



萬福興私人有限公司
BAN HOCK HIN CO., PTE. LTD.



CERT NO : 2002-1-0383
ISO 9001 : 2009

Co. Reg. No.: 197000288K

Head Office: No 6 Defu Lane 4, Singapore 539410
Tel: 62816520 Fax: (Main) 62812830
Fax: (Store) 62857530 (Insurance/Project) 62842969 (Accounts) 62816759
Email: sales@bhh.com.sg
Website: www.bhh.com.sg

QUOTATION

NO. : 28877

DATE : 26/12/2014
CLAIM NO. : 10713
POLICY NO. :
FROM : RAYMOND

Customer :

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way,
#27-01 AXA Tower
Singapore 068811

MOTOR CLAIMS DEPT

VEHICLE NO. : FBG6120L
MAKE/MODEL : /

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	ALIGNMENT BODY P/N: BHHX431 - REAR	Replace	1.00	\$320.00	320.00
2	ALIGNMENT FRONT FORK P/N: BHHX1205	Replace	1.00	\$80.00	80.00
3	BASE PLATE E45 P/N: BHHX046	Replace	1.00	\$40.00	40.00
4	COVER METER LOWER P/N: 18C-H353H-00	Replace	1.00	\$16.00	16.00
5	COVER TAIL CENTRE - 18C-Y2475-00	Replace	1.00	\$42.00	42.00
6	COVER TAIL LH (RED) P/N: 18C-F471K-00	Replace	1.00	\$77.00	77.00
7	COVER TAIL RH (RED) P/N: 18C-F472K-00-P0	Replace	1.00	\$77.00	77.00
8	COWLING FRONT (DARK GREY) P/N: 18C-W2835-00-P2	Replace	1.00	\$245.00	245.00
9	GRIP HANDLE RH P/N: 2D0-F6240-00	Replace	1.00	\$18.00	18.00
10	HEADLAMP ASSY P/N: 18C-H4300-00 - SCRATCHES	Replace	1.00	\$147.00	147.00
11	LABOUR	Supply/Install	1.00	\$280.00	280.00
12	LENS TAIL LIGHT - 18C-H4721-01	Replace	1.00	\$42.00	42.00
13	LEVER BRAKE P/N: 5VL-H3922-00	Replace	1.00	\$15.00	15.00
14	MIRROR RH P/N: 5VL-F6290-00	Replace	1.00	\$15.00	15.00



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
15	MUDGUARD FRONT (RED) P/N: 18C-Y2151-00 - SCRATCHES, CRACK	Replace	1.00	\$85.00	85.00
16	PROTECTOR MUFFLER 3 P/N: 1PX-E4738-00	Replace	1.00	\$144.00	144.00
17	RUBBER FOOTREST FRONT P/N: 5VL-F7413-00	Replace	1.00	\$9.00	9.00
18	SIGNAL LENS FRONT RH - 3D9-H334A-00	Replace	1.00	\$15.00	15.00
19	SPRAY PAINTING - SIDE COVER RH, FRONT COWLING, FRONT MUDGUARD, REAR RH COVER, REAR LH COVER, REAR CENTRE COVER	Spray	1.00	\$195.00	195.00

SUB TOTAL	\$1,862.00
GST @ 7 %	\$130.34
GRAND TOTAL	\$1,992.34

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.



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 ability
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 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	11/12/2014 11:25
Date Of Accident	20/10/2014 22:00
Exact Location Of Accident	ANG MO KIO AVENUE 8 TOWARDS BISHAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6120L
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBR125-124cc (M)
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	First Capital Insurance Ltd
Type Of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-14065715MFCE/208
Cover Note Number	
Driver	
Name of Driver	KHAIRULANWAR BIN SHAMSUL KAMAL
NRIC No	S9236501H
Date Of Birth	10/10/1992
Occupation	Outdoor
Date Of Driving Pass	15/08/2011
Driving Experience	3 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-90927065
Fax Number	
Contact Number	
E-Mail Address	jeremyyc_quek@certissecurity.com
Address	BLK 737 PASIR RIS DRIVE 10 #02-31
Postcode	510737

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 Collision- Head to Rear (TP Hit Insured)
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? Yes
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Geylang Neighbourhood Police Centre
 Police Station Address ROAD: 132 Paya Lebar Road , POSTCODE: 409014 , COUNTRY: Singapore
 Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

REFER TO TRAFFIC ACCIDENT REPORT NO. I/20141021/4012 ATTACHED.
 Are accident photos available for attachment? Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GT8992X
 Vehicle Make/Model/Colour
 Details Of Properties LORRY
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDV9535B
 Vehicle Make/Model/Colour
 Details Of Properties SALOON
 Name of Driver
 NRIC/Passport Number
 Contact Number

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

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name KHAIRULANWAR BIN SHAMSUL KAMAL
Approximate Age
Injuries Sustain SLIGHT WAS GIVEN 3 DAYS MC
Injured person in which vehicle? FBG6120L
Were seat belts worn? No
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KALIDASSAN A/L NGAPPAN
Approximate Age
Injuries Sustain SLIGHT WAS GIVEN 5 DAYS MC
Injured person in which vehicle? FBG6120L
Were seat belts worn? No
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

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 willful 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 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

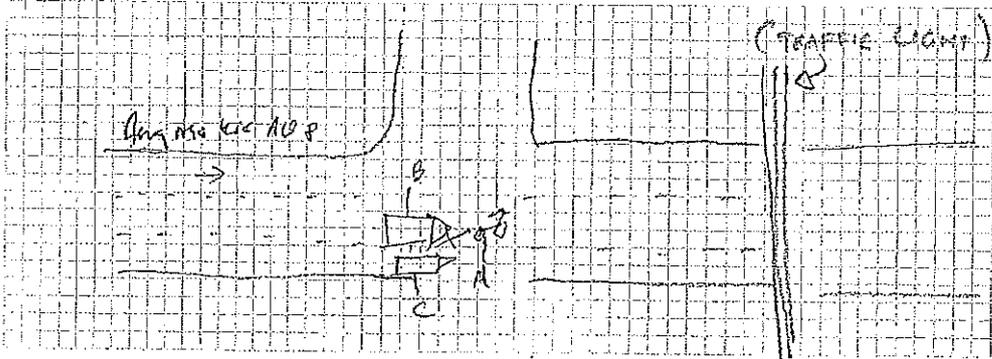
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Handwritten Signature]
 10/12/2014 73015

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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Sketch Plan



Sketch Plan #2 Pg.1

Police Station Of Origin:
 Geylang N.P.C
 132 Paya Lebar Road SINGAPORE 409014
 Tel No: 1800-8486999



T/20141021/4012

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Report No. T/20141021/4012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2014 04:52	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: KHAIRULANWAR BIN SHAMSUL KAMAL		Address: APT BLK 737 PASIR RIS DRIVE 10 #02-31 SINGAPORE 510737	
ID Type / ID No.: NRIC NO / S9236501H		Contact No.: Home/Office: Mobile: 90927065	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 10/10/1992	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Cisco Officer		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/10/2014 22:00	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 8 Ang mo kio Avenue 8 towards Bishan				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
PBG6120L	Motorcycle	YAMAHA		White	Slightly Damaged	1
GT8992X	Lorry	TOYOTA		Blue	Slightly Damaged	1
SDV9535B	Car	HYUNDAI		Silver	Slightly Damaged	0

Details of Person Involved

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

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999



T/20141021/4012

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Report No. T/20141021/4012

CONTINUATION OF REPORT

Driver			
Name	KHAIRULANWAR BIN SHAMSUL KAMAL	ID No.	S9236501H
Related Vehicle	FBG6120L (Motorcycle)	Contact No.	90927065
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	20/10/2014	Date Discharge	21/10/2014
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Pillion			
Name	KALIDASSAN A/L NGAPPAN	ID No.	G8422145M
Related Vehicle	FBG6120L (Motorcycle)	Contact No.	91097610
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/10/2014	Date Discharge	21/10/2014
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On 20/10/2014 at 2200hrs, while travelling along Ang Mo Kio Ave 8 together with my working partner(Kalidassan, G8422145M) on my bike (FBG6120L) and approaching the traffic junction and slowing down when the traffic light is red. Suddenly, a blue lorry (GT8992X) hit my bike from the back causing us to fall to the right side of the bike. After knocking onto us, the said lorry then turn and hit onto another vehicle (SDV9535B) on its left side. The driver of the said lorry then came out of the lorry and assisted us to bring up the bike. Shortly after, ambulance came and both me and my friend was conveyed to TTSH. I was not able to get the particular of the said lorry driver. I was only able to get his lorry plate number.

Sketch Plan #4 Pg.1

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999



T/20141021/4012

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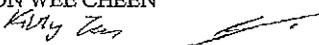
Report No. T/20141021/4012

CONTINUATION OF REPORT

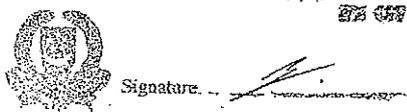
Sketch Plan

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: G / WOON WEE CHEEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2014 04:52
Officer In Charge Of Case: TP / GIT / DJUMANDI BIN DJUHARI Contact No.: 65472077	Classification Of Case:

Authentication Stamp
 NP163



Singapore Police Force