30/8/4 Confirmed M/s & for with Roymond

Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
1) : Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?		Transportation:
2)	Add Fee: : Site Insp (\$	)S +RS,SI
	: Interview (\$	) Photos
Report Format :	: Tech. Invs (\$	) Others
Lump Sum / I.B.I: (\$	: Weekend (\$	
		TOTAL





### QUOTATION

NO. : 38917

Customer:

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877

ATTN: MOTOR CLAIMS DEPT

VEHICLE NO.

: FBK1698Z

MAKE/MODEL

: YAM / YBR125

Not Arthord

LUL DATE: 10/08/2021

CLAIM NO.: 11773

POLICY NO.: MC/00914057

3 degs. FROM: RAYMOND

11/8/2/

Take the Ather up.

(Page 1 of 3)

		Ł.				, 0	191 95 556
S/N	Description		Action	Qty	Unit Price		Amount
1	AXLE WHEEL FRONT P/N: 25363	116	REPLACE	1.00	\$23.00	sin	23.00 🗶
2	- (REPORTED BY MECHANIC)  BRACKET FOOTREST LH  P/N: 25346		REPLACE	1.00	\$38.00	Serf	38.00
3	- (REPORTED BY MECHANIC) BRACKET FOOTREST RH P/N: 25345		REPLACE	1.00	\$38.00	Self	38.00
4	- (REPORTED BY MECHANIC) BRACKET UNDER FORK P/N: 27458		REPLACE	1.00	\$180.00	18	180.00 🗡
5	- (REPORTED BY MECHANIC) COVER TAIL LH (RED) P/N: 45418		REPLACE	1.00	\$90.00	1	90.00
6	- (REPORTED BY MECHANIC) CROWN HANDLE P/N: 28100		REPLACE	1.00	\$75.00	11	75.00 🗶
7	- (REPORTED BY MECHANIC) FOOTREST FRONT P/N: 50005		REPLACE	1.00	\$55.00	Tois	55.00
8	- (REPORTED BY MECHANIC) FOOTREST REAR ASSY LH P/N: 25348		REPLACE	1.00	\$15.00	Med	15.00
9	- (REPORTED BY MECHANIC) FOOTREST REAR ASSY RH P/N: 25347 - (REPORTED BY MECHANIC)	1	REPLACE	1.00	\$15.00	Cuy	15.00
	( == == == == == == == == == == == == ==		1.0 ~	THE R. P. LEWIS CO., LANSING, MICH.			

\*38917

LKK Auto Consult lowing: the Repairer of the

To resurvey science/after spray painting

To display damaged part(s) during resurvey

Parts prices are subject to confirmation

Third party survey is on a "Without Prejudice" basis

No illegal modification(s) is allowed

 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Comp





(Page 2 of 3)

