



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. : 34804

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

DATE : 02/09/2019
CLAIM NO. : 11424
POLICY NO. : AVFMSB0000591904

FROM : RAYMOND

VEHICLE NO. : FBM3973E
MAKE/MODEL : YAM / YBR125

(Page 1 of 3)

| S/N | Description | Action | Qty | Unit Price | Amount |
|-----|--|---------|------|------------|--------|
| 1 | ALIGNMENT BODY P/N: 29561 | REPLACE | 1.00 | \$350.00 | 350.00 |
| 2 | AXLE WHEEL FRONT P/N: 25363 | REPLACE | 1.00 | \$22.00 | 22.00 |
| 3 | BAR HANDLE P/N: 42062 | REPLACE | 1.00 | \$68.00 | 68.00 |
| 4 | BRACKET UNDER FORK P/N: 27458 | REPLACE | 1.00 | \$180.00 | 180.00 |
| 5 | CAP RESERVOIR P/N: 45629 | REPLACE | 1.00 | \$7.00 | 7.00 |
| 6 | COCK FUEL P/N: 24361 | REPLACE | 1.00 | \$16.00 | 16.00 |
| 7 | COVER MAGNETO P/N: 28564 | REPLACE | 1.00 | \$120.00 | 120.00 |
| 8 | COVER SIDE LH (BLACK) P/N: 50007 | REPLACE | 1.00 | \$98.00 | 98.00 |
| 9 | COVER TAIL RH (BLACK) P/N: 50004 | REPLACE | 1.00 | \$87.00 | 87.00 |
| 10 | COVER TANK SIDE LH (BLACK) P/N: 54458 | REPLACE | 1.00 | \$98.00 | 98.00 |
| 11 | COWLING FRONT (BLACK) P/N: 50000 | REPLACE | 1.00 | \$282.00 | 282.00 |
| 12 | CRASH BAR P/N: 35878 | REPLACE | 1.00 | \$195.00 | 195.00 |
| 13 | CROWN HANDLE P/N: 28100 | REPLACE | 1.00 | \$75.00 | 75.00 |



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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.: 2002-1-0363
ISO 9001:2015

| <u>S/N</u> | <u>Description</u> | <u>Action</u> | <u>Qty</u> | <u>Unit Price</u> | <u>Amount</u> |
|------------|--|----------------|------------|-------------------|---------------|
| 14 | FORK FRONT ASSY LH P/N: 56248 | REPLACE | 1.00 | \$625.00 | 625.00 |
| 15 | FORK FRONT ASSY RH P/N: 53204 | REPLACE | 1.00 | \$625.00 | 625.00 |
| 16 | GASKET EXHAUST PIPE P/N: 21453 | REPLACE | 1.00 | \$5.00 | 5.00 |
| 17 | GASKET MAGNETO COVER P/N: 26824 | REPLACE | 1.00 | \$12.00 | 12.00 |
| 18 | GRIP HANDLE SET (GPR) F2 P/N: 45347 | REPLACE | 1.00 | \$13.00 | 13.00 |
| 19 | GUIDE AIR LH P/N: 48403 | REPLACE | 1.00 | \$22.00 | 22.00 |
| 20 | HANDLE SEAT P/N: 42567 | REPLACE | 1.00 | \$98.00 | 98.00 |
| 21 | HEADLIGHT ASSY P/N: 50950 | REPLACE | 1.00 | \$490.00 | 490.00 |
| 22 | LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED. | Supply/Install | 16.00 | \$35.00 | 560.00 |
| 23 | LAMP SIGNAL FRONT RH P/N: 42003 | REPLACE | 1.00 | \$54.00 | 54.00 |
| 24 | LAMP SIGNAL REAR RH P/N: 45419 | REPLACE | 1.00 | \$63.00 | 63.00 |
| 25 | LEVER BRAKE P/N: 50001 | REPLACE | 1.00 | \$23.00 | 23.00 |
| 26 | METER ASSY P/N: 50954 | REPLACE | 1.00 | \$328.00 | 328.00 |
| 27 | MIRROR RH P/N: 58187 | REPLACE | 1.00 | \$35.00 | 35.00 |
| 28 | MUDGUARD FRONT (BLACK) P/N: 45203 | REPLACE | 1.00 | \$85.00 | 85.00 |
| 29 | O-RING P/N: 21455 | REPLACE | 1.00 | \$3.00 | 3.00 |
| 30 | O-RING (CAP MAGNETO COVER) P/N: 21456 | REPLACE | 1.00 | \$8.00 | 8.00 |
| 31 | PEDAL GEAR P/N: 50002 | REPLACE | 1.00 | \$20.00 | 20.00 |
| 32 | PIPE EXHAUST ASSY P/N: 50025 | REPLACE | 1.00 | \$1,655.00 | 1,655.00 |
| 33 | RUBBER FOOTREST FRONT P/N: 26136 | REPLACE | 1.00 | \$14.00 | 14.00 |
| 34 | STAY HEADLAMP P/N: 45750 | REPLACE | 1.00 | \$68.00 | 68.00 |



