

## Vehicle Details

Vehicle No.	Make / Model
<b>FBM9732U</b>	<b>YAMAHA / YBR125</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>LBPREF101000059662</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>E3F5E044884</b>
Motor No. :	Engine Capacity :
-	<b>124 cc</b>
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
<b>285 kg</b>	<b>126 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2017</b>	<b>30 May 2018</b>
Lifespan Expiry Date :	COE Category :
-	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$7,115.00</b>	<b>29 May 2028</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>10 Nov 2020</b>	-
Inspection Due Date :	Intended Transfer Date :
<b>29 May 2021</b>	<b>25 Jun 2020</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-
CO Emission :	HC Emission :

-

NOx Emission :

-

-

PM Emission :

-

## Fees To Be Paid For Transfer

Transfer Fees	\$25.00
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## QUOTATION

Customer :

NO. : 36257

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

DATE : 23/06/2020  
 CLAIM NO. : 11569  
 POLICY NO. : MC/00804752  
 FROM : HASRIANAH

VEHICLE NO. : FBM9732U  
 MAKE/MODEL : YAM / YBR125

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	ALIGNMENT BODY / FRAME P/N: 29844	Repair	2.00	\$63.00	126.00
2	BRACKET FOOTREST RH P/N: 45628	REPLACE	1.00	\$117.00	117.00
3	COVER TAIL CENTER P/N: 48683	REPLACE	1.00	\$118.00	118.00
4	COVER TAIL LH (RED) P/N: 45536	REPLACE	1.00	\$77.00	77.00
5	COVER TAIL RH (RED) P/N: 53007	REPLACE	1.00	\$90.00	90.00
6	COVER TANK SIDE RH (RED) P/N: 52956	REPLACE	1.00	\$119.00	119.00
7	CRASH BAR P/N: 35878	REPLACE	1.00	\$203.00	203.00
8	FOOTREST FRONT P/N: 50005	REPLACE	1.00	\$54.00	54.00
9	GASKET EXHAUST PIPE P/N: 21453	REPLACE	1.00	\$6.00	6.00
10	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	4.00	\$63.00	252.00
11	LAMP SIGNAL REAR RH P/N: 44191	REPLACE	1.00	\$16.00	16.00
12	LEVER BRAKE P/N: 26343	REPLACE	1.00	\$19.00	19.00
13	MIRROR RH P/N: 58187	REPLACE	1.00	\$35.00	35.00

\*36257 \*



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
14	MUDGUARD REAR P/N: 45416	REPLACE	1.00	\$68.00	68.00
15	PIPE EXHAUST ASSY P/N: 50025	REPLACE	1.00	\$2,100.00	2,100.00
16	RUBBER FOOTREST FRONT P/N: 26136	REPLACE	1.00	\$14.00	14.00
17	STICKER NUMBER PLATE FRONT (BLACK) STRAIGHT P/N: 32921	REPLACE	1.00	\$19.00	19.00
18	TRANSPORT CHARGES P/N: 07169		1.00	\$56.00	56.00
19	VISOR P/N: 43130	REPLACE	1.00	\$30.00	30.00
SUB TOTAL					\$3,519.00
GST @ 7 %					\$246.33
<b>GRAND TOTAL (SGD)</b>					<b>\$3,765.33</b>

**50% deposit required before ordering of parts.**

Validity: 30 days

For & on Behalf of

**BAN HOCK HIN CO PTE LTD**



**HASRIANAH**

Acknowledge & Accepted By

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

\*36257 \*

*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	24/06/2020 15:26
Date Of Accident	22/06/2020 12:10
Exact Location Of Accident	PASIR PANJANG ROAD FILTER TO ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9732U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXX288K
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00804752
Cover Note Number	NA

### Driver

Name of Driver	REN PENGJU
Passport No/FIN	GXXXX180N
Date Of Birth	23/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84252539
Fax Number	
Contact Number	
Email Address	QSC@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	RAINING
Road Surface	WET

#### 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

At the filter lane, I already stopped waiting for clearance. Suddenly I felt an impact from behind and saw a taxi had bumped onto my rear portion. Due to the impact, I fell with my bike.

#### 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	SHB6232C
Vehicle Make/Model/Colour	TOYOTA / PRIUS 5DR HATCHBACK (AUTO)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR LIM
NRIC/Passport Number	
Contact Number	96215443
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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**  
**AIZAM BIN ATAN**

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

### Sketch Plan #2

**SKETCH PLAN**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO ATTACHED STATEMENT.

A3FBM 9732U  
B3SHB 6232C

**DECLARATION**

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

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
AIZAM BIN ATAN

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

Policyholder's Signature  
Date & Time:



**ACCIDENT STATEMENT (2000 characters)**

At the filter lane, I already stopped waiting for clearance. Suddenly I felt an impact from behind and saw a taxi had bumped onto my rear portion. Due to the impact, I fell with my bike.

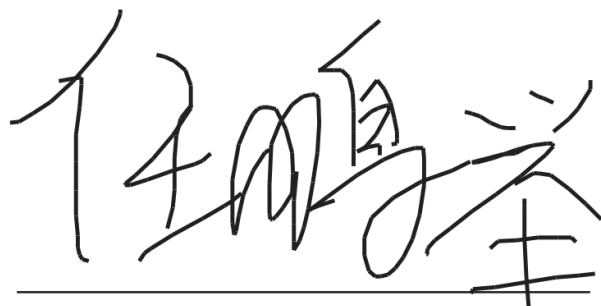
Taxi Voucher No.:

**DECLARATION**

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

24 June 2020 at 2:30 PM

Date/Time:

24 June 2020 at 2:30 PM

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Jun 2020 / 17:17:54

Receipt Date/Time : 24 Jun 2020 / 17:17:54

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200624-002904

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHB6232C As at 22 Jun 2020/12:10:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHB6232C Enquiry Fee 20200624171601114352	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
Paid By				
	20200624171640101	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.