Our	tation	Noc	3891	7
QUU	lalion	1105.	 3031	1

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Description	Action	Qty	Unit Price		Amount
FORK FRONT ASSY LH	REPLACE	1.00	\$252.00	17	252.00
P/N: 45155 - (REPORTED BY MECHANIC)				,	
FORK FRONT ASSY RH	REPLACE	1.00	\$252.00	17	252.00
P/N: 45154 - (REPORTED BY MECHANIC)				·	
GASKET EXHAUST PIPE	REPLACE	1.00	\$5.00	ne	5.00
P/N: 21453 - (REPORTED BY MECHANIC)	1				
LABOUR	Supply/Install 1	8.00	\$63.00	280	504.00
P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.					
LAMP SIGNAL REAR LH	REPLACE	1.00	\$28.00	17	28.00 🗶
P/N: 26504 - (REPORTED BY MECHANIC)					(
MUDGUARD FRONT (RED)	REPLACE	1.00	\$98.00	11	98.00
P/N: 45374 - (REPORTED BY MECHANIC)				4	
PEDAL BRAKE	REPLACE	1.00	\$88.00	1	88.00
P/N: 44906 - (REPORTED BY MECHANIC)					
PEDAL GEAR (SHORT)	REPLACE	1.00	\$19.00	11	19.00
P/N: 45076 - (REPORTED BY MECHANIC)				/	
PIPE EXHAUST ASSY	REPLACE	1.00	\$399.00	00/34	399.00
P/N: 68440 - (REPORTED BY MECHANIC)	J				
REPAIR REAR BODY ALIGNMENT - (REPORTED BY MECHANIC)	Repair 🕇	1.00	\$280.00	200	280.00
RUBBER FOOTREST FRONT	REPLACE	2.00	\$14.00	Toin	28.00
	REPLACE	1.00	\$38.00	11	38.00 X
P/N: 52334 - (REPORTED BY MECHANIC)					
STEERING CONE SET	REPLACE	1.00	\$66.00	17	66.00
P/N: 41793 - (REPORTED BY MECHANIC)					,
STOPPER 3	REPLACE	1.00	\$16.00	17	16.00 X
P/N: 44997 - (REPORTED BY MECHANIC)					
TRANSPORT CHARGES P/N: 07169	4	1.00	\$45.00	35	45.00
- BIKE TOWED BACK TO BHH					
	Description FORK FRONT ASSY LH P/N: 45155 - (REPORTED BY MECHANIC) FORK FRONT ASSY RH P/N: 45154 - (REPORTED BY MECHANIC) GASKET EXHAUST PIPE P/N: 21453 - (REPORTED BY MECHANIC) LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS. LAMP SIGNAL REAR LH P/N: 26504 - (REPORTED BY MECHANIC) MUDGUARD FRONT (RED) P/N: 45374 - (REPORTED BY MECHANIC) PEDAL BRAKE P/N: 44906 - (REPORTED BY MECHANIC) PEDAL GEAR (SHORT) P/N: 45076 - (REPORTED BY MECHANIC) PIPE EXHAUST ASSY P/N: 68440 - (REPORTED BY MECHANIC) REPAIR REAR BODY ALIGNMENT - (REPORTED BY MECHANIC) RUBBER FOOTREST FRONT P/N: 26136 - (REPORTED BY MECHANIC) STAND SIDE P/N: 52334 - (REPORTED BY MECHANIC) STEERING CONE SET P/N: 41793 - (REPORTED BY MECHANIC) STOPPER 3 P/N: 44997 - (REPORTED BY MECHANIC) TRANSPORT CHARGES P/N: 07169	Description FORK FRONT ASSY LH P/N: 45155 - (REPORTED BY MECHANIC) FORK FRONT ASSY RH P/N: 45154 - (REPORTED BY MECHANIC) GASKET EXHAUST PIPE P/N: 21453 - (REPORTED BY MECHANIC) LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS. LAMP SIGNAL REAR LH P/N: 26504 - (REPORTED BY MECHANIC) MUDGUARD FRONT (RED) P/N: 45374 - (REPORTED BY MECHANIC) PEDAL BRAKE P/N: 44906 - (REPORTED BY MECHANIC) PEDAL GEAR (SHORT) P/N: 45076 - (REPORTED BY MECHANIC) PEDAL GEAR (SHORT) P/N: 45076 - (REPORTED BY MECHANIC) PIPE EXHAUST ASSY P/N: 68440 - (REPORTED BY MECHANIC) REPAIR REAR BODY ALIGNMENT - (REPORTED BY MECHANIC) REPAIR REAR BODY ALIGNMENT - (REPORTED BY MECHANIC) STAND SIDE P/N: 26136 - (REPORTED BY MECHANIC) STAND SIDE P/N: 52334 - (REPORTED BY MECHANIC) STERING CONE SET P/N: 41793 - (REPORTED BY MECHANIC) STERING CONE SET P/N: 44997 - (REPORTED BY MECHANIC) STORDHER 3 P/N: 44997 - (REPORTED BY MECHANIC) TRANSPORT CHARGES P/N: 07169	Description	Description	Description

SUB TOTAL GST @ 7 %

\$2,647.00 \$185.29

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Quotation Nos.: 38917 (Page 3 of 3)

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

GRAND TOTAL (SGD)

\$2,832.29

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

Acknowledge & Accepted By

BAN HOCK HIN CO PTE LTD



RAYMOND

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

\*38917







MOTORCYCLE ACCESSORIES | SERVICE CENTRE MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

### QUOTATION

NO. : 38917

- Rev. 1

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877

ATTN: MOTOR CLAIMS DEPT

DATE

: 10/08/2021

CLAIM NO. : 11773

POLICY NO. : MC/00914057

FROM

: RAYMOND

VEHICLE NO. MAKE/MODEL

Customer:

