACE	1.00	\$17.00	17.00
16	LID INNER BOX	REPLACE	1.00	\$54.00	54.00
17	LIGHT L-TAIL ASSY P/N: 55105	REPLACE	1.00	\$273.00	273.00
18	METER PANEL BK-001U P/N: 55090	REPLACE	1.00	\$32.00	32.00
19	MIRROR RH P/N: 55470	REPLACE	1.00	\$140.00	140.00
20	PANEL RH- FLOOR P/N: 55065	REPLACE	1.00	\$42.00	42.00
21	PROTECTOR EXHAUST P/N: 55471	REPLACE	1.00	\$117.00	117.00
22	R SIDE COVER ASSY BK-231P P/N: 57440	REPLACE	1.00	\$109.00	109.00
23	RR FENDER BK 001U P/N: 55057	REPLACE	1.00	\$48.00	48.00
24	SEAT HANDLE LH	REPLACE	1.00	\$93.00	93.00
25	SEAT HANDLE RH	REPLACE	1.00	\$93.00	93.00
26	SPRAY PAINT LH LOWER SIDE COVER		1.00	\$85.00	85.00
27	SPRAY PAINT LH REAR HANDLE		1.00	\$30.00	30.00
28	SPRAY PAINT LH SIDE TAIL COVER		1.00	\$120.00	120.00
29	SPRAY PAINT RH LOWER SIDE COVER		1.00	\$85.00	85.00
30	SPRAY PAINT RH REAR HANDLE		1.00	\$30.00	30.00
31	WIND SCREEN ASSY P/N: 57424	REPLACE	1.00	\$230.00	230.00

SUB TOTAL

\$3,574.00

GST @ 7 %

\$250.18

GRAND TOTAL

\$3,824.18

50% deposit required before ordering of parts.

Validity: 30 days

CERT NO.: 2002-14383
ISO 9001:2015

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



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

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	02/05/2019 11:28
Date Of Accident	30/04/2019 04:30
Exact Location Of Accident	CEDOK NORTH AVE 4 TOWARDS UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG3380Y
Insured/Policyholder	
Name Of Registered Owner	YEO CHIN HENG
NRIC No	S1302540A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93897112
Alternative Phone No	OFFICE-93897112

Vehicle Particulars

Manufacturer	SYM
Model	MAXSYM 400I-400CC
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
Fleet Policy	NO
Policy Number	MC/00476186/01
Cover Note Number	

Driver

Name of Driver	YEO CHIN HENG
NRIC No	S1302540A
Date Of Birth	14/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93897112
Fax Number	
Contact Number	OFFICE-93897112
EMail Address	NOEMAIL

Address	BLK 206 SERANGOON CENTRAL #11-164
Postcode	550206
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?	YES
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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20190430/2185 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	FBP312S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	YEO CHIN HENG
Approximate Age	60
Injuries Sustain	RIGHT HAND & LEG
Injured person in which vehicle?	FBG3380Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 206 SERANGOON CENTRAL #11-164
Postcode	550206

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.
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.

B. 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: 02/08/2019
09.30am

Driver's Signature

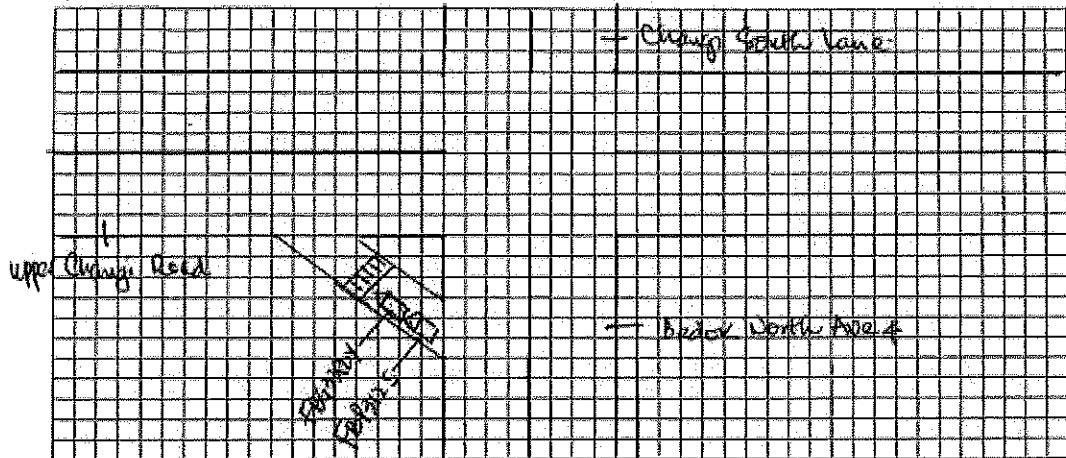
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: TAM CHIAH BOH
NRIC/FIN No.: G7715235R

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Accident Statement NO. T/20190430/2185

DECLARATION

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

Policyholder's Signature

Date & Time: 02/05/2019
02:30 AM

GLAMC Sketch Platform V3

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Tan Chai-wei
NRIC/FIN No.: G7715235R

NRIC/PIN No.: 67715254

Traffic Accident Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190430/2185

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20190430/2185

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2019 22:25	Vide Report No.:	Station Diary No.: 76
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Informant's Particulars

Name of Informant: YEO CHIN HENG			Address: APT BLK 206 SERANGOON CENTRAL #11-164 SINGAPORE 550206		
ID Type / ID No.: NRIC NO / S1302540A			Contact No.: Home/Office: Mobile: 93897112		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 14/08/1958	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: BUS DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2019 04:30	Type of Location: Zebra Crossing
Location: Along Road 1 Traveling Toward Road 2 BEDOK NORTH AVENUE 4 CHANGI SOUTH LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Colour	Occupant	No. of Passenger
FBG3380Y	Motorcycle	SYM	MAXSYM 400i CVT	Black		0
FBP312S	Motorcycle					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBG3380Y	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00476186/01	20/04/2018	17/06/2020



**SINGAPORE
POLICE FORCE**



T/20190430/2185

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20190430/2185

CONTINUATION OF REPORT

Brief Details.

On 30/04/2019 at about 0430hrs, I was riding my bike FBG3380Y, along Bedok North Ave 4 towards Changi South Lane. Upon reaching the junction of Bedok North Ave 4 and Upper Changi Road, I wanted to turn left to Upper Changi Road, thus I slowed down my speed before the Zebra crossing. However, before reaching the zebra crossing, suddenly one bike, FBP312S, came from behind and hit onto the back of my bike, as a result I fall on my right and my leg was stuck under my bike. The motorcyclist stopped and he came and help me up. After I stand to my feet and I took a photo of his bike plate number. We did not exchange any particular then we parted way.

I did not felt any pain at first, however at about 1000hrs, while I was working, my right leg started to get painful and it became worse thereafter. Thus I went to see the doctor and the doctor had given me 5 days MC. Thus I am making this report for insurance claim. That's all.



**SINGAPORE
POLICE FORCE**



T/20190430/2185

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

3 of 3

Report No. T/20190430/2185

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:

F /

Sgt 2 TEO JING XIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

SN 154



Classification Stamp

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

30/04/2019 22:25

Classification Of Case:

**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-19-068552
Date of Request: 02/05/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/05/2019
Enquiry By Tan Chok Lok
TP Vehicle No. FBP312S
Accident Date 30/04/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
FBP312S	AXA Insurance Pte Ltd	24/01/2019-23/01/2020	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.

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**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-19-068552

Date of Request: 02/05/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/05/2019
Enquiry By Tan Chok Lok
TP Vehicle No. FBP312S
Accident Date 30/04/2019

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