

Vehicle Details

Vehicle No.	Make / Model
FBN5529L	YAMAHA / NMAX155 ABS
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	MH3SG431000008517
Propellant :	Engine No. :
Petrol	G3H6E0011000
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 :
\$3,951.00	23 Oct 2028
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
23 Apr 2021	-
Inspection Due Date :	Intended Transfer Date :
23 Oct 2021	09 Oct 2020
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
---------------	---------

Printed on 08 Oct 2020 10:51:53

Copyright © Land Transport Authority of Singapore 2018

QUOTATION

Customer :

NO. : **36912**

INDIA INTERNATIONAL INSURANCE P.L.

64 CECIL STREET
 #04-00 & #06-00
 IOB BUILDING
 SINGAPORE 049711

DATE : 30/09/2020
 CLAIM NO. : 11625
 POLICY NO. : MC/00833740

ATTN: INDIA INTERNATIONAL INSURANCE P.L.

FROM : HASRIANAH

VEHICLE NO. : FBN5529L
 MAKE/MODEL : YAM / NMAX155 ABS

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BELLY PAN P/N: 58094 - ACCIDENT	REPLACE	1.00	\$34.00	34.00
2	BOARD FOOTREST RH P/N: 59589 - ACCIDENT	REPLACE	1.00	\$52.00	52.00
3	BOX REAR (GIVI) E450N BLACK W/O STOP LIGHT P/N: 27220 - ACCIDENT	REPLACE	1.00	\$222.00	222.00
4	EMBLEM (YAMAHA) LOGO P/N: 57069 - ACCIDENT	REPLACE	2.00	\$11.00	22.00
5	HEADLAMP ASSY P/N: 58174 - ACCIDENT	REPLACE	1.00	\$308.00	308.00
6	LABOUR P/N: 06766	Supply/Install	6.00	\$63.00	378.00
7	LEVER BRAKE RH P/N: 58185 - ACCIDENT	REPLACE	1.00	\$18.00	18.00
8	MIRROR RH P/N: 58187 - ACCIDENT	REPLACE	1.00	\$37.00	37.00
9	PROTECTOR EXHAUST P/N: 58086 - ACCIDENT	REPLACE	1.00	\$38.00	38.00
10	RIVET P/N: 56583 - ACCIDENT	REPLACE	4.00	\$2.00	8.00

***36912 ***



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
11	SPRAY PAINTING COVER TO CISCO WHITE - FRONT MUDGUARD, SIDE COVER UPPER & LOWER LH & RH, PANEL	Spray	1.00	\$420.00	420.00
12	STICKER (CISCO) COWLING FRONT LH P/N: 58616	REPLACE	1.00	\$37.00	37.00
13	STICKER (CISCO) COWLING FRONT RH P/N: 58617	REPLACE	1.00	\$37.00	37.00
14	STICKER (CISCO) MUDGUARD FRONT P/N: 58618	REPLACE	1.00	\$37.00	37.00
15	TRANSPORT CHARGES-DELIVERY / COLLECTION P/N: 41525		2.00	\$56.00	112.00
SUB TOTAL					\$1,760.00
GST @ 7 %					\$123.20
GRAND TOTAL (SGD)					\$1,883.20

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.

*36912 *



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	08/10/2020 01:39
Date Of Accident	29/09/2020 12:00
Exact Location Of Accident	JUNCTION OF NEW BRIDGE ROAD AND NORTH CANAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5529L
Insured/Policyholder	
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	MC/00833740
Cover Note Number	
Driver	
Name of Driver	ASHRAFF ASAKURA
NRIC No	SXXXXX8788
Date Of Birth	07/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	+65-87678575
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NIL
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	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?	YES
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20201001/2114 LODGE AT BUKIT MERAH EAST N.P.C I AM A CISCO ENFORCEMENT OFFICER. ON 29/09/2020, I WAS RIDING A CISCO MOTORCYCLE (FBN5529L). I WAS WAITING FOR THE TRAFFIC LIGHT ON LANE 4 WHICH COULD TURN LEFT OR GO STRAIGHT. DEFENDANT VEHICLE WAS ON LANE 3 WHICH COULD ONLY GO STRAIGHT. WHEN THE TRAFFIC LIGHT TURNED GREEN I WAS GOING STRAIGHT TOWARDS MERCHANT ROAD, HOWEVER DEFENDANT TURNED LEFT INTO NEW BRIDGE ROAD AND WE COLLIDED. I ONLY REMEMBER THAT DEFENDANT VEHICLE FRONT LEFT SIDE HIT ONTO MY RIGHT SIDE AND I WAS DRAGGED ALONG THE FLOOR. I SUFFERED SCRATCHES ON MY LEFT ARM AND HAND. MY LEFT BACK AREA NEAR TO THE SPINE WAS INJURED AND FELT PAIN ON MY RIGHT HIP. AFTER THE ACCIDENT I WAS CONVEYED TO SINGAPORE GENERAL HOSPITAL.

