



QUOTATION

NO. : 38917

Customer :

MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

DATE : 10/08/2021
CLAIM NO. : 11773
POLICY NO. : MC/00914057

ATTN: MOTOR CLAIMS DEPT

FROM : RAYMOND

VEHICLE NO. : FBK1698Z
MAKE/MODEL : YAM / YBR125

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	AXLE WHEEL FRONT P/N: 25363 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$23.00	23.00
2	BRACKET FOOTREST LH P/N: 25346 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
3	BRACKET FOOTREST RH P/N: 25345 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
4	BRACKET UNDER FORK P/N: 27458 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$180.00	180.00
5	COVER TAIL LH (RED) P/N: 45418 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$90.00	90.00
6	CROWN HANDLE P/N: 28100 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$75.00	75.00
7	FOOTREST FRONT P/N: 50005 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$55.00	55.00
8	FOOTREST REAR ASSY LH P/N: 25348 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$15.00	15.00
9	FOOTREST REAR ASSY RH P/N: 25347 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$15.00	15.00

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S/N	Description	Action	Qty	Unit Price	Amount
10	FORK FRONT ASSY LH P/N: 45155 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$252.00	252.00
11	FORK FRONT ASSY RH P/N: 45154 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$252.00	252.00
12	GASKET EXHAUST PIPE P/N: 21453 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$5.00	5.00
13	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	8.00	\$63.00	504.00
14	LAMP SIGNAL REAR LH P/N: 26504 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$28.00	28.00
15	MUDGUARD FRONT (RED) P/N: 45374 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$98.00	98.00
16	PEDAL BRAKE P/N: 44906 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$88.00	88.00
17	PEDAL GEAR (SHORT) P/N: 45076 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	19.00
18	PIPE EXHAUST ASSY P/N: 68440 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$399.00	399.00
19	REPAIR REAR BODY ALIGNMENT - (REPORTED BY MECHANIC)	Repair	1.00	\$280.00	280.00
20	RUBBER FOOTREST FRONT P/N: 26136 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$14.00	28.00
21	STAND SIDE P/N: 52334 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
22	STEERING CONE SET P/N: 41793 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$66.00	66.00
23	STOPPER 3 P/N: 44997 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$16.00	16.00
24	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH		1.00	\$45.00	45.00

SUB TOTAL
GST @ 7 %

\$2,647.00
\$185.29

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>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

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.

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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	-
Inspection Due Date :	Intended Transfer Date :
12 Apr 2022	12 Aug 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 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

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? No - Claiming third party
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	Male
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)	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

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
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Vehicle Manufacturer	Nissan
Vehicle Model	-
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAO SHUANGCHAO
Gender	Male
Phone No	(Phone) +65-98803089
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
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 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.

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

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.:

07082021

ACCIDENT DIAGRAM

Ver. 30042021

MC DONALD'S.

A- FBK1698Z

B- GBJ3042H.

7/8/21

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 7/8/21.

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.

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:

07082021

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBJ3042H

Date of Accident

06/08/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **MS First Capital Insurance Ltd**Period of Insurance **01/04/2021 - 31/03/2022**Requested By **Tan Chok Lok (Ban Hock Hin C...**Requested Date **11/08/2021 10:44****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**