

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / *B* / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

*FBQ7277J*

at Workshop m/s

*BMH*

of

Insured:

*SMX370R*

Policy No.

Claims No.

*SNM21D205614/002*

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	<i>X</i>

Bal. or Market Value:

*48500*

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

*3*

days

Res.: Yes or No

Lum Sum:

*15.1*

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

*623M*

Veh No:

*FBQ7277J*

Yr Regn:

*03/12/19*

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

*Kymco Super Jockey 149*

Colour:

*white/blue*

A/C: Insured / Std / NI / NA

Sp. Reading

*10044*

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

*RFB5J306AK1000144*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

*3.50-10*

R:

*130-70-10*

BS / DUN / EXNOVA / GY / FS / LIZA / MIT / OHTSU / PIR / SUMI /

TOYO / YOKO or

*Tim Sum*

Front

Rear

R/Bal.

*P*

mm

R/Bal.

*S*

mm

L/Bal.

*22/9/21*

mm

L/Bal.

*4/10/21*

mm

D.O.A.

D.O.I.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

*Rear*

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

*LTA 3166**Confirmed p/p & \$558.00 with Raymond (Red & 240.22, 30%)*

Date/Time, File Pass to?

☐

: Preli. Report

1) *18/10/21*☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

*3*

Resurvey No. of Trip:

*1*

Survey Fee:

Transportation:

) *S + RS, SI*

) Photos

) Others

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Report Format :

*MER-TP*

Lump Sum / I.B.I. (\$

*558*

TOTAL



**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 :

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)

S/N	Description	Action	Qty	Unit Price	Amount
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
6	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
8	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED P/N: 45837 - BIKE TOWED BACK TO BHH	Supply/Install	1.00	\$90.00	90.00

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey SUB TOTAL painting
- To display damaged part 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 Company

Acknowledged by Repairer  
Signature:  
Date:

\$746.00  
\$52.22

\*39237 \*

bizSAFE<sub>3</sub>



CERT NO.: 2002-1-0383  
ISO 9001: 2015

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
GRAND TOTAL (SGD)					\$798.22

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.

\*39237 \*





**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 :

NO. : 39237

- Rev. 1

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)

S/N	Description	Action	Qty	Unit Price	Amount
1	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	1.00	\$125.00	125.00
2	REPAIR ON REAR BOX - (REPORTED BY MECHANIC)	Repair	1.00	\$84.00	84.00
3	RUBBER SEAL REAR BOX P/N: 70378 - (REPORTED BY MECHANIC)	REPLACE	80.00	\$0.50 Disc %: 10.00	36.00
4	SPRAY PAINT ON REAR BOX - (REPORTED BY MECHANIC)	Spray	1.00	\$250.00	250.00
5	STICKER (SINGAPORE POST) BOX REAR P/N: 39656 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$70.00 Disc %: 10.00	63.00
SUB TOTAL					\$558.00
GST @ 7 %					\$39.06
GRAND TOTAL (SGD)					\$597.06

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of  
BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By

\*39237 \*

bizSAFE<sub>3</sub>



Address: No. 6, Defu lane 4, Singapore 539410 | Telephone: +65 6281 6520 | Web: www.bhh.com.sg  
Fax: (Main) +65 6281 2830, (Spare Parts) +65 6285 7530, (Insurance/Project) +65 6284 2969, (Accounts) +65 6281 6759

CERT NO: 2002-4-0383  
ISO 9001: 2015

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	623M
Vehicle Details	
Vehicle No.:	FBQ7277J
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Oct 2021
Vehicle Make:	KYMCO
Vehicle Model:	SUPER JOCKEY 150I
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	SJ301000165
Chassis No.:	RFBSJ30GAK1000144
Maximum Power Output:	-
Open Market Value:	\$2,076.00
Original Registration Date:	03 Dec 2019
First Registration Date:	03 Dec 2019
Transfer Count:	1
Actual ARF Paid:	\$312.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Dec 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,889.00
COE Rebate Amount:	\$3,166.00
<b>Total Rebate Amount:</b>	<b>\$3,166.00</b>

The information contained herein is correct as at 04 Oct 2021

OK

## Vehicle Details

Vehicle No.	Make / Model
<b>FBQ7277J</b>	<b>KYMCO / SUPER JOCKEY 150I</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>P01 - Passenger Scooter</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>RFBSJ30GAK1000144</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>SJ301000165</b>
Motor No. :	Engine Capacity :
<b>-</b>	<b>149 cc</b>
Power Rating :	Maximum Power Output :
<b>-</b>	<b>-</b>
Maximum Laden Weight :	Unladen Weight :
<b>276 kg</b>	<b>126 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2019</b>	<b>03 Dec 2019</b>
Lifespan Expiry Date :	COE Category :
<b>-</b>	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$3,889.00</b>	<b>02 Dec 2029</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>02 Jun 2022</b>	<b>-</b>
Inspection Due Date :	Intended Transfer Date :
<b>02 Dec 2022</b>	<b>04 Oct 2021</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
<b>-</b>	<b>-</b>
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	22/09/2021 19:42 (SGT)
Date of Accident	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ7277J
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#### 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 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

Name of Driver	S VIMALAN SANMUGUM
Passport No/FIN	GXXXX750T

Date Of Birth	29/03/1984
Occupation	Outdoor
Date Of Driving Pass	30/08/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86727331
Alt. Phone Number	-
Email Address	afiqanuar@singpost.com
Address	18 JALAN LEMBAH KALLANG #05-00
Address complement	-
Postcode	339573
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
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

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 STOP AND WAIT. SUDDENLY I FELT AN IMPACT ON MY REAR AND REALIZED THAT VEHICLE B(SMZ370R) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME..

#### 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	SMZ370R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

## 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 STOP AND 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 22/9/2021 1545

Witnessed by Reporting Centre Personnel Paknia

SKETCH PLANIMPORTANT 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 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' 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 22/09/2021 1645

Witnessed by Reporting Centre Personnel *Rahmat*

Sketch Plan