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	SHC1422Z
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ASHRAFF ASAKURA

Approximate Age

Injuries Sustain

SUFFERED SCRATCHES ON LEFT ARM AND HAND, SPINE WAS INJURED AND FELT PAIN ON RIGHT HIP

Injured person in which vehicle?

FBN5529L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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:

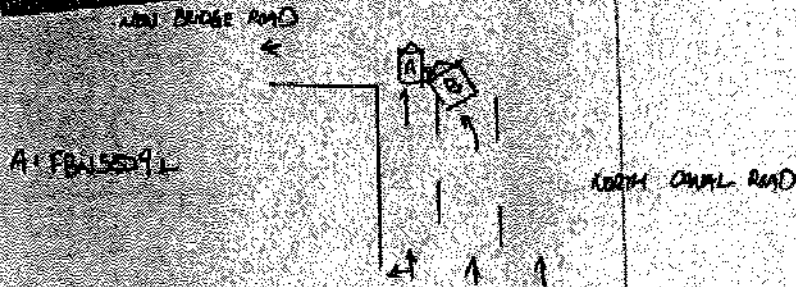
Driver's Signature
(If driver is not the policyholder)
Date & Time:

7/10/2020

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT**

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

Sketch Plan #2

SKET

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: _____

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG IUN KEAT

Reporting Centre Personnel's Signature
Name
MARC/FIN No.



**SINGAPORE
POLICE FORCE**



1 of 3

Report No: T/20201001/2114

Police Station Of Origin:
Bukit Merah East N.P.C
A 101 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2020 18:44	Video Report No: A/20200929/0041	Station Diary No: 105
--	-------------------------------------	--------------------------

Name of Informant: ASHRAFF ASAKURA		Address: 11 MUGLISTON WALK SINGAPORE 798506	
ID Type / ID No: NRIC NO / S8741878B		Contact No.: Home/Office: Mobile: 87678575	
Nationality: SINGAPORE CITIZEN		Email: ashraff747@gmail.com	
Sex: Male	Age: 32	Date of Birth: 07/12/1987	Type of Informant: Rider
Language: English		Institution / School Name:	
Occupation: ENFORCEMENT OFFICER		Driving Licence Information: Class: 2B Date of Expiry:	

Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/09/2020 12:00	Type of Location: X-Junction
Location: EUTONG SEN STREET			
Vehicle Number: 3	Road Surface: Wet	Road Speed:	
Vehicle Type: Motorcycle	Traffic Control: Traffic Light - Working	Traffic Signal:	
Collision: Moving Vehicles - Head To Side			

Vehicle Type: Motorcycle	Vehicle Number:
------------------------------------	---------------------------

Person Involved: No

Pedestrians Injured: Nil



**SINGAPORE
POLICE FORCE**



T/20201001/2114

2 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 341 New Bridge Road Police Cantonment
Cantonment SINGAPORE 088762
Tel: 16-1234 2369999

Report No: T/20201001/2114

CONTINUATION OF REPORT

Offender	ASHRAFF ASAKURA	ID No.	887418788
Motorcycle Vehicle	FBN5529L (Motorcycle)	Contact No.	87878575
Hospital Name	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/09/2020	Date Discharge	30/09/2020
No. of Days Granted Medical Leave	20	Degree of Injury	Serious

Officer Details:

Officer Name: Enforcement Officer

On 29/09/2020 I was riding a Cisco Motorcycle (FBN5529L). I was waiting for the traffic light on lane 3 which could only go straight. Defendant vehicle was on lane 3 which could only go straight. When the light turned green I was going straight towards Merchant Road. However defendant turned left and we collided. I only remembered that defendant vehicle front left side hit my right side and was dragged along the floor. I suffered scratches on my left arm and hand. My left spine was injured and felt pain on my right hip.

After the accident I was conveyed to Singapore General Hospital.



**SINGAPORE
POLICE FORCE**



T/20201001/2114

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 3

Report No. T/20201001/2114

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:

A/
Sgt 2 WAYNE LIM CHEE KIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/10/2020 18:44

Officer In Charge Of Case:

T/20201001/2114
Sgt 2 SYARIFUDDIN
MAIN
26367
MP

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 08 Oct 2020 / 09:59:18

Receipt Date/Time : 08 Oct 2020 / 09:59:17

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201008-000573

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
	Result of Insurance Enquiry - SHC1422Z As at 29 Sep 2020/12:00:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHC1422Z Enquiry Fee 20201008095603534066	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	20201008095800141	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.