



## QUOTATION

Customer :

INDIA INTERNATIONAL INSURANCE P.L.  
64 CECIL STREET  
#04-00 & #06-00  
IOB BUILDING  
SINGAPORE 049711  
ATTN: MOTOR CLAIMS DEPT

NO. : 37183

DATE : 26/11/2020  
CLAIM NO. : 11649  
POLICY NO. :

FROM : RAYMOND

VEHICLE NO. : FBN9562M  
MAKE/MODEL : HON / FORZA 300 ABS

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	CLIP, SNAP FITTING(PO) - (REPORTED BY MECHANIC)	REPLACE	4.00	\$16.00	64.00
2	COVER RH FRONT SIDE - (REPORTED BY MECHANIC)	REPLACE	1.00	\$278.00	278.00
3	COVER, INNER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$325.00	325.00
4	COVER, R. BACK MIRROR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$66.00	66.00
5	COVER, R. FR. SIDE INNER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$195.00	195.00
6	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	5.00	\$63.00	315.00
7	MAT CYNOS GRAY METALLIC - (REPORTED BY MECHANIC)	REPLACE	1.00	\$165.00	165.00
8	MIRROR COMP, R. BACK - (REPORTED BY MECHANIC)	REPLACE	1.00	\$70.00	70.00
9	PROTEC COM, MUFFLER(B) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$105.00	105.00

\*37183 \*

*bizSAFE<sub>3</sub>*



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
10	PROTECTOR A, MUFFLER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$220.00	220.00
11	SEAL, HING COVER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$58.00	58.00
12	STEP, R. FLOOR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$128.00	128.00
13	VISOR SET, FR, (WL) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$325.00	325.00

SUB TOTAL	\$2,314.00
GST @ 7 %	\$161.98
<b>GRAND TOTAL (SGD)</b>	<b>\$2,475.98</b>

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

Validity: 30 days

For & on Behalf of  
**BAN HOCK HIN CO PTE LTD**



**RAYMOND**

Acknowledge & Accepted By

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

\*37183 \*

*bizSAFE<sub>3</sub>*



## Vehicle Details

<i>Vehicle No.</i>	<i>Make / Model</i>
<b>FBN9562M</b>	<b>HONDA / FORZA ABS NSS300A CVT</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>ZDCNF08A0KF001187</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>NF07E2001123</b>
Motor No. :	Engine Capacity :
<b>-</b>	<b>279 cc</b>
Power Rating :	Maximum Power Output :
<b>-</b>	<b>-</b>
Maximum Laden Weight :	Unladen Weight :
<b>362 kg</b>	<b>182 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2018</b>	<b>14 Jan 2019</b>
Lifespan Expiry Date :	COE Category :
<b>-</b>	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$3,610.00</b>	<b>13 Jan 2029</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>13 Jan 2021</b>	<b>-</b>
Inspection Due Date :	Intended Transfer Date :
<b>13 Jan 2022</b>	<b>28 Nov 2020</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
<b>-</b>	<b>-</b>
CO Emission :	HC Emission :

## 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	25/11/2020 14:14
Date Of Accident	25/11/2020 11:55
Exact Location Of Accident	JUNCTION OF KG KAPOR RD & VEERASAMY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9562M
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#### Insured/Policyholder

Name Of Registered Owner	YALAYAR SHAMSUDEEN HITHAYATHULLAH RIYAJUDEN
NRIC No	SXXXX616G
Email Address	RIYAJUDEEN-YSH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97372767
Alternative Phone No	OFFICE-97372767

#### Vehicle Particulars

Manufacturer	HONDA
Model	FORZA 300-279CC ABS CVT
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00749643
Cover Note Number	

#### Driver

Name of Driver	YALAYAR SHAMSUDEEN HITHAYATHULLAH RIYAJUDEN
NRIC No	SXXXX616G
Date Of Birth	30/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1997
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97372767
Fax Number	
Contact Number	OFFICE-97372767
E-Mail Address	RIYAJUDEEN-YSH@HOTMAIL.COM

Address	NO
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	COLLISION - CHANGE/CROSS LANE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ACCIDENT STATEMENT IN SKETCH PLAN

#### 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	SHC3351G
Vehicle Make/Model/Colour	KHAIRUSSALLEH BIN JONUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	SXXXX093H
Contact Number	93361134
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	YALAYAR SHAMSUDEEN HITHAYATHULLAH RIYAJUDEN
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Approximate Age	47
Injuries Sustain	
Injured person in which vehicle?	FBN9562M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

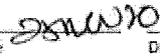
#### IMPORTANT NOTICE

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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.

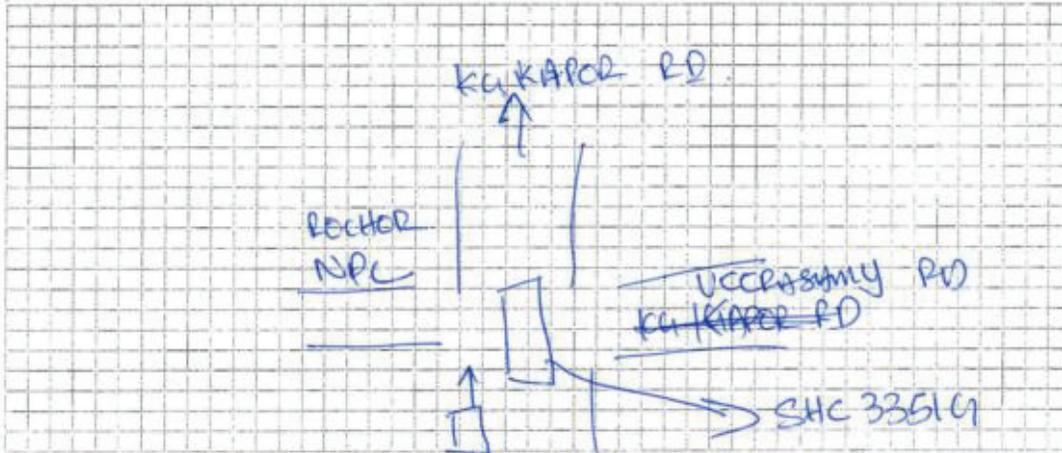
  
Policyholder's Signature  
Date & Time: @1355

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

  
Reporting Centre Personnel's Signature  
Name: Tan Chai Wai  
NRIC/FIN No.: G7715135E

Sketch Plan #2

SKETCH PLAN



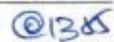
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

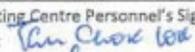
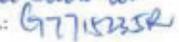
FBN9562M

I was heading towards Rector Rd and the taxi SHC 33514 suddenly turned and side swiped me.

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: \_\_\_\_\_

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

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Nov 2020 / 10:38:31

Receipt Date/Time : 27 Nov 2020 / 10:38:30

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-201127-001008

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHC3351G As at 25 Nov 2020/11:55:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHC3351G Enquiry Fee 20201127103648439170	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
<b>Paid By</b>				
	20201127103728130	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.