

Vehicle Details

Vehicle No.	Make / Model
FBN5489T	YAMAHA / NMAX155 ABS
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	MH3SG431000008372
Propellant :	Engine No. :
Petrol	G3H6E0010822
Motor No. :	Engine Capacity :
-	155 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
295 kg	128 kg
Year Of Manufacture :	Original Registration Date :
2018	24 Oct 2018
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$4,390.00	23 Oct 2028
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
23 Apr 2021	-
Inspection Due Date :	Intended Transfer Date :
23 Oct 2021	01 Oct 2020
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-
CO Emission :	HC Emission :



BAN HOCK HIN
Co., Pte Ltd

Co.Reg.No: 19700288K
MOTORCYCLE ACCESSORIES | SERVICE CENTRE
MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

QUOTATION

Customer :

NO. : 36874

CHINA TAIPING INSURANCE (S) PTE LTD

105 CECIL STREET

#18-00 / 19-00

THE OCTAGON

S'PORE 069534

ATTN: CHINA TAIPING INSURANCE (S) PTE LTD

DATE : 22/09/2020

CLAIM NO. : 11621

POLICY NO. : MC/00833714

FROM : HASRIANAH

VEHICLE NO. : FBN5489T

MAKE/MODEL : YAM / NMAX155 ABS

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BOARD FOOTREST RH P/N: 59589	REPLACE	1.00	\$52.00	52.00
2	COVER SIDE CENTRE RH (WHITE) P/N: 58117	REPLACE	1.00	\$30.00	30.00
3	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	2.00	\$63.00	126.00
4	MUDGUARD FRONT (WHITE) P/N: 58087	REPLACE	1.00	\$52.00	52.00
5	SPRAY LACQUER ON FRONT MUDGUARD	Spray	1.00	\$49.00	49.00
6	STICKER (CISCO) MUDGUARD FRONT P/N: 58618	REPLACE	1.00	\$37.00	37.00
7	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH		1.00	\$56.00	56.00

SUB TOTAL \$402.00

GST @ 7 % \$28.14

GRAND TOTAL (SGD) \$430.14

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By

*36874 *

bizSAFE₃



Address: No. 6, Defu Lane 4, Singapore 539410 | Telephone: +65 6281 6520 | Web: www.bhh.com.sg

Fax: (Main) +65 6281 2830, (Spare Parts) +65 6285 7530, (Insurance/Project) +65 6284 2989, (Accounts) +65 6281 6759

CERT NO: 2002-1-0363
ISO 9001:2015

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
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HASRIANAH

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

*36874 *

bizSAFE₃



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	30/09/2020 11:29
Date Of Accident	22/09/2020 12:20
Exact Location Of Accident	TELOK BLANGAH ST 31
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5489T
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXXX88K
Email Address	NOEMAIL
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 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	YES
Policy Number	MC/00833714
Cover Note Number	NA

Driver

Name of Driver	LINKESS KUMAR VENGA DESAN
Passport No/FIN	GXXXX891U
Date Of Birth	09/04/1997
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2018
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83106210
Fax Number	
Contact Number	OTHERS-83106210
EEmail 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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I parked my motorcycle safely behind a bus at a side road. I was doing my duty to check for illegal parking at the side of the road. After doing my duties and going back to my motorcycle, I saw a bus reversing slowly, I notice my motorcycle moving backwards slowly by it self. I ask the bus driver to stop and told him that his bus has hit my motorcycle and made my motorcycle moved but my motorcycle did not fell on the road. No injury involved, My mudguard broke due to this incident. We exchange particulars.

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	PA9834G
Vehicle Make/Model/Colour	ISUZU / LT134P
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TAN CHENG SOON
NRIC/Passport Number	SXXXX964H
Contact Number	94887185
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

FBN5489T

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:

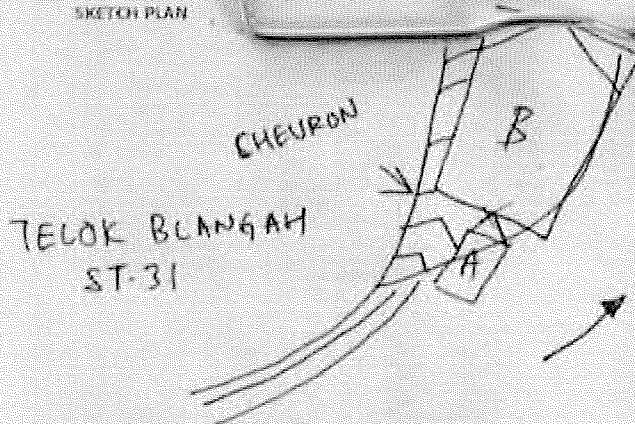
Driver's Signature
(If driver is not the policyholder)
Date & Time: **30 Sep 2020**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

Sketch Plan #2

SKETCH PLAN



A - FBNS489T
(STATIONARY)

B - PA98346
REVERSING.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

30/9/2020

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Officer's Signature
Name:
ARC/VEH No.:

ACCIDENT STATEMENT (2000 characters)

I parked my motorcycle safely behind a bus at a side road. I was doing my duty to check for illegal parking at the side of the road. After doing my duties and going back to my motorcycle, I saw a bus reversing slowly, I notice my motorcycle moving backwards slowly by it self. I ask the bus driver to stop and told him that his bus has hit my motorcycle and made my motorcycle moved but my motorcycle did not fell on the road.

