



QUOTATION

Customer:

NO. : **39237**

CHINA TAIPING INSURANCE (S) PTE LTD
105 CECIL STREET

#18-00 / 19-00 THE OCTAGON S'PORE 069534

ATTN: MOTOR CLAIMS DEPT

DATE : 02/10/2021 CLAIM NO. : 11802

POLICY NO.: V0107634-VMF

FROM : RAYMOND

VEHICLE NO.

: FBQ7277J

MAKE/MODEL

: /

(Page 1 of 2)

<u>S/N</u>	Description	<u>Action</u>	Qty	<u>Unit Price</u>	<u>Amount</u>
1	CHAIN BOX (STAINLESS STEEL) 2MM P/N: 24196 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$5.00	10.00
2	HOOK HOLDER (S/STEEL) P/N: 38796 - (REPORTED BY MECHANIC)	REPLACE	4.00	\$6.50	26.00
3	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	2.00	\$63.00	126.00
4	REPAIR ON REAR BOX - (REPORTED BY MECHANIC)	Repair	1.00	\$84.00	84.00
5	RUBBER SEAL REAR BOX P/N: 70378 - (REPORTED BY MECHANIC)	REPLACE	80.00	\$1.00	80.00
5	SPRAY PAINT ON REAR BOX - (REPORTED BY MECHANIC)	Spray	1.00	\$260.00	260.00
7	STICKER (SINGAPORE POST) BOX REAR P/N: 39656 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$70.00	70.00
3	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED P/N: 45837 - BIKE TOWED BACK TO BHH	Supply/Install	1.00	\$90.00	90.00
		SUB TOTAL GST @ 7 %		***************************************	\$746.00 \$52.22

*39237 *





Quotation Nos.: 39237 (Page 2 of 2)

S/N Description Action Qty Unit Price Amount

GRAND TOTAL (SGD)

\$798.22

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.

*39237







Vehicle Details

Vehicle No. FBQ7277J	Make / Model KYMCO / SUPER JOCKEY 1501
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	RFBSJ30GAK1000144
Propellant :	Engine No. :
Petrol	SJ301000165
Motor No. :	Engine Capacity :
-	149 cc
Power Rating :	Maximum Power Output :
" .	-
Maximum Laden Weight :	Unladen Weight :
276 kg	126 kg
Year Of Manufacture :	Original Registration Date:
2019	03 Dec 2019
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$3,889.00	02 Dec 2029
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
02 Jun 2022	-
Inspection Due Date :	Intended Transfer Date :
02 Dec 2022	04 Oct 2021
CO2 Emission :	CEV/VES Rebate Utilised Amount:
-	-
CO Emission :	HC Emission :

SJ04219M000O / JP Knights Pte Ltd ENTRY DATE & TIME: 22/09/2021 19:42 (SGT) SUBMITTED BY: Suria VERSION: 1 (22/09/2021 19:42 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 Date of Accident	22/09/2021 19:42 (SGT) 22/09/2021 15:15 (SGT)
Exact Location of Accident	Jln Tiga, Singapore
Additional Location Information	TOWARDS OLD AIRPORT ROAD
Country/State of Loss	Singapore

Exact Location of Accident	JIn Tiga, Singapore
Additional Location Information	TOWARDS OLD AIRPORT ROAD
Country/State of Loss	Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	FBQ7277J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Singapore Post Limited
Company Reg No	1XXXXX623M
Email Address	afiqanuar@singpost.com
Mobile Phone No	(Phone) +65-86727331
Alternative Phone No	(Office) +65-68412000
VEHICLE PARTICULARS	
Manufacturer	Kymco
Model	SUPER JOCKEY 150I
Variant	-
Exact purpose for which vehicle was being used at time of	F
accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	149
INSURANCE COMPANY	
Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	V0107634-VMF
Cover Note Number	-

DRIVER

S VIMALAN SANMUGUM Name of Driver Passport No/FIN GXXXX750T



Occupion Outdoor Date Of Driving Peass 3008/2018 3 YEARS AND 1 MONITH Gender AND Male (Phone) + 65-86727331 AND 1 MONITH Gender Male (Phone) + 65-86727331 AND 1 MONITH Gender Male (Phone) + 65-86727331 AND 1 MONITH Gender Gender Male (Phone) + 65-86727331 AND 1 MONITH Gender	Date Of Birth	29/03/1984
Driving experience 3 YEARS AND 1 MONTH Male (Cender Male Mobils Number (Phone) +65-86727331 Att. Phone Number		
Gender Male Mobile Number (Phone) +65-86727331 Alt. Phone Number		
Mobile Number Email Address Aft. Phone Number Email Address Andress Andress Address Andress Andress Address Andress Andress Address Andress Andress Address Address Andress		
Alt. Phone Number		
Email Address afiganuar@aingpost.com Address complement		(Pildie) +03-80727331
Address (18 JALAN LEMBAH KALLANG #05-00 Address complement - Postcode (18 the driver the policyholder? It No, Relationship of the Driver with the Insured (18 Camployee No	• • • • • • • • • • • • • • • • • • • •	afiganuar@cingnost.com
Address complement Postcode 139573 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee No Does Driver Own Other Vehicles? 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 Veather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Summer of vehicles involved in the accident 2 Was any foreign vehicle involved in the accident 2 Was any other vehicle or property damaged? No Was any injured conveyed to hospital by ambulance?		
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Was there any video captured by Car Camera? No No No	ATTACHMENT(S)	
Was there any video captured by Car Camera? No No No	Are accident photos available for attachment?	Yes
Was there any audio recorded? No	Was there any video captured by Car Camera?	No
DETAILS OF OTHER VEHICLE PROPERTY 1		No
DETAILS OF OTHER VEHICLE PROPERTY 1		
	DETAILS OF OTHER	R VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ370R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Drivate car

Vehicle Category
Name of Driver
Contact Number

(Phone) +65-93372320



Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.
- 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 Formby insurance companies is not an admission of policy flability 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)

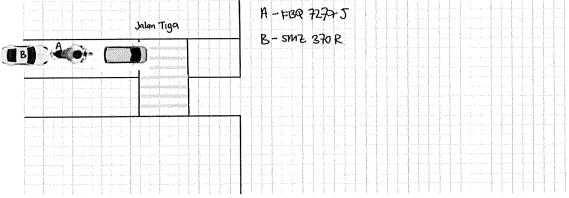
Funderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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 wiell 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 law yers/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 22 | 09 | 201 | 164 C Witnessed by Reporting Centre Personnel Dallow

Sketch Plan



Describe Circumstances of the Accident

ON THE 22/09/2021 AT AROUND 1515HRS, I VEHICLE A(FBQ7277J) WAS DRIVING ALONG JALAN TIGA INTENDING TO TURN LEFT TOWARDS OLD AIRPORT ROAD. AS THERE WAS A PEDESTRIAN CROSSING AND A CAR INFRONT OF ME, I PROCEEDED TO STOPCAND WAIT. SUDDENLY I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B(SMZ370R) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME,.

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 2/9/201 (C45

Witnessed by Reporting Centre Personnel Dakks

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMZ370R

Date of Accident

22/09/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance _____China Taiping Insurance (Sing...

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