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| <u>S/N</u> | <u>Description</u> | <u>Action</u> | <u>Qty</u> | <u>Unit Price</u> | <u>Amount</u> |
|-------------|---|---------------|------------|-------------------|---------------|
| 35 | STEERING CONE SET P/N: 41793 | REPLACE | 1.00 | \$66.00 | 66.00 |
| 36 | STICKER (MCDONALDS) ACCIDENTAL P/N: 57420 | REPLACE | 1.00 | \$14.00 | 14.00 |
| 37 | STICKER (MCDONALDS) SIDECOVER/WINDSHEILD P/N: 56222 | REPLACE | 1.00 | \$18.00 | 18.00 |
| 38 | STICKER NUMBER PLATE FRONT (BLACK) STRAIGHT P/N: 32921 | REPLACE | 1.00 | \$12.00 | 12.00 |
| 39 | TANK FUEL ASSY (BLACK) P/N: 56129 | REPLACE | 1.00 | \$550.00 | 550.00 |
| 40 | TRANSPORT CHARGES (MOTORCYCLE/SCOOTER) STD P/N: 45833 - FOR COLLECTION OF ACCIDENT BIKE AND DELIVER BIKE BACK TO OUTLET ONCE REPAIR DONE. | | 2.00 | \$56.00 | 112.00 |
| SUB TOTAL | | | | | \$7,176.00 |
| GST @ 7 % | | | | | \$502.32 |
| GRAND TOTAL | | | | | \$7,678.32 |

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.



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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 | 11/09/2019 17:33 |
| Date Of Accident | 27/08/2019 17:00 |
| Exact Location Of Accident | ALONG FAJAR RD NEARBY FAJAR SHOPPING CENTRE MCD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | FBM3973E |
| Insured/Policyholder | |
| Name Of Registered Owner | BAN HOCK HIN COMPANY PRIVATE LIMITED |
| Co Reg No | 197000288K |
| 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 |
| 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 | AVFMSB0000591702 |
| Cover Note Number | N.A |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIU GUOQI |
| Passport No/FIN | G8241359L |
| Date Of Birth | 25/11/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/01/2007 |
| Driving Experience | 12 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84355347 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------|
| 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 - CHANGE/CROSS LANE |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

I was travelling straight along Fajar Rd just nearby Fajar Macd. I was just beside of vehicle SHD3252D when suddenly without signalling the driver turn right and hit onto my left side of my vehicle and I fell on my right side. Damages to my vehicle is on the right side of my bike. I was conveyed to the hospital and got 2 days of mc.

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 | SHD3252D |
| Vehicle Make/Model/Colour | HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / BLUE |
| Details Of Properties | N.A |
| Vehicle Category | TAXI |
| Name of Driver | TAN CHENG TUAN |
| NRIC/Passport Number | S1429901G |
| Contact Number | 87831060 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF INJURED PERSON 1

| | |
|---|-----------|
| Name | LIU GUOQI |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | FBM3973E |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

SKETCH PLAN

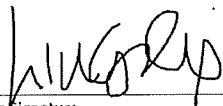
IMPORTANT NOTICE

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:



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

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD FIRZA BIN IDERIS**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

Thank you for returning your tray

Sketch Plan

A. FBM 3973 E
BSHD 32520

Fajar Rd

Fajar
Maid

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
REFER TO ATTACHED STATEMENT.

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD FIRZA BIN IDERIS

Policyholder's signature
Date & Time:

Driver's signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's signature
Name:
NRIC/ID No:

2

ACCIDENT STATEMENT (2000 characters)

I was travelling straight along Fajar Rd just nearby Fajar Macd. I was just beside of vehicle SHD3252D when suddenly without signalling the driver turn right and hit onto my left side of my vehicle and I fell on my right side. Damages to my vehicle is on the right side of my bike. I was conveyed to the hospital and got 2 days of mc.

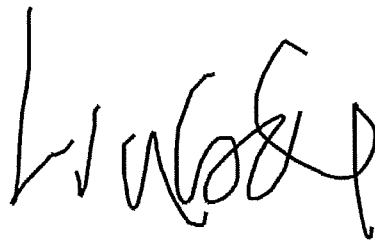
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FIRZA BIN IDERIS

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 September 2019 at 10:48 AM

Date/Time:

11 September 2019 at 10:49 AM

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 12 Sep 2019 / 15:09:03

Receipt Date/Time : 12 Sep 2019 / 15:09:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190912-002033

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|---|---|---|------------------------|------------------------------|
| Result of Insurance Enquiry - SHD3252D As at 27 Aug 2019/17:00:00 Insurance Co: INDIA INT'L INS PTE LTD | | | | |
| 1 | Insurance Enquiry - SHD3252D Enquiry Fee 20190912150657781631 | 7.00 | 0.49 | 7.49 |
| Sub-Total | | 7.00 | 0.49 | 7.49 |
| Total Before Rounding | | 7.00 | 0.49 | 7.49 |
| Rounding Difference | | | | 0.04 |
| Total Amount Payable | | | | 7.45 |
| Paid By | | | | |
| | 20190912150722534 | Direct Debit: eNETS Debit (Internet Banking) | | 7.45 |
| Total | | | | 7.45 |
| Cash Change | | | | 0.00 |
| Tendered Amount | | | | 7.45 |
| Excess Refundable Amount | | | | 0.00 |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

[> Back to OneMotoring](#)**Vehicle Insurance Particulars Result**

| Vehicle No. | Incident Date/Time | Insurance Company Name |
|-------------|------------------------|-------------------------|
| SHD3252D | 27 Aug 2019 / 17:00:00 | INDIA INT'L INS PTE LTD |

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