



QUOTATION

Customer :

NO. : **34597**

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way,
#27-01 AXA Tower
Singapore 068811

DATE : 13/08/2019
CLAIM NO. : 11408
POLICY NO. : AVFMSB0000591904
FROM : RAYMOND

VEHICLE NO. : FBK8381R
MAKE/MODEL : YAM / YBR125

(Page 1 of 2)

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
1	ALIGNMENT BODY P/N: 29561		1.00	\$350.00	350.00
2	BAR HANDLE P/N: 42062	REPLACE	1.00	\$69.00	69.00
3	COVER TAIL RH (BLACK) P/N: 50004	REPLACE	1.00	\$88.00	88.00
4	CRASH BAR P/N: 35878	REPLACE	1.00	\$195.00	195.00
5	FOOTREST FRONT P/N: 50005	REPLACE	1.00	\$54.00	54.00
6	FORK FRONT ASSY LH P/N: 45155	REPLACE	1.00	\$350.00	350.00
7	FORK FRONT ASSY RH P/N: 45154	REPLACE	1.00	\$350.00	350.00
8	HANDLE SEAT P/N: 42567	REPLACE	1.00	\$98.00	98.00
9	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED		1.00	\$196.00	196.00
10	LAMP SIGNAL REAR RH P/N: 44191	REPLACE	1.00	\$16.00	16.00
11	LEVER BRAKE P/N: 26343	REPLACE	1.00	\$19.00	19.00
12	MIRROR LH P/N: 58099	REPLACE	1.00	\$35.00	35.00
13	MIRROR RH P/N: 58187	REPLACE	1.00	\$35.00	35.00



bizSAFE₃



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
14	PROTECTOR EXHAUST P/N: 50024	REPLACE	1.00	\$119.00	119.00
15	PROTECTOR EXHAUST CAP P/N: 50006	REPLACE	1.00	\$56.00	56.00
16	RUBBER FOOTREST FRONT P/N: 26136	REPLACE	2.00	\$14.00	28.00
17	STICKER NUMBER PLATE FRONT (BLACK) STRAIGHT P/N: 32921	REPLACE	1.00	\$18.00	18.00
18	TRANSPORT CHARGES P/N: 07169		1.00	\$35.00	35.00
19	VISOR P/N: 43130	REPLACE	1.00	\$30.00	30.00
SUB TOTAL					\$2,141.00
GST @ 7 %					\$149.87
GRAND TOTAL					\$2,290.87

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.



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	05/08/2019 20:01
Date Of Accident	24/07/2019 23:50
Exact Location Of Accident	ANG MO KIO AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8381R
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN COMPANY PRIVATE LIMITED
Co Reg No	197000288X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62816520

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NA

Driver

Name of Driver	MUHAMMAD YUSOFF BIN SENIN
NRIC No	S87084771
Date Of Birth	11/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87491435
Fax Number	
Contact Number	
Email Address	AM10@SG.MCD.COM

Address	NA
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	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?	YES
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]	TRAFFIC POLICE - UBI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190729/2095 LODGED AT TRAFFIC POLICE-UBI. ON THE ABOVE MENTION DATE AND LOCATION, IT WAS ON 24 JULY 2019, I WAS AT ESSO PUMP STATION ANG MO KIO BESIDE BLK 351. AFTER I FINISH TOP UP MY FUEL, I WAS HEADING BACK TO MY MACDONALD BASE AT ANG MO KIO. SO WHILE I WAS RIDING NORMALLY, ALL OF SUDDEN THIS MERCEDES CAR (SKQ4808R) HIT BEHIND MY BACK. THAT'S ALL.

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	SKQ4808R
Vehicle Make/Model/Colour	MERCEDES BENZ / C180 AVANTGARDE (R17 LED SR)
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD YUSOFF BIN SENIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBK8381R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 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 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 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 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.
- 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.

[Handwritten Signature]

VERIFIED BY AJAX MARS
REPORTING OFFICER

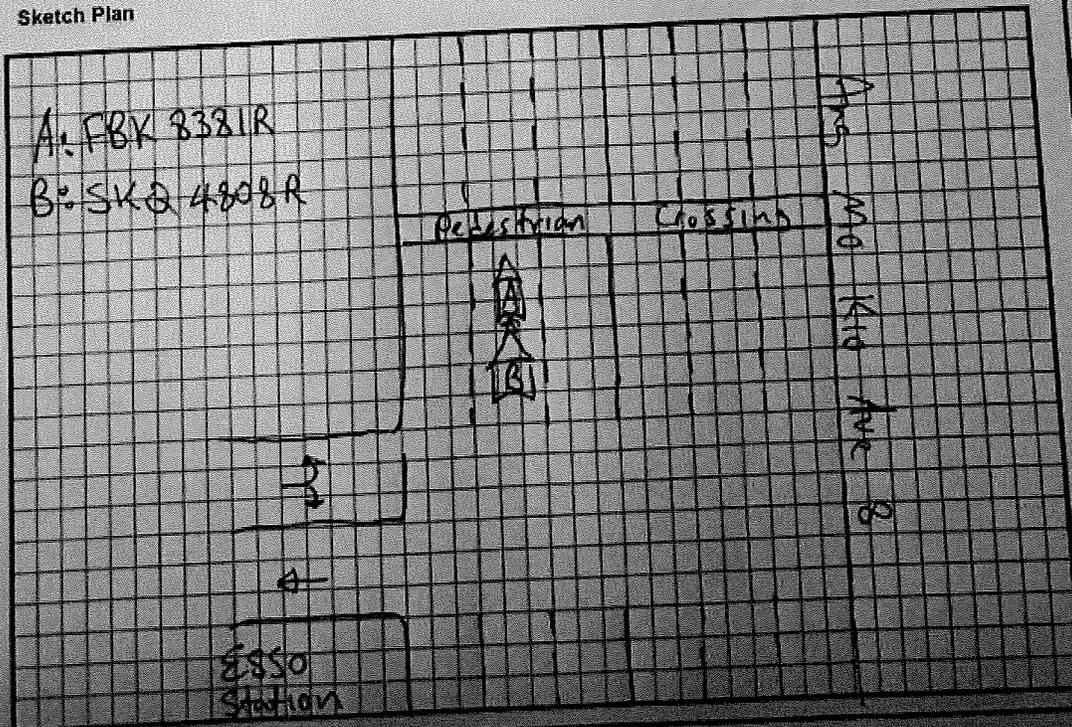
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

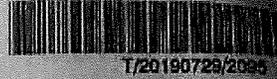
Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190729/2035

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190729/2035

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD YUSOFF BIN SENIN	ID No.	S87084771
Related Vehicle	NIL	Contact No.	87491435
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTION DATE AND LOCATION
IT WAS ON 24 JULY 2019 I WAS AT ESSO PUMP STATION ANG MO KIO BESIDE BLK 354.
AFTER I FINISH TOP UP MY FUEL I WAS HEADING BACK TO MY MAC DOANLD BASE AT ANG
MO KIO
SO WHILE WAS RIDING NORMALLY ALL OF SUDDEN THIS MERCEDES CAR (SKQ4808R) HIT
BEHIND MY BACK .
THAT ALL .

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190729/2095

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190729/2095

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/07/2019 16:01

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
IP158

Signature: