

## Vehicle Details

<i>Vehicle No.</i> <b>FBN1758T</b>	<i>Make / Model</i> <b>YAMAHA / NMAX155 ABS</b>
---------------------------------------	--

Vehicle Type :

**P01 - Passenger Scooter**

Vehicle Attachment 1 :

**No Attachment**

Vehicle Scheme :

**Normal**

Chassis No. :

**MH3SG431000006273**

Propellant :

**Petrol**

Engine No. :

**G3H6E0008158**

Motor No. :

-

Engine Capacity :

**155 cc**

Power Rating :

-

Maximum Power Output :

-

Maximum Laden Weight :

**295 kg**

Unladen Weight :

**128 kg**

Year Of Manufacture :

**2018**

Original Registration Date :

**27 Jul 2018**

Lifespan Expiry Date :

-

COE Category :

**D - Motorcycle**

Quota Premium :

**\$6,189.00**

COE Expiry Date :

**26 Jul 2028**

Road Tax Expiry Date :

**26 Jul 2020**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**26 Jul 2021**

Intended Transfer Date :

**15 Mar 2020**

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

HC Emission :



**QUOTATION**

Customer :

NO. : **35822**

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

DATE : 12/03/2020  
CLAIM NO. : 11528  
POLICY NO. : AVFMSB0000651901

FROM : HASRIANAH

VEHICLE NO. : FBN1758T  
MAKE/MODEL : YAM / NMAX155 ABS

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	BELLY PAN P/N: 58094	REPLACE	1.00	\$34.00	34.00
2	BOARD FOOTREST LH P/N: 59588	REPLACE	1.00	\$52.00	52.00
3	BOARD FOOTREST RH P/N: 59589	REPLACE	1.00	\$52.00	52.00
4	BOX REAR (GIVI) E450N BLACK W/O STOP LIGHT P/N: 27220	REPLACE	1.00	\$222.00	222.00
5	BRACKET BOX REAR (GIVI) P/N: 55428	REPLACE	1.00	\$62.00	62.00
6	COVER CLUTCH OUTER P/N: 58147	REPLACE	1.00	\$28.00	28.00
7	COVER RADIATOR P/N: 63127	REPLACE	1.00	\$12.00	12.00
8	COVER SIDE CENTRE RH (WHITE) P/N: 58117	REPLACE	1.00	\$30.00	30.00
9	COVER SIDE REAR LH (WHITE) P/N: 58170	REPLACE	1.00	\$40.00	40.00
10	COVER SIDE REAR RH (WHITE) P/N: 58102	REPLACE	1.00	\$40.00	40.00
11	ENGINE BRACKET COMP P/N: 61969	REPLACE	1.00	\$70.00	70.00
12	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED.	Supply/Install	6.00	\$63.00	378.00
13	LAMP SIGNAL FRONT LH P/N: 59587	REPLACE	1.00	\$35.00	35.00

\*35822 \*

*bizSAFE<sub>3</sub>*



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
14	LEVER BRAKE LH P/N: 58145	REPLACE	1.00	\$18.00	18.00
15	LEVER BRAKE RH P/N: 58185	REPLACE	1.00	\$18.00	18.00
16	MUDGUARD FRONT (WHITE) P/N: 58087	REPLACE	1.00	\$52.00	52.00
17	MUDGUARD REAR P/N: 63129	REPLACE	1.00	\$47.00	47.00
18	PIPE EXHAUST ASSY P/N: 58083	REPLACE	1.00	\$407.00	407.00
19	PROTECTOR EXHAUST P/N: 58086	REPLACE	1.00	\$38.00	38.00
20	RIVET P/N: 56583	REPLACE	7.00	\$2.00	14.00
21	SHAFT PIVOT P/N: 61967	REPLACE	1.00	\$12.00	12.00
22	SPRAY PAINT COVER SIDE REAR LH (Lacquer)	Spray	1.00	\$63.00	63.00
23	SPRAY PAINT COVER SIDE REAR RH (Lacquer)	Spray	1.00	\$63.00	63.00
24	SPRAY PAINT MUDGUARD FRONT (Lacquer)	Spray	1.00	\$49.00	49.00
25	STAND MAIN P/N: 58138	REPLACE	1.00	\$66.00	66.00
26	STICKER (CERTIS CISCO) SIDE REAR RH NEW MODEL P/N: 61181	REPLACE	1.00	\$44.00	44.00
27	STICKER (CERTISCISCO) NEW LOGO P/N: 60971	REPLACE	2.00	\$44.00	88.00
28	STICKER (CISCO) MUDGUARD FRONT P/N: 58618	REPLACE	1.00	\$37.00	37.00
29	STICKER (CISCO) SIDE REAR LH NEW MODEL P/N: 61573	REPLACE	1.00	\$15.00	15.00
30	STOPPER MAINSTAND P/N: 54930	REPLACE	1.00	\$17.00	17.00
31	STOPPER, MAIN STAND P/N: 61968	REPLACE	1.00	\$7.00	7.00
32	TRANSPORT CHARGES P/N: 07169 - FOR COLLECTION OF ACCIDENT BIKE AND DELIVER BIKE BACK TO BASE ONCE REPAIR DONE.		2.00	\$56.00	112.00
33	COVER SIDE CENTRE LH (WHITE) P/N: 58097	REPLACE	1.00	\$30.00	30.00

SUB TOTAL  
GST @ 7 %

\$2,252.00  
\$157.64

\*35822 \*

*bizSAFE<sub>3</sub>*



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
GRAND TOTAL					<b>\$2,409.64</b>

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.

\*35822 \*

*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	07/03/2020 17:32
Date Of Accident	07/03/2020 12:30
Exact Location Of Accident	HOUANG AVE 3 TOWARDS TAMPINES RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1758T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXX288K
Email Address	RAYMOND@BHH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62816520

### Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155 ABS
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	AVFMSB0000591904
Cover Note Number	

### Driver

Name of Driver	SANGEETHA MATHIGESAN
NRIC No	GXXXX428U
Date Of Birth	21/02/1996
Occupation	OUTDOOR
Date Of Driving Pass	20/08/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91645421
Fax Number	
Contact Number	
Email 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 - 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?	NO
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 [OTHER]	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

Refer to attached police report: On 07/03/2020 at around 1220hrs, I was riding my LTA issued motorcycle (FBN1758T) along Hougang Ave 3 towards Tampines Road. As I was turning left into Tampines Road from Hougang Ave 3, out of a sudden, van bearing (GBJ6227Y) bumped onto my rear. Due to the collision, the motorcycle rear box bumped onto my back. As such, I am feeling pain on my back. Due to the collision, the rear part of the LTA issued motorcycle (FBN1758T) was damaged. I managed to exchange particulars with the driver of van bearing (GBJ6227Y). I wish to state that no one was conveyed by ambulance and no government property was damaged. I wish to further state that I will be going to the clinic for a check up. As such, I am lodging this report as instructed by LTA. That is 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	GBJ6227Y
Vehicle Make/Model/Colour	TOYOTA / HIACE VAN TURBO 5DR MT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD FARHAN
NRIC/Passport Number	SXXXX753B
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**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:

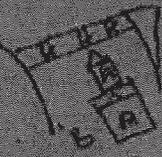
**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN MOHD AFFANDI**  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A 164 1951

B 063 6229 34

TRUMPINGS LD



HOUSING  
AVC 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  
REFER TO ATTACHED STATEMENT.

A large rectangular area with horizontal lines, intended for a written description of the accident circumstances.

**DECLARATION**

I declare the foregoing particulars are true to the best of my knowledge.

Declarant's Signature  
Date: 6/11/60

Officer's Signature  
Name: [Illegible]  
Date: 6/11/60

Signature of [Illegible]  
Name: [Illegible]  
Date: [Illegible]

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20200307/2058

Police Station Of Origin  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

1 of 3  
Report No: T/20200307/205

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 07/03/2020 14:11	Video Report No.	Station Diary No. 19
---	------------------	-------------------------

**Informant's Particulars**

Name of Informant SANGEETHA MATHIGESAN		Address C-04-01 JALAN LARKIN AMARA LARKIN SINGAPORE 080350	
ID Type / ID No. FIN NO / G2905428U		Contact No. Home/Office: 0123629621    Mobile:	
Nationality MALAYSIAN		Email:	
Sex Female	Age 24	Date of Birth 21/02/1995	Type of Informant Driver
Race Indian		Language	Institution / School Name:
Occupation LTA ENFORCER		Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

Type of Accident	Non-Injury Others	Drink Drive No	Date/Time of Accident 07/03/2020 12:20	Type of Location
Location: Along Road 1 HOUGANG AVENUE 3 HOUGANG AVE 3 TOWARDS TAMPINES ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Damage	Remarks
FBN1758T	Motorcycle					0
GBJ227Y	Van					1

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	



**SINGAPORE  
POLICE FORCE**



T/20200307/2056

2 of 3

Police Station Of Origin  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

Report No: T/20200307/2056

**CONTINUATION OF REPORT**

Rider			
Name	SANGEETHA MATHIGESAN	ID No.	G2905428U
Related Vehicle	FBN1758T (Motorcycle)	Contact No.	0129529621
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMMED FARHAN BIN MOHAMMED FADILE	ID No.	S9716753B
Related Vehicle	GBJ6227Y (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/03/2020 at around 1220hrs. I was riding my LTA issued motorcycle (FBN1758T) along Hougang Ave 3 towards Tampines Road. As I was turning left onto Tampines Road from Hougang Ave 3, out of a sudden, van bearing (GBJ6227Y) bumped onto my rear. Due to the collision, the motorcycle rear box bumped onto my back. As such, I am feeling pain on my back.

Due to the collision, the rear part of the LTA issued motorcycle (FBN1758T) was damaged. I managed to exchange particulars with the driver of van bearing (GBJ6227Y). I wish to state that no one was conveyed by ambulance and no government property was damaged. I wish to further state that I will be going to the clinic for a check up.

As such, I am lodging this report as instructed by LTA. That is all.



**SINGAPORE  
POLICE FORCE**



T/20200307/2058

Police Station Of Origin  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555847  
Tel No. 1800-2879999

3 of 3

Report No. T/20200307/2058

**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:

F /  
Sgt 2 MUHAMMAD ALIF RIDHWAN BIN  
BAHARIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/03/2020 14:11

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No. - 65476151

Classification Of Case:

Investigation Stamp



Signature:

Singapore Police Force

Accident Photo



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 Mar 2020 / 16:21:42

Receipt Date/Time : 13 Mar 2020 / 16:21:42

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-200313-002487

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 - GBJ6227Y As at 07 Mar 2020/12:30:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - GBJ6227Y Enquiry Fee 20200313161921638961	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	20200313162022172 Direct Debit: eNETS Debit (Internet Banking)			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.