: FBK1698Z

: YAM / YBR125

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BRACKET FOOTREST LH P/N: 25346	REPLACE	1.00	\$38.00 Disc %: 10.00	34.20
	- (REPORTED BY MECHANIC)				
2	BRACKET FOOTREST RH	REPLACE	1.00	\$38.00	34.20
	P/N: 25345 - (REPORTED BY MECHANIC)		]	Disc %: 10.00	
3	FOOTREST FRONT	REPLACE	1.00	\$55.00	49.50
	P/N: 50005 - (REPORTED BY MECHANIC)		[	Disc %: 10.00	
1	FOOTREST REAR ASSY LH	REPLACE	1.00	\$15.00	13.50
	P/N: 25348			Disc %: 10.00	
	- (REPORTED BY MECHANIC)				
ò	FOOTREST REAR ASSY RH	REPLACE	1.00	\$15.00	13.50
	P/N: 25347			Disc %: 10.00	
	- (REPORTED BY MECHANIC)				
5	GASKET EXHAUST PIPE	REPLACE	1.00	\$5.00	4.50
	P/N: 21453			Disc %: 10.00	
	- (REPORTED BY MECHANIC)				
	LABOUR	Supply/Install	1.00	\$280.00	280.00
	P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.				
3	PIPE EXHAUST ASSY	REPLACE	1.00	\$399.00	359.10
	P/N: 68440 - (REPORTED BY MECHANIC)			Disc %: 10.00	000.10
	REPAIR REAR BODY ALIGNMENT - (REPORTED BY MECHANIC)	Repair	1.00	\$200.00	200.00

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S/N	Description	Antinu	0.		
10	RUBBER FOOTREST FRONT	Action REPLACE	Qty	Unit Price	Amount
	P/N: 26136 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$14.00 Disc %: 10.00	25.20
11	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH		1.00	\$35.00	35.00
		SUB TOTAL GST @ 7 %			\$1,048.70 \$73.41
		GRAND TOTAL (SGI	<b>D</b> )		\$1,122.11

# 50% deposit required before ordering of parts.

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.

\*38917 \*



# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	288K
Vehicle No.:	FBK1698Z
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Aug 2021
Vehicle Make:	YAMAHA
Vehicle Model:	YBR125
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	E3J2E016944
Chassis No.:	LBPKE1789E0028774
Maximum Power Output:	
Open Market Value:	\$1,457.00
Original Registration Date:	13 Apr 2015
First Registration Date:	13 Apr 2015
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$219.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	12 Apr 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,800.00
COE Rebate Amount:	\$1,761.00
Total Rebate Amount:	\$1,761.00

The information contained herein is correct as at 11 Aug 2021



# Vehicle Details

Vehicle No.	Make / Model
FBK1698Z	YAMAHA/YBR125
Vehicle Type :	Vehicle Attachment 1 :
P00 - Passenger Motorcycle/Autocycle /Moped	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	LBPKE1789E0028774
Propellant:	Engine No.:
Petrol	E3J2E016944
Motor No.:	Engine Capacity:
-	124 cc
Power Rating :	Maximum Power Output :
	-
Maximum Laden Weight :	Unladen Weight:
320 kg	114 kg
Year Of Manufacture :	Original Registration Date :
2014	13 Apr 2015
Lifespan Expiry Date :	COE Category :
	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$4,800.00	12 Apr 2025
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
12 Apr 2022	
nspection Due Date :	Intended Transfer Date :
12 Apr 2022	12 Aug 2021
CO2 Emission :	CEV/VES Rebate Utilised Amount :
CO Emission :	HC Emission :

SA0A2186000C / Ajax Mars Pte Ltd ENTRY DATE & TIME: 07/08/2021 22:03 (SGT) SUBMITTED BY: Azaly VERSION: 1 (07/08/2021 22:03 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 07/08/2021 22:03 (SGT) Date of Accident 06/08/2021 10:30 (SGT) **Exact Location of Accident** 10 Jln Serene, #01-01 Serene Centre, Singapore 258748 Additional Location Information U Turn Junction Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

No - Claiming third party

Vehicle Registration Number FBK1698Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BAN HOCK HIN CO PTE LTD Company Reg No 1XXXXXX88K **Email Address** workshop@bhh.com.sg Mobile Phone No (Phone) +65-62816520 Alternative Phone No (Office) +65-62816520

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?

