

QUOTATION

Customer:

NO. : **39192**

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

DATE : 24/09/2021 CLAIM NO. : 11797

ATTN: MOTOR CLAIMS DEPT

POLICY NO. : MC/0575092/02

FROM : RAYMOND

VEHICLE NO. MAKE/MODEL

: FBH2252K : HON / NC700XA

(Page 1 of 2)

| <u>S/N</u> | Description | <u>Action</u> | <u>Qty</u> | Unit Price | <u>Amount</u> |
|------------|-------------------------------------|----------------|------------|------------|---------------|
| 1 | ARM MAIN STEP LH | REPLACE | 1.00 | \$98.00 | 98.00 |
| | P/N: 57703 | | | | |
| | - (REPORTED BY MECHANIC) | | | | |
| 2 | BOLT FOOTREST | REPLACE | 1.00 | \$8.00 | 8.00 |
| | P/N: 41171 | | | | |
| | - (REPORTED BY MECHANIC) | | | | |
| 3 | BOX REAR (KAPPA) K-VENTURE 58L | REPLACE | 1.00 | \$930.00 | 930.00 |
| | P/N: 66957 | | | | |
| | - (REPORTED BY MECHANIC) | | | | |
| 4 | BOX TOOLS | REPLACE | 1.00 | \$91.00 | 91.00 |
| | - (REPORTED BY MECHANIC) | | | | |
| 5 | CRASH BAR SET | REPLACE | 1.00 | \$330.00 | 330.00 |
| | P/N: 58653 | | | | |
| | - (REPORTED BY MECHANIC) | | | | |
| 6 | DIAGNOSTIC (ECU/ABS/FI) | | 1.00 | \$91.00 | 91.00 |
| | P/N: 53340 | | | | |
| | - (REPORTED BY MECHANIC) | | | | |
| 7 | FOOTREST REAR LH | REPLACE | 1.00 | \$60.00 | 60.00 |
| | P/N: 57715 | | | | |
| | - (REPORTED BY MECHANIC) | | | | |
| 8 | GUARD HANDLE BAR | REPLACE | 1.00 | \$91.00 | 91.00 |
| | - (REPORTED BY MECHANIC) | | | | |
| 9 | LABOUR | Supply/Install | 6.00 | \$63.00 | 378.00 |
| | P/N: 06766 | | | | |
| | - LABOUR QUOTED FOR DISMANTLING AND | | | | |

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INSTALLATION OF PARTS.





| S/N | <u>Description</u> | <u>Action</u> | <u>Qty</u> | <u>Unit Price</u> | <u>Amount</u> |
|-----|--|-----------------|------------|-------------------|---------------|
| 10 | MIRROR LH | REPLACE | 1.00 | \$148.00 | 148.00 |
| | P/N: 57708 | | | | |
| 4.4 | - (REPORTED BY MECHANIC) | REPLACE | 1.00 | ¢264.00 | 364.00 |
| 11 | MUDGUARD FRONT - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$364.00 | 304.00 |
| 12 | PEDAL BRAKE | REPLACE | 1.00 | \$142.00 | 142.00 |
| | - (REPORTED BY MECHANIC) | | | | |
| 13 | PEDAL CHANGE COMP. | REPLACE | 1.00 | \$184.00 | 184.00 |
| | P/N: 58561 | | | | |
| | - (REPORTED BY MECHANIC) | DEDI AOF | 4.00 | # 400.00 | 400.00 |
| 14 | PROTECTOR MUFFLER - (REPORTED BY MECHANIC) | REPLACE | 1.00 | \$103.00 | 103.00 |
| 15 | RUBBER GEAR PEDAL | REPLACE | 1.00 | \$6.00 | 6.00 |
| , • | P/N: 25818 - (REPORTED BY MECHANIC) | | | | |
| | | SUB TOTAL | | _ | \$3,024.00 |
| | | GST @ 7 % | | | \$211.68 |
| | | GRAND TOTAL (SG | D) | | \$3,235.68 |

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.

*39192 *





Vehicle Details

| venicle Details | |
|--|----------------------------------|
| Vehicle No. FBH2252K | Make / Model HONDA / NC750X ABS |
| Vehicle Type : | Vehicle Attachment 1 : |
| P00 - Passenger Motorcycle/Autocycle /Moped | No Attachment |
| Vehicle Scheme : | Chassis No. : |
| Normal | JH2RC72B4EK002486 |
| Propellant : | Engine No. : |
| Petrol | RC70E5004187 |
| Motor No. : | Engine Capacity : |
| - | 745 cc |
| Power Rating : | Maximum Power Output : |
| - | - |
| Maximum Laden Weight : | Unladen Weight : |
| 320 kg | 210 kg |
| Year Of Manufacture : | Original Registration Date : |
| 2014 | 01 Jan 2014 |
| Lifespan Expiry Date : | COE Category : |
| - | D - Motorcycle |
| Quota Premium : | COE Expiry Date : |
| \$6,212.00 | 28 Dec 2026 |
| Road Tax Expiry Date : | PARF Eligibility Expiry Date : |
| 28 Dec 2021 | - |
| Inspection Due Date : | Intended Transfer Date : |
| 28 Dec 2021 | 29 Sep 2021 |
| CO2 Emission : | CEV/VES Rebate Utilised Amount : |
| - | - |
| CO Emission ; | HC Emission : |

SB0F219M0001-01 / Ban Hock Hin Co Pte Ltd ENTRY DATE & TIME: 22/09/2021 15:11 (SGT) SUBMITTED BY: Tan Chok Lok VERSION: 2 (23/09/2021 13:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. 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 | 22/09/2021 15:11 (SGT) |
|---------------------------------|----------------------------------|
| Date of Accident | 21/09/2021 21:40 (SGT) |
| Exact Location of Accident | Jurong West Street 91, Singapore |
| Additional Location Information | 904 JURONG WEST STREET 91 |
| Country/State of Loss | Singapore |

| Country/State of Loss | Singapore |
|--|---|
| DETAILS O | F OWN VEHICLE |
| Vehicle Registration Number | FBH2252K |
| INSURED/POLICYHOLDER | |
| Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No | No WONG CHEE HOE JUSTIN SXXXX484B TINSUSU@HOTMAIL.COM (Phone) +65-97686909 (Home) +65-97686909 |
| VEHICLE PARTICULARS | |
| Manufacturer Model Variant | Honda Nc750xa - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC | No - Claiming third party Motorcycle Auto 745 |
| INSURANCE COMPANY | |
| Name of Insurance Company Type of Coverage Fleet Policy Policy Number | Direct Asia Insurance (Singapore) Pte Ltd ThirdPartyFireTheft No MC/0575092/02 |

Policy Number MC/0575092/02 Cover Note Number

DRIVER

WONG CHEE HOE JUSTIN Name of Driver NRIC No SXXXX484B

| Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | 28/09/1987 Indoor 11/04/2013 8 YEARS AND 5 MONTHS Male (Phone) +65-97686909 (Home) +65-97686909 TINSUSU@HOTMAIL.COM BLK 418B FERNVALE LINK #09-154 792418 Yes - No |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Collision - Head on collision Clear Dry |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No 2 Yes No Yes 1 |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? | Yes Nanyang Neighbourhood Police Centre (Phone) +65-18007929999 (Fax) +65-67912972 No. 2 Jurong West Avenue 5 Singapore 649482 No |
| CIRCUMSTANCES OF ACCIDENT | |
| REFER TO TRAFFIC ACCIDENT REPORT NO. T/20210922/200 | 05 ATTACHED |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? | Yes No No |
| DETAILS OF OTHER | R VEHICLE PROPERTY 1 |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category | GX2627U Commercial vehicle |

| Name of Driver NRIC No | ALI BIN OMAR SXXXX596Z |
|---|---------------------------|
| Contact Number | (Phone) +65-87562016 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | <u>.</u> |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained | WONG CHEE HOE JUSTIN Male (Phone) +65-97686909 BLK 418B FERNVALE LINK #09-154 792418 |
|---|--|
| Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | - FBH2252K - 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 Oriver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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) at the police).
 - 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:
 - 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.

Policipolder's Signature Driver

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: (ICV) CASA COI

GRANKE State National of

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| SKETCH PLA | N | | - A - Q | | and a supplementary of the sup | | | garante and an alternative and and | | g on negotianes. | anning our rogor | |
|---------------------------------|---|--------------|-------------------------------|--|--|-------------------|--|--|----------------------|------------------|-------------------|---|
| | | | | \$ 2 \$ \$ \$ \$ \$ \$ \$ | | | | | | | | |
| DESCRIBE CII | | | | | | | | | | | | |
| On the | Refer | to | X | Traffic | Accident | Repo | 1: | T/2 | 021 | 092 | 1/2 | 078 |
| | | | | | | | | | | | | |
| | | | no inacio manani | | | | | | | | | ······································ |
| | *************************************** | | | | | | | | -45-45-4-15-a- | | | |
| ECLARATIO | N | ····· | | <u></u> | | | | | | TO COMMON STATE | iodinatiioa | · · · · · · · · · · · · · · · · · · · |
|) for | 22 09 D | articulars a | al-estate (Anniesta Antiesta) | e in every respe | ect. | | ur mensum and ensu | Ju | N. | 12 P | | QAMATA AND AND AND AND AND AND AND AND AND AN |
| olicykolder): Si ate & Time: | guature') [| રવડીજ | Driver If dra Date 1 | 's Signature ver is not the po & Time: | licyholder) | Rep Nan NRI | arting <u>C</u> e ne: \G C/FIN No | intre Pe lu Ö | rsanne NGK 771 | rs Sign | ature D 35(| 2 |





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

1013 Report No. 1/20210922/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2021 17:30

Vide Report No.: T/20210922/2005

Station Diary No.:

| WONG (| Informant: CHEE HOE | , NITZUL , | Address; APT BLK 418B FERNVALE | LINK #09-154 SINGAPORE | |
|---|------------------------|---------------------------|--|----------------------------|--|
| ID Type / ID No.: NRIC NO / \$8732484B Nationality: | | | 792418 Contact No.: Home/Office: Mobile: 97686909 | | |
| SINGAP | ÓRE CITIZ | EN | Email: | | |
| Sex: Male | Age: 33 | Date of Birth: 28/09/1987 | Type of Informant: | | |
| Race: Chinese Occupation: Police officer | | | Language: | Institution / School Name: | |
| | | | Driving Licence Information: Class: 2,3 | Date of Expiry: | |

| Type of Accident: | mation of the Acc Injury Others | Drink Drive: | Date/Time of Accident | Type of Location Car Park |
|---------------------------------|---------------------------------------|-----------------|-----------------------|---|
| Location: | - | | 121/09/2021 21:40 | The second section of the second section of the second section of the second section section section sections are |
| JURONG WES | ST STREET 91 | | | |
| JURONG WES Weather: Clear | ST STREET 91 | Road Surface | | Road Speed Limit: |

| 1306 OF COUNTYOU | The state of the s | to traine |
|--|--|--------------------|
| Between Moving Vehicles - Head To Side | | Anyone conveyed by |
| | | ambulance; |
| The state of the s | PO 10 (10 (10 (10 (10 (10 (10 (10 (10 (10 | No |
| Details of Vehicle Involved | 72 S | |
| Vehicle No. Tune | The state of the s | |

| Vehicle No. FBH2252K | the same of the sa | Make | Model | Color | Condition | N= -40 |
|-------------------------|--|-------|--------|-------|-----------|-----------------|
| I DI IZZUZK | Motorcycle | HONDA | NC750X | Black | Seriously | No of Passenger |
| GX2627U | Van | 1 | ABS | | Damaged | |
| | | | | | Seriously | |
| | | | | - | Damaged | |

| Vehicle No. | Insurance Company | | | age Page 15 |
|-------------|-----------------------|----------------|------------|-------------|
| FBH2252K | DIRECT ASIA INSURANCE | Insurance No | Effective | Expiry Date |
| | (SINGAPORE) PTE, LTD. | MC/00575092/02 | 31/12/2020 | 30/12/2021 |



T/20210922/2078

Police Station of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

Paparitie 3/20210922/2078

CONTINUATION OF REPORT

Brief Details:
On 22/09/2021 at about 0203hrs, I made a Traffic Accident report vide T/20210922/2005 at Nanyang NPC. I wish to make an amendment to the report, I wish to amend the line "The van was stationary and NPC. I wish to make an amendment on "The van had stopped at the middle of the road I then proceeded did not have any signal lights turned on "The van moved off and turned right without to go straight and when I was at the middle of the road, the van moved off and turned right without signaling and knocked into me.



SINGAPORE POLICE FORCE

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999



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Report No. 7, 20210922/2078

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

Staff Sgt WEE JUN WEI, MOSES

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / Sr Staff Sgl SYED ZAYID MUHAMMAD BIN

SYED ABOUL WAHID ALHINDUAN

Contact No.: 65476404

Signature Of Informant:

Date/Time:

CONTINUATION OF REPORT

22/09/2021 17:30

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fex (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UN: 5665500706 / GST Reg. No.: M400317735

 $\underline{\textbf{IMPORTANT NOTE:}} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \; \text{Authorised Reporting Centre} \\ \quad \text{with whomyou submitted the Original Report.}$

| -0333044 | *** | 7 7 7 7 7 7 7 7 7 | The state of the s | | | |
|----------|--|---|--|--|--|--|
| | | ADDEND | UM | | | |
| ۱) | PARTICULARS OF PERSON MAKING THE AMENDMENTS: | | | | | |
| | Original Report No | : SBOF>19MODOI | Vehicle Registration No: 日か 2252K | | | |
| | Name(as shown in NRIC | . Wong Chee Hoe Justin | NRIC/FIN/Passport No: | | | |
| | (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate | | | | | |
| | Address | : BIK 4180 Ferrible Link | #09-154 Singapore(192418 | | | |
| | Contact (Tel) | · | Mobile No.: 9768 499 | | | |
| | Email Address | tinsusu @ hotmail . com | | | | |
| | Date of Accident | : >1/09/2021 | Time of Accident: >140 Hx | | | |
| | Place of Accident | | | | | |
| | Insurance Company | : COA Jurong West 9 Breef Aria Insurance | e (Singipore) Ple Ud | | | |
| | make the following | | idout Report & SKach Plan | | | |
| | | | | | | |
| | | | Sar | | | |
| | Policyholder / Driver | 's Signature | Reporting Centre Personnel's Signature Name: Tour Clark Lat. | | | |

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GX2627U

Date of Accident

21/09/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance ______ China Taiping Insurance (Sing... Period of Insurance ______ 16/03/2021 - 15/03/2022 Requested By _____ Tan Chok Lok (Ban Hock Hin C... Requested Date ______ 22/09/2021 14:01

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): **\$\$2**

General Insurance Association

Records Management Centre GST Registration No: **M400017735**