

Vehicle Details

Vehicle No.	Make / Model
FBF849M	SYM / EXCEL II 150 CVT
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	RLGHA15DMAD000455
Propellant :	Engine No. :
Petrol	VMVS5BD000455
Motor No. :	Engine Capacity :
-	150 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
-	133 kg
Year Of Manufacture :	Original Registration Date :
2010	25 Jan 2011
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$1,502.00	24 Jan 2021
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
24 Jan 2020	-
Inspection Due Date :	Intended Transfer Date :
24 Jan 2020	07 Oct 2019
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-
CO Emission :	HC Emission :



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. : 34945

- Rev. 1

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

DATE : 03/10/2019
CLAIM NO. : 11440
POLICY NO. : V0107670

FROM : HASRIANAH

VEHICLE NO. : FBF0849M
MAKE/MODEL : SYM / EXCEL II 150A

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	ALIGNMENT BODY P/N: 29561		1.00	\$490.00	490.00
2	BALANCER HANDLE P/N: 40328	REPLACE	1.00	\$15.00	15.00
3	BALL BEARING P/N: 27530	REPLACE	19.00	\$7.00	133.00
4	BALL STEEL P/N: 48508	REPLACE	26.00	\$2.00	52.00
5	BEARING STEERING CONE UPPER P/N: 48503	REPLACE	1.00	\$8.00	8.00
6	BRACKET UNDER FORK	REPLACE	1.00	\$179.00	179.00
7	COWLING FRONT P/N: 41685	REPLACE	1.00	\$121.00	121.00
8	DUST SEAL P/N: 48506	REPLACE	1.00	\$5.00	5.00
9	FLANGE BOLT 8X50	REPLACE	4.00	\$5.00	20.00
10	FORK FRONT LH ASSY P/N: 42231	REPLACE	1.00	\$252.00	252.00
11	FORK FRONT RH ASSY P/N: 42232	REPLACE	1.00	\$258.00	258.00
12	FRONT COVER EMBLEM	REPLACE	1.00	\$52.00	52.00
13	FRONT UNDER SPOILER P/N: 57768	REPLACE	1.00	\$159.00	159.00

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
14	FRONT WHEEL AXLE	REPLACE	1.00	\$10.00	10.00
15	HEADLAMP ASSY P/N: 57774	REPLACE	1.00	\$449.00	449.00
16	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED.	Supply/Install	24.00	\$49.00	1,176.00
17	LEVER BRAKE RH P/N: 40634	REPLACE	1.00	\$27.00	27.00
18	RACE BALL P/N: 50142	REPLACE	1.00	\$11.00	11.00
19	RACE BALL P/N: 48505	REPLACE	1.00	\$11.00	11.00
20	RACE BOTTOM CONE P/N: 48504	REPLACE	1.00	\$10.00	10.00
21	REAR BODY COVER RH	REPLACE	1.00	\$90.00	90.00
22	SEAL DUST WASHER P/N: 48509	REPLACE	1.00	\$5.00	5.00
23	SIDE COVER LOWER LH	REPLACE	1.00	\$42.00	42.00
24	SIDE COVER LOWER RH	REPLACE	1.00	\$42.00	42.00
25	SPRAY PAINT FRONT MUDGUARD	Spray	1.00	\$49.00	49.00
26	TAPPING SCREW 5x16	REPLACE	12.00	\$3.00	36.00
27	TRANSPORT CHARGES P/N: 07169	Supply/Install	1.00	\$35.00	35.00

SUB TOTAL

\$3,737.00

GST @ 7 %

\$261.59

GRAND TOTAL

\$3,998.59

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By



HASRIANAH

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	20/09/2019 09:27
Date Of Accident	19/09/2019 12:10
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF849M
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE POST LIMITED
Co Reg No	199201623M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84379574
Alternative Phone No	OFFICE-68412000

Vehicle Particulars

Manufacturer	SYM
Model	EXCEL II 150 A-150CC (A)
Exact Purpose for which vehicle was being used at time of accident	MAIL DELIVERY
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	V0107670
Cover Note Number	

Driver

Name of Driver	JUMRATI BIN AZIZ
NRIC No	S1269549G
Date Of Birth	05/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84379574
Fax Number	
Contact Number	OTHERS-81257974
EMail Address	NOEMAIL

Address	BLK 314 BUKIT BATOK STREET 32 #04-59
Postcode	650314
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SHC3383P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	JAYA
NRIC/Passport Number	
Contact Number	+6598530040
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JUMRATI BIN AZIZ

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBF849M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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:

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

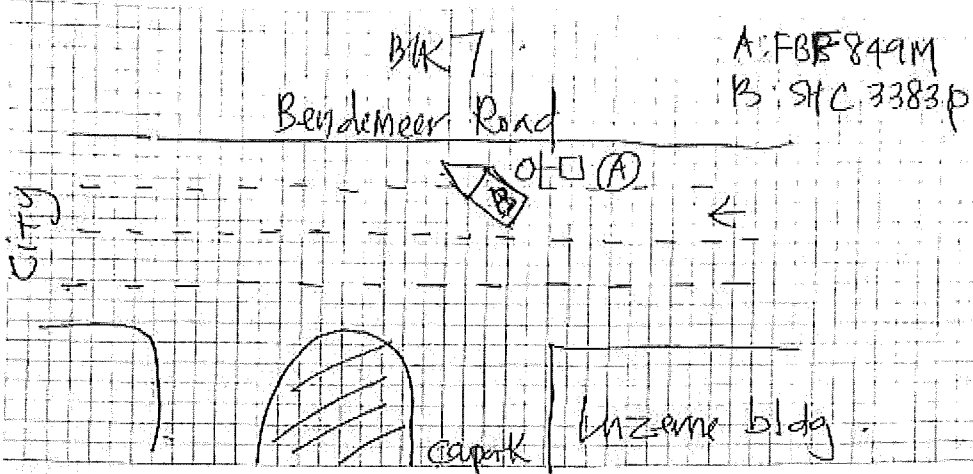
17-09-2009
1615 hrs

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

Kym Yong

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

GAZTE Belduzenak 2014-15

Driver's Signature _____
(if driver is not the policyholder)
Date & Time: 10 10 20

Date & Time: 19.09.2019
1615 hrs

Reporting Centre Personnel's Signature
Name: / 3 / 1

Name: Ryann Yong
NRIC/FIN No.:

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

Print Date/Time : 03 Oct 2019 / 17:58:38

Receipt Date/Time : 03 Oct 2019 / 17:58:38

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191003-002863

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 - SHC3383P As at 19 Sep 2019/12:10:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHC3383P Enquiry Fee 20191003175654032477	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				
	20191003175722694	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.

[Print Receipt](#)[OK](#)[Save as PDF](#)

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

Vehicle No.	Incident Date/Time	Insurance Company Name
SHC3383P	19 Sep 2019 / 12:10:00	INDIA INT'L INS PTE LTD

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