

ASS. REC. BY: marcus

REF:

CC6/ CT/21010257/463

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

) S + RS. SI

) Photos

) Others

)

TOTAL

N/S	O/S

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

13/10/21 confirmed L/S \$1000 with Raymond

not \$1391

Cor until 02-05-2022 Sat 7mth plus.



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. : 39253

GREAT EASTERN GENERAL INSURANCE LTD
NO. 1 PICKERING STREET
#01-01 GREAT EASTERN CENTRE
SINGAPORE 048659

ATTN: MOTOR CLAIMS DEPT

DATE : 05/10/2021
CLAIM NO. : 11803
POLICY NO. : V0107634-VMF
FROM : RAYMOND

VEHICLE NO. : FBG2259Y
MAKE/MODEL : PGO / TR3

*not Affected
del
5/10/21
h/s \$1000
like the other up
4 days*

(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	16.00	\$63.00	1,008.00
2	LAMP SIGNAL FRONT RH UPPER P/N: 38333 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$60.00	60.00
3	left body cover (star ash) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$231.00	231.00
4	MUDGUARD FRONT P/N: 41795 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$182.00	182.00
5	PLATE STEP REAR RH P/N: 41286 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$50.00	50.00
6	REPAIR ON FRONT BODY ALIGNMENT - (REPORTED BY MECHANIC)	Refer to labour Repair	1.00	\$490.00	490.00
7	Right body cover (star ash) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$231.00	231.00
8	STEERING CONE ASSY P/N: 44043 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$125.00	125.00
9	STICKER NUMBER PLATE FRONT (BLACK) STRAIGHT P/N: 32921 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$15.00	15.00

*39253 *

bizSAFE₃



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: 2002-14083
ISO 9001: 2015



BAN HOCK HIN
Co., Pte Ltd

Co.Reg.No: 19700288K
MOTORCYCLE ACCESSORIES | SERVICE CENTRE
MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

QUOTATION

Customer :

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

NO. : 39292

Supplementary 1 To QTN: 39253

DATE : 12/10/2021
CLAIM NO. : 11803
POLICY NO. : V0107634-VMF
FROM : RAYMOND

VEHICLE NO. : FBG2259Y
MAKE/MODEL : PGO / TR3

S/N	Description	Action	Qty	Unit Price	Amount
1	FORK FRONT ASSY P/N: 68061		1.00	\$735.00	735.00
SUB TOTAL					\$735.00
GST @ 7 %					\$51.45
GRAND TOTAL (SGD)					\$786.45

50% deposit required before ordering of parts.

Validity: 30 days

For and 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.

*39292 *

bizSAFE₃



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 8759

CERT NO.: 2002-1-0383
ISO 14001: 2015

S/N	Description	Action	Qty	Unit Price	Amount
10	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED P/N: 45837 - BIKE TOWED BACK TO BHH		✓ 1.00	\$80.00	35 80.00
11	WINDSHIELD P/N: 39886 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$252.00	11 252.00 ✓

SUB TOTAL

\$2,724.00

GST @ 7 %

\$190.68

GRAND TOTAL (SGD)

\$2,914.68

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.

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/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 Company

Acknowledged by Repairer

Signature:

Date:

*39253 *

P-1102
102
991.80
345
1336.80
21
1069

bizSAFE₃

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Fax: (Main) +65 6281 2830, (Spare Parts) +65 6285 7530, (Insurance/Project) +65 6284 2969, (Accounts) +65 6281 6759

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

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	08/09/2021 15:54 (SGT)
Date of Accident	07/09/2021 18:35 (SGT)
Exact Location of Accident	Jln Legundi, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2259Y
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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) +65-84015611
Alternative Phone No	(Office) +65-68412000

VEHICLE PARTICULARS

Manufacturer	Pgo
Model	TR3-150 CVT
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	148

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	NAVANETHAN A/L VALAYUTHAM
NRIC No	FXXXX956X

Date Of Birth	13/07/1962
Occupation	Outdoor
Date Of Driving Pass	17/07/1995
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84015611
Alt. Phone Number	-
Email Address	afiqanuar@singpost.com
Address	BLOCK 9 WOODLANDS WALK
Address complement	-
Postcode	738341
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	Collided into Motorcyclist
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 07/09/2021 AT 18:35HRS, I WAS RIDING VEHICLE A (FBG2259Y) ALONG JALAN LEGUNDI. AFTER DELIVERY LETTER AT UNIT 15 JALAN LEGUNDI I ABOUT TO RIDE WHEN REALISE VEHICLE B (SGM611K) STOP IN FRONT VEHICLE A. WHILE VEHICLE A WAS STATIONARY VEHICLE B WAS REVERSE AND I HONK. VEHICLE B REVERSE AND COLLIDED ONTO VEHICLE A FRONT PORTION. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM611K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PAY LU LU
NRIC No	SXXX845C

Contact Number	(Phone) +65-91266690
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.
3. Information provided must be as truthful and accurate as possible. Any willful 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:

