



BAN HOCK HIN
Co., Pte Ltd

Co.Reg.No: 197000288K
MOTORCYCLE ACCESSORIES | SERVICE CENTRE
MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

QUOTATION

Customer :

CHINA TAIPING INSURANCE (S) PTE LTD
105 CECIL STREET
#18-00 / 19-00
THE OCTAGON
S'PORE 069534
ATTN: MOTOR CLAIMS DEPT

NO. : 37697

DATE : 29/01/2021
CLAIM NO. : 11681
POLICY NO. :

FROM : RAYMOND

VEHICLE NO. : FBG3012K
MAKE/MODEL : YAM / YBR125

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	BAR HANDLE P/N: 42062 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$69.00	69.00
2	COVER SIDE RH (WHITE) P/N: 50951 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$98.00	98.00
3	FOOTREST FRONT P/N: 45537 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$42.00	42.00
4	FORK FRONT ASSY RH P/N: 45154 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$138.00	138.00
5	HEADLAMP ASSY P/N: 43129 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$147.00	147.00
6	HOLDER NUMBER PLATE P/N: 19072 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$2.50	5.00
7	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	1.00	\$315.00	315.00
8	LAMP SIGNAL FRONT RH P/N: 42003 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$54.00	54.00
9	LEVER BRAKE P/N: 26343 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	19.00

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
10	PLATE NUMBER FRONT (CURVED) P/N: 10166 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$22.00	22.00
11	PROTECTOR MUFFLER (REAR) P/N: 27115 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$32.00	32.00
12	RUBBER FOOTREST FRONT P/N: 26136 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$14.00	28.00
13	SPRAY PAINT ON COVER SIDE RH - (REPORTED BY MECHANIC)	Spray	1.00	\$42.00	42.00
14	SPRAY PAINT ON COVER TANK RH - (REPORTED BY MECHANIC)	Spray	1.00	\$28.00	28.00
15	SPRAY PAINT ON FRONT COWLING - (REPORTED BY MECHANIC)	Spray	1.00	\$65.00	65.00
16	SPRAY PAINT ON REAR FIBRE BOX - (REPORTED BY MECHANIC)	Spray	1.00	\$210.00	210.00
17	SPRAY PAINTING ON COVER TAIL RH - (REPORTED BY MECHANIC)	Spray	1.00	\$65.00	65.00
18	STICKER (SPEED POST) BOX REAR P/N: 39183 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$70.00	70.00
19	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH		1.00	\$45.00	45.00
20	VISOR P/N: 43130 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$30.00	30.00

SUB TOTAL	\$1,524.00
GST @ 7 %	\$106.68
GRAND TOTAL (SGD)	\$1,630.68

50% deposit required before ordering of parts.

Validity: 30 days


For & on Behalf of
BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By

***37697 ***

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

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

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Vehicle Details

Vehicle No.	Make / Model
FBG3012K	YAMAHA / YBR 125 MANUAL
Vehicle Type :	Vehicle Attachment 1 :
P00 - Passenger Motorcycle/Autocycle /Moped	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	LBPKE1789C0001555
Propellant :	Engine No. :
Petrol	E3J2E004456
Motor No. :	Engine Capacity :
-	124 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
285 kg	124 kg
Year Of Manufacture :	Original Registration Date :
2012	08 Jun 2012
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$2,021.00	07 Jun 2022
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
07 Jun 2021	-
Inspection Due Date :	Intended Transfer Date :
07 Jun 2021	04 Feb 2021
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-
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 Submission	29/01/2021 14:13 (SGT)
Date of Accident	28/01/2021 15:30 (SGT)
Exact Location of Accident	Lorong Chuan, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG3012K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE POST LIMITED
Company Reg No	1XXXXX623M
Email Address	eddieahl@singpost.com
Mobile Phone No	(Phone) +65-88183055
Alternative Phone No	(Office) +65-68412000

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	Great Eastern
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	V0111806-VMF
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD ASYRAF BIN WAGI
Passport No/FIN	GXXXX508X
Date Of Birth	14/09/1992
Occupation	Outdoor

Date Of Driving Pass	18/10/2016
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88183055
Alt. Phone Number	-
Email Address	ASYRAFWAGI@YAHOO.COM
Address	37 GREENWICH DR
Address complement	-
Postcode	533864
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - U-Turn
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 28/1/21, AT ABOUT 1530HRS, I WAS RIDING MY VEHICLE FBG3012K ALONG LOR CHUAN. WHILE TRAVELLING STRAIGHT, SUDDENLY VEHICLE PA5827D WAS MADE A ILLEGAL U-TURN AND HIT ONTO MY VEHICLE. I FELT DOWN TO GROUND AND SUSTAINED INJURIES AT RIGHT LEG AND RIGHT HAND FINGERS. I WAS CONVEYED BY AMBULANCE TO TTSH.

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	PA5827D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SEAH KAN SEONG
NRIC No	SXXXX701D
Contact Number	(Phone) +65-91818447
Address	-

Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMAD ASYRAF BIN WAGI
 Address 37 GREENWICH DR
 Address Complement -
 Post Code 533864
 Approximate Age Years Old 28
 Injuries Sustained RIGHT LEG AND RIGHT HAND FINGERS
 Injured person in which vehicle? FBG3012K
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

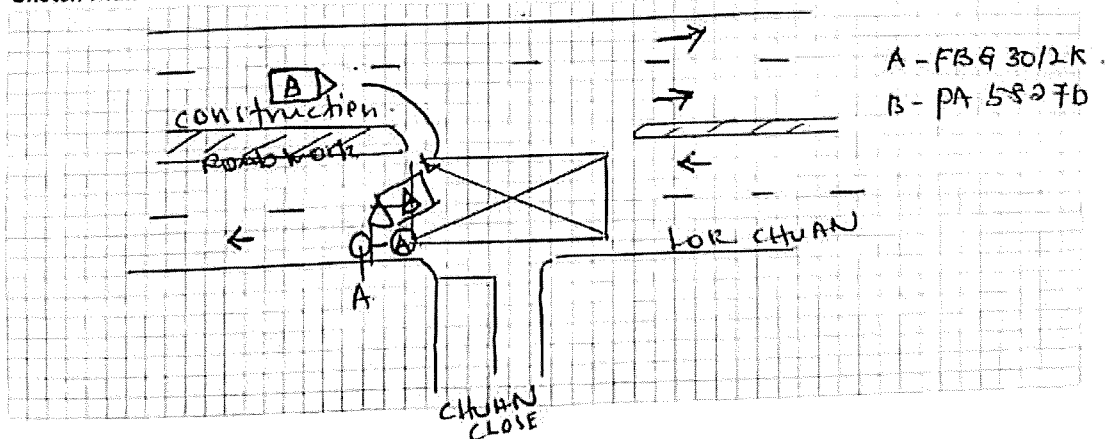
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 28/12/20, at about 1530hrs, I was
~~driving~~ riding my vehicle FB4 301212 along Lor Chuan.
 While travelling straight, suddenly vehicle PA 55776
 was made a illegal u-turn and hit onto my vehicle.
 I fell down to ground and sustained knee injuries
 at right leg and right hand fingers. I was conveyed
 by ambulance to TISH.

Declaration

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

Witnessed by Reporting Centre
 Personnel

Cyrol

28/1/20 15:17:54

Khawsey

Khawsey