Vehicle Category Motorcycle Transmission Manual CC 125

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number MC/00792892 Cover Note Number NA

DRIVER

Name of Driver TAO SHUANGCHAO Work Permit No GXXXX643U



Date Of Birth 23/02/1989 Occupation Outdoor Date Of Driving Pass 15/12/2016 Driving experience 4 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98803089 Alt. Phone Number **Email Address** raymond@bhh.com.sg Address NA Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 - Head to Rear Weather Conditions Clear Road Surface Dry 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? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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

#### CIRCUMSTANCES OF ACCIDENT

If yes, against whom?

I was stationary at the U turn Point as there were vehicles on the Main Road. Suddenly I felt a big impact from my rear motorcycle. My motorcycle and myself fell onto the road. The van overrun my bike and luckily I already step aside.

I called my manager and since the accident area was near to the restaurant I work, my manager came to assist.

I got bruises on my right leg.

Ambulance came but advised that I be treated to a nearby clinic for my leg injury. Police was at the scene and advised my manager that I do not need to make a police report and settle among insurance.

No serious injury involved.

#### 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 GBJ3042H



Vehicle Model - Vehicle Variant -
Vehicle Variant -
Vehicle Colour Gray
Vehicle Category Commercial vehicle
Name of Driver Rosli
Contact Number (Phone) +65-83998960
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 Gender Phone No	TAO SHUANGCHAO Male (Phone) +65-98803089
Address	-
Address Complement	
Post Code	_
Approximate Age Years Old	1-
Injuries Sustained	Right Leg bruises
Injured person in which vehicle?	FBK1698Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### 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
- 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
- 7. By the ladgment 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)
  - (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 gents(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.

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

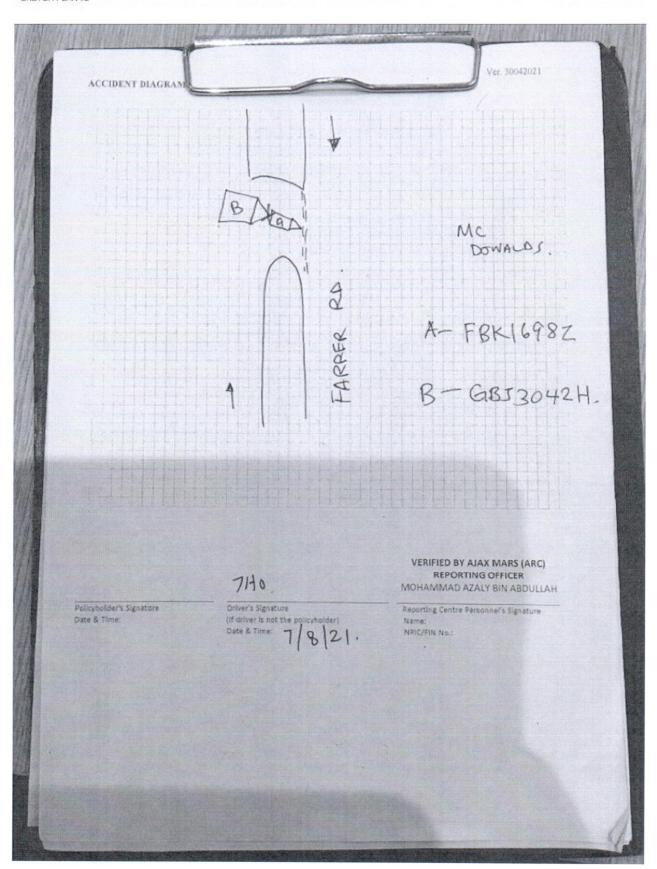
Reporting Centre Personnel's Signature

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

07082021



SKETCH PLAN		
REFER TO ATTACHED A	CIDENT DIAGRAM	

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the U turn point as there were vehicles on the main road. Suddenly I felt a big impact from my rear motorcycle. My motorcycle and myself fell onto the road. The van overrun my bike and luckily I already step aside.

I called my manager and since the accident area was near to the restaurant I work, my manager came to assist.

I got bruises on my right leg.

Ambulance came but advised that I be treated to a nearby clinic for my leg

Police was at the scene and advised my manager that I do not need to make a Police Report and settle among insurance.

No serious injury involved.

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: 07082021

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: