

## Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBL9895M		
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	BAJAJ		
Vehicle Model :	PULSAR 200 NS FI		
Chassis No. :	MD2A36FZ5GCA25793		
Propellant :	Petrol		
Engine No. :	JLZCGA30679		
Engine Capacity :	200 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	299 kg		
Unladen Weight :	145 kg		
Year Of Manufacture :	2016		
Original Registration Date :	06 Jun 2017		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$6,101.00		
COE Expiry Date :	05 Jun 2027		
Road Tax Expiry Date :	05 Jun 2020		
Inspection Due Date :	05 Jun 2020		
Intended Transfer Date :	12 Jun 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

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**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. : 34256

ERGO INSURANCE PTE LTD  
302 ORCHARD ROAD  
#09-01 TIONG BUILDING  
SINGAPORE 238862

DATE : 11/06/2019  
CLAIM NO. : 11349  
POLICY NO. :

ERGO INSURANCE PTE LTD

FROM : RAYMOND

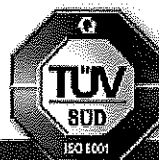
VEHICLE NO. : FBL9895M  
MAKE/MODEL : BAJAJ / PULSAR 200 NS M

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S/N	Description	Action	Qty	Unit Price	Amount
1	ASLY HUGGER REAR	REPLACE	1.00	\$35.00	35.00
2	BALANCER LH/RH P/N: 62564	REPLACE	1.00	\$28.00	28.00
3	BOX REAR (GIVI) E33N W/O LIGHT-BLACK P/N: 44275	REPLACE	1.00	\$155.00	155.00
4	BRACKET REFLECTOR MTG P/N: 62557	REPLACE	1.00	\$9.00	9.00
5	FOG LIGHT	REPLACE	1.00	\$150.00	150.00
6	FOOT BRAKE PEDAL P/N: 62565	REPLACE	1.00	\$42.00	42.00
7	GUARD LEG RH	REPLACE	1.00	\$25.00	25.00
8	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED		1.00	\$190.00	190.00
9	LEVER BRAKE	REPLACE	1.00	\$18.00	18.00
10	LOCK PLATE RH	REPLACE	1.00	\$3.00	3.00
11	MIRROR RH P/N: 62560	REPLACE	1.00	\$28.00	28.00
12	REAR BOX BRACKET (KAPPA)	REPLACE	1.00	\$138.00	138.00
13	REFLECTOR	REPLACE	1.00	\$7.00	7.00



*bizSAFE<sub>3</sub>*



Address: No. 6, Delu 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. 23024-0383  
02/2011-2015

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
14	STEP HOLDER PILLION RH	REPLACE	1.00	\$55.00	55.00
15	STEP PILLION ASSY COMP	REPLACE	1.00	\$18.00	18.00
16	STICKER P PLATE P/N: 29128	REPLACE	1.00	\$18.00	18.00
17	TUBE REAR HUGGER MTG	REPLACE	1.00	\$35.00	35.00

SUB TOTAL	\$954.00
GST @ 7 %	\$66.78
<b>GRAND TOTAL</b>	<b>\$1,020.78</b>

**50% deposit required before ordering of parts.**

Validity: 30 days

For & on Behalf of  
**BAN HOCK HIN CO PTE LTD**

Acknowledge & Accepted By



RAYMOND

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



*bizSAFE<sub>3</sub>*



## 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	30/05/2019 17:27
Date Of Accident	30/05/2019 08:10
Exact Location Of Accident	SLIP ROAD FROM CTE (AYE) INTO OUTRAM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9895M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RAHMAN BIN AMIR HO
NRIC No	S8830203F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97937293
Alternative Phone No	OFFICE-97937293

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNMC2019-00000762
Cover Note Number	

### Driver

Name of Driver	ABDUL SYUKUR BIN AMIR HO
NRIC No	T0102805C
Date Of Birth	30/01/2001
Occupation	INDOOR
Date Of Driving Pass	16/05/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82331211
Fax Number	
Contact Number	
EEmail Address	SYUKURMETRO@HOTMAIL.COM

Address	BLK 31 BALAM ROAD #02-123
Postcode	370031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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 STATEMENT OF ACCIDENT IN THE SKETCH PLAN 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	SLR2694Y
Vehicle Make/Model/Colour	TOYOTA / COROLLA ALTIS ELEGANCE AUTO / SILVER
Details Of Properties	RIGHT FRONT BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	ANY SIEW GEOK
NRIC/Passport Number	S1580078Z
Contact Number	96909617
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ABDUL SYUKUR BIN AMIR HO
------	--------------------------

Approximate Age	18
Injuries Sustain	
Injured person in which vehicle?	FBL9895M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 31 BALAM ROAD #02-123
Postcode	370031

## 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.
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.

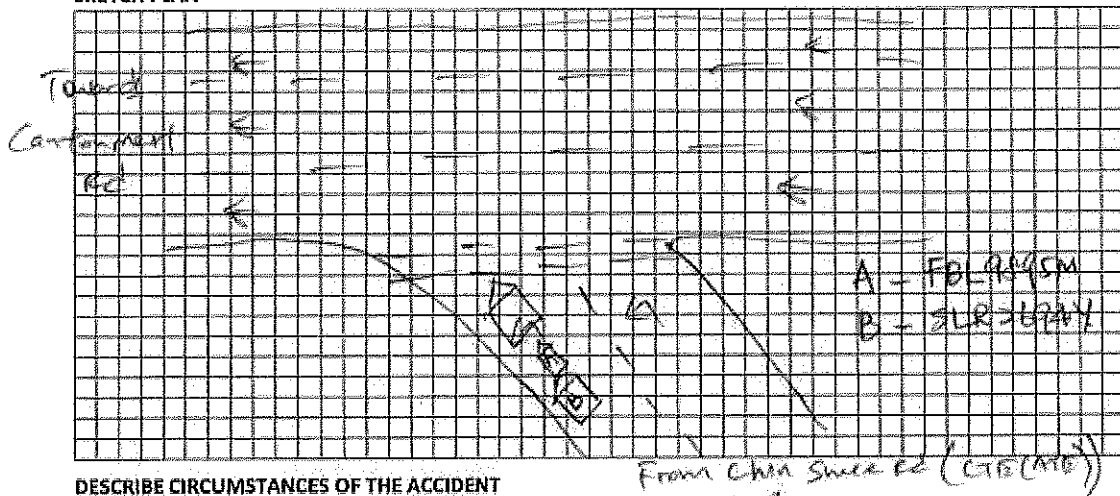
  
Policyholder's Signature  
Date & Time: 30/05/2019/1703hr

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30/5/19 1703hr

  
Reporting Centre Personnel's Signature  
Name: Van Chuan Lee  
NRIC/FIN No.: C771523R

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the left lane of 2 lanes road, from CTE (AYE), into Cantonment Rd. I had stopped directly behind an unknown vehicle which was stationary before the give way line of the slip road. After 2-3 seconds later, I felt an impact from the rear. That impact caused me to fall to the right. I realised that a motorcar SLR 2694 Y had collided onto the rear of my vehicle. I sustained minor injuries to both my legs but refused to be conveyed by any ambulance to hospital. No police at scene as well. I later went to a clinic for checks and was given one day medical leave (MC) for my injuries.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Tan Choe Kiat  
NRIC/PIN No.: 67115735R

**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-19-086150  
Date of Request: 30/05/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 30/05/2019  
Enquiry By Tan Chok Lok  
TP Vehicle No. SLR2694Y  
Accident Date 30/05/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLR2694Y	ERGO Insurance Pte. Ltd.	08/08/2018-07/08/2019	6829 9199

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-19-086150

Date of Request: 30/05/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 30/05/2019  
Enquiry By Tan Chok Lok  
TP Vehicle No. SLR2694Y  
Accident Date 30/05/2019

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