No injury involved,

My mudguard broke due to this incident.

We exchange particulars.

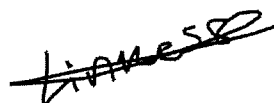
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

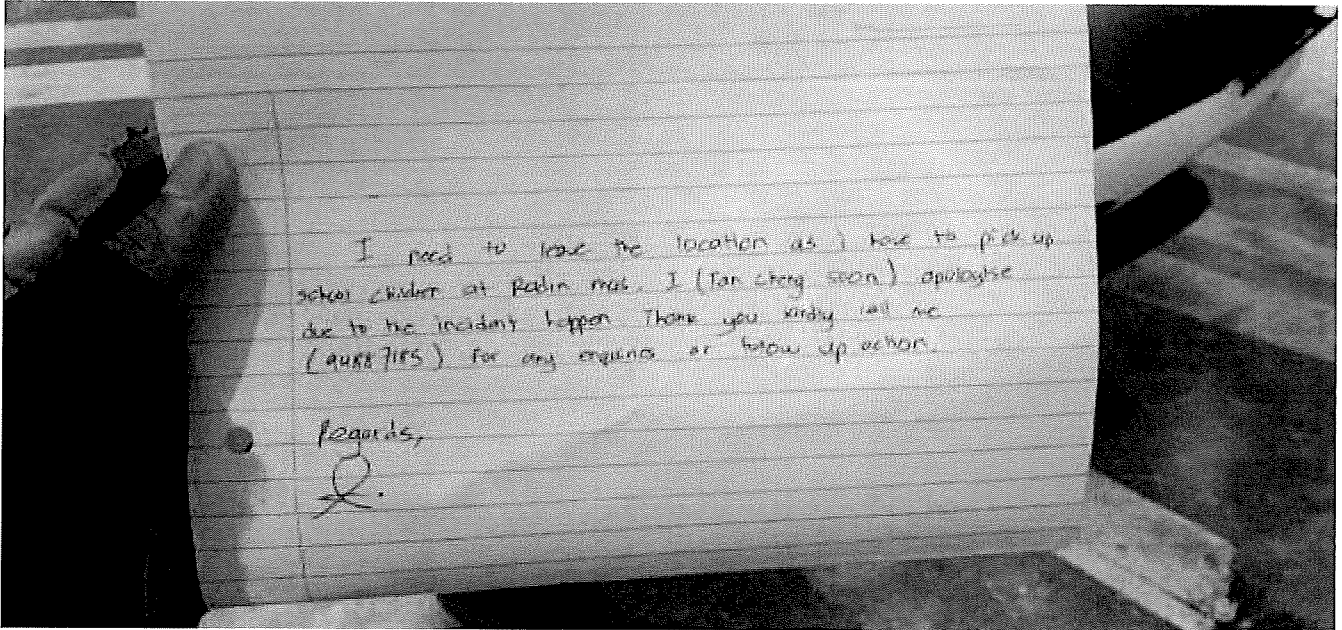
Job Complete Date/Time

30 September 2020 at 9:58 AM

Date/Time:

30 September 2020 at 9:58 AM

Common Statement



Third Party Insurer Enquiry

Our Ref No: GR-20-118210

Date of Request: 30/09/2020

Your Ref No:

Online Purchase

Ban Hock Hin Co. Pte Ltd
No. 6 Defu Lane 4
Singapore 539410

Dear Sir/Madam,

Enquiry Date 30/09/2020
Enquiry By Hasrianah Binte Hassan
TP Vehicle No. PA9834G
Accident Date 22/09/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
PA9834G	China Taiping Insurance (Singapore) Pte. Ltd.	04/03/2020-03/03/2021	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-118210

Date of Request: 30/09/2020

Your Ref No: Online Purchase

Ban Hock Hin Co. Pte Ltd
No. 6 Defu Lane 4
Singapore 539410

Dear Sir/Madam,

Enquiry Date 30/09/2020
Enquiry By Hasrianah Binte Hassan
TP Vehicle No. PA9834G
Accident Date 22/09/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque