

## Vehicle Details

Vehicle No.	Make / Model
<b>FBP4375J</b>	<b>YAMAHA / AEROX GDR155A CVT ABS</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>P00 - Passenger Motorcycle/Autocycle /Moped</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>MH3SG4640KJ050189</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>G3J8E0090962</b>
Motor No. :	Engine Capacity :
<b>-</b>	<b>155 cc</b>
Power Rating :	Maximum Power Output :
<b>-</b>	<b>-</b>
Maximum Laden Weight :	Unladen Weight :
<b>271 kg</b>	<b>118 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2019</b>	<b>04 Apr 2019</b>
Lifespan Expiry Date :	COE Category :
<b>-</b>	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$3,469.00</b>	<b>03 Apr 2029</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>03 Apr 2020</b>	<b>-</b>
Inspection Due Date :	Intended Transfer Date :
<b>03 Apr 2022</b>	<b>08 Apr 2020</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
<b>-</b>	<b>-</b>
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. : 35947

LONPAC INSURANCE BHD  
100 BEACH ROAD  
#19-00 SHAW TOWER  
SINGAPORE 189702

DATE : 07/04/2020  
CLAIM NO. : 11539  
POLICY NO. : 5108520971

LONPAC INSURANCE BHD

FROM : HASRIANAH

VEHICLE NO. : FBP4375J  
MAKE/MODEL : YAM / AEROX

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	AXLE, WHEEL	REPLACE	1.00	\$10.00	10.00
2	BEARING FRONT WHEEL P/N: 52315	REPLACE	2.00	\$13.00	26.00
3	BEARING, STEERING LOWER P/N: 62412	REPLACE	1.00	\$13.00	13.00
4	BEARING, STEERING UPPER P/N: 62411	REPLACE	1.00	\$20.00	20.00
5	BOLT	REPLACE	4.00	\$2.00	8.00
6	BRACKET	REPLACE	1.00	\$5.00	5.00
7	BRACKET	REPLACE	1.00	\$17.00	17.00
8	CALIPER BRAKE FRONT RH	REPLACE	1.00	\$89.00	89.00
9	COVER BODY	REPLACE	1.00	\$26.00	26.00
10	COVER BODY DELTA BOX	REPLACE	1.00	\$26.00	26.00
11	COVER COWLING RH (RED) P/N: 63940	REPLACE	1.00	\$37.00	37.00
12	COVER INNER FRONT MUDGARD	REPLACE	1.00	\$26.00	26.00
13	COVER, FRONT	REPLACE	1.00	\$26.00	26.00

\*35947 \*

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	COWLING FRONT	REPLACE	1.00	\$38.00	38.00
15	DECAL COWLING RH LOWER P/N: 63939	REPLACE	1.00	\$10.00	10.00
16	DECAL COWLING RH UPPER P/N: 63938	REPLACE	1.00	\$10.00	10.00
17	DECAL YAMAHA LOGO P/N: 63934	REPLACE	2.00	\$7.00	14.00
18	FORK FRONT ASSY P/N: 62410	REPLACE	1.00	\$476.00	476.00
19	HEADLAMP ASSY	REPLACE	1.00	\$366.00	366.00
20	LABOUR P/N: 06766	REPLACE	14.00	\$69.00	966.00
21	MUDGUARD FRONT	REPLACE	1.00	\$41.00	41.00
22	MUDGUARD FRONT INNER	REPLACE	1.00	\$14.00	14.00
23	NUT, SPRING	REPLACE	4.00	\$2.00	8.00
24	OIL BRAKE (KUTTEN KEULER) DOT 4 P/N: 39338	REPLACE	1.00	\$23.00	23.00
25	PLATE DISC BRAKE FRONT P/N: 58182	REPLACE	1.00	\$80.00	80.00
26	RETAINER BALL BEARING P/N: 57083	REPLACE	1.00	\$17.00	17.00
27	RIM FRONT ASSY(GOLD)	REPLACE	1.00	\$254.00	254.00
28	SEAL DUST	REPLACE	1.00	\$2.00	2.00
29	SEAL OIL P/N: 61482	REPLACE	2.00	\$2.00	4.00
30	STCIKER 'ABS'	REPLACE	2.00	\$2.00	4.00
31	STEERING CONE CENTRE P/N: 57078	REPLACE	1.00	\$13.00	13.00
32	STEERING CONE LOWER P/N: 57080	REPLACE	1.00	\$13.00	13.00
33	STICKER	REPLACE	1.00	\$11.00	11.00
34	STICKER	REPLACE	1.00	\$10.00	10.00
35	STICKER	REPLACE	1.00	\$8.00	8.00

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
36	STICKER 3D 'AEROX'	REPLACE	1.00	\$26.00	26.00
37	STICKER NUMBER PLATE FRONT (BLACK) STRAIGHT P/N: 32921	REPLACE	1.00	\$20.00	20.00
38	STICKER P PLATE P/N: 29128	REPLACE	1.00	\$28.00	28.00
39	TRANSPORT CHARGES P/N: 07169		1.00	\$61.00	61.00
40	WASHER PLATE P/N: 28656	REPLACE	1.00	\$5.00	5.00

SUB TOTAL

\$2,851.00

GST @ 7 %

\$199.57

GRAND TOTAL

\$3,050.57

50% deposit required before ordering of parts.

Validity: 30 days

For &amp; on Behalf of

BAN HOCK HIN CO PTE LTD



HASRIANAH

Acknowledge &amp; Accepted By

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

\*35947 \*

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	05/04/2020 01:56
Date Of Accident	31/03/2020 11:00
Exact Location Of Accident	ALG RD 1 CTE TOWARDS SLE/TPE NEAR EXIT 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4375J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PUTRI RAWIAN BINTE ABDUL WAJI
NRIC No	SXXXX605F
Email Address	PUTRIRAWIANI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87209429
Alternative Phone No	OFFICE-87209429

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108520971
Cover Note Number	

### Driver

Name of Driver	PUTRI RAWIAN BINTE ABDUL WAJI
NRIC No	SXXXX605F
Date Of Birth	07/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87209429
Fax Number	
Contact Number	OFFICE-87209429
Email Address	PUTRIRAWIANI@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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]	KEBUN BARU NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200401/2109 LODGE AT KEBUN BARU NPP ON 31/03/2020 AT ABOUT 1100HRS, I WAS RIDING MY MOTORCYCLE FBP4375J ALONG CTE TOWARDS SLE/TPE ON THE LANE 3. WHILE I WAS PASSING BY EXIT 1, A VAN GW8893H WHICH WAS ON LANE 2 SUDDENLY CHANGE LANE INTO MY LANE WITH THE INTENTION TO EXIT THROUGH EXIT 1. THE VAN SIDE-SWIPE ME WHILE CHANGING LANE HOWEVER, I MANAGED TO MAINTAIN CONTROL OF MY MOTORCYCLE. AFTER CHANGING LANE, THE VAN THEN STOPPED ABRUPTLY IN FRONT OF ME AS THERE ARE ONCOMING VEHICLE EXITING THE SAME EXIT AND HE WAS NOT ABLE TO CUT INTO THE EXIT LANE. THE ABRUPT STOP MADE ME UNABLE TO STOP IN TIME AND KNOCK ONTO THE REAR OF THE VAN. MY MOTORCYCLE FRONT MUD GUARD WAS DAMAGED DUE TO THE COLLISION. AFTER THE ACCIDENT, I FELT PAIN AND NUMB AT MY LEG WHICH AFTER EXTENDED TO MY SPINE AREA. I THEN SEEK MEDICAL ATTENTION AT SGH AND WAS GIVEN 7 DAYS MC. THE VAN REAR AREA SUFFERED SOME SCRATCHES.

#### 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	GW8893H
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GUNASEKARAN MANIVEL
NRIC/Passport Number	GXXXXX702R
Contact Number	83746086

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	PUTRI RAWIAN BINTEABDUL WAJI
Approximate Age	
Injuries Sustain	FELT PAIN AND NUMB AT LEG
Injured person in which vehicle?	FBP4375J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

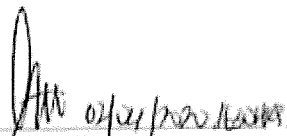
### SKETCH PLAN

#### 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: 07/04/2020 16:05

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

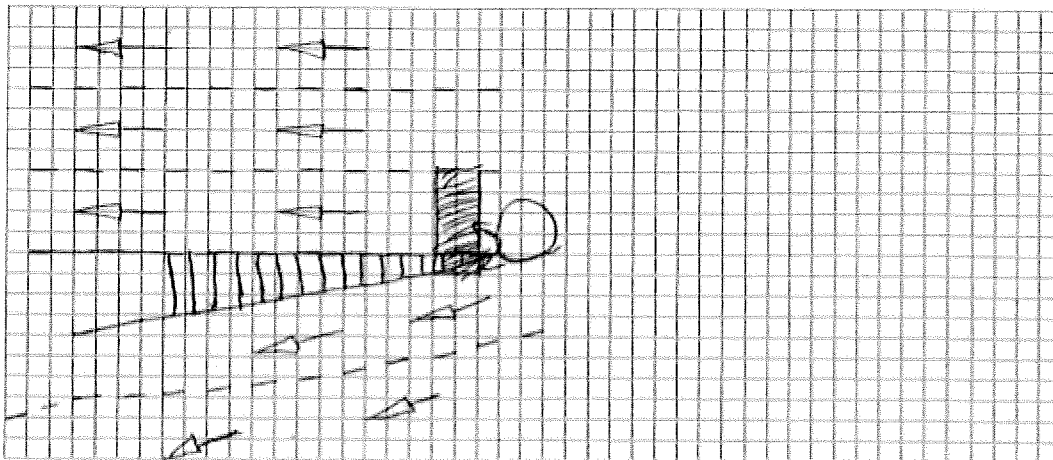
  
Reporting Centre Personnel's Signature  
Name: HANANAH  
NRIC/FIN No.: 88431484F



### Sketch Plan #2

  $\rightarrow$  VAN,  $\bigcirc \rightarrow$  motorcycle.

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Accident Report No. T/20200401/2109

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

**Date & Time:**

**Discussion** The results of this study suggest that the use of a single, standardized, and validated questionnaire is a feasible and reliable method for assessing the prevalence of mental health problems in a community sample. The prevalence of mental health problems was found to be higher in the community sample than in the clinical sample, which is consistent with the findings of other studies. The results also suggest that the use of a single, standardized, and validated questionnaire is a feasible and reliable method for assessing the prevalence of mental health problems in a community sample.

(If driver is not the policyholder)

## One At A Time

Reporting Centre Personnel's Signature \_\_\_\_\_

Name: John Smith

NRIC/FIN No.: 08431484

# Police Report



**SINGAPORE  
POLICE FORCE**



T2020040102109

1 of 4

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

Report No: T2020040102109

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2020 17:35	Video Report No.:	Station Diary No.: 14
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### Informant's Particulars

Name of Informant: PUTRI RAWANI BINTE ABDUL WAJIL		Address: APT BLK 5 BANDA STREET #21-98 SINGAPORE 050005	
ID Type / ID No.: NRIC NO / 605F		Contact No.: Home/Office: Mobile: 87209428	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 26	Date of Birth: 07/05/1993	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,3A Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2020 11:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Near to exit 1				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FDP4375J	Motorcycle	YAMAHA	AEROX GOR155A CVT ABS	Red	Slightly Damaged	0
QW8850H	Van				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



1222004012109

2 of 4

Police Station Of Origin:  
Kobun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
600111  
Tel No: 1800-4569999

Report No: T022004012109

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4375J	NTUC Income Insurance Co-Operative Limited	5108520971	04/04/2018	03/04/2020

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider						
Name	PUTRI RAWIANI BINTE ABDUL WAJI		ID No.	605F		
Related Vehicle	FBP4375J (Motorcycle)		Contact No.	87209426		
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B, 3A Date of Expiry: NIL		
Date Treatment	31/03/2020		Date Discharge	31/03/2020		
No. of Days granted Medical Leave		07	Degree of Injury: Slight			
Driver						
Name	GUNASEKARAN MANIVEL		ID No.	T02R		
Related Vehicle	GW6883H (Van)		Contact No.	83746088		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B, 3 Date of Expiry: NIL		
Date Treatment		NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL		Degree of Injury		NIL

### Brief Details:

On 31/03/2020 at about 1100hrs, I was riding my motorcycle FBP4375J along CTE towards SLE/TPE on the lane 2. While I was passing by Exit 1, a van GW6883H which was on lane 2 suddenly change lane into my lane with the intention to exit through Exit 1. The van side-swiped me while changing lane however, I managed to maintain control of my motorcycle. After changing lane, the van then stopped abruptly in front of me as there are oncoming vehicle exiting the same exit and he was not able to cut into the exit lane. The abrupt stop made me unable to stop in time and knock onto the rear of the van.

My motorcycle's front mud guard was damaged due to the collision. After the accident, I felt pain and numb at my leg which later extended to my spine area. I then seek medical attention at SGH and was given 7 days MC. The van's rear area suffered some scratches.

Police Report



SINGAPORE  
POLICE FORCE



T02000401/2102

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4569999

4 of 4

Report No. T02000401/2102

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 85474085 stating the report number as reference.

Signature Of Officer Recording The Report  
F/  
Sgt 3 JAYZ TAN ZHANG JIE

Signature Of Interpreter  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 85476414

Authentication Stamp  
AP103

Signature Of Informant

Date/Time:  
01/04/2020 17:35

Classification Of Case:

Police Report



**SINGAPORE  
POLICE FORCE**



T000004010100

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589599

3 of 4

Report No: T000004010100

CONTINUATION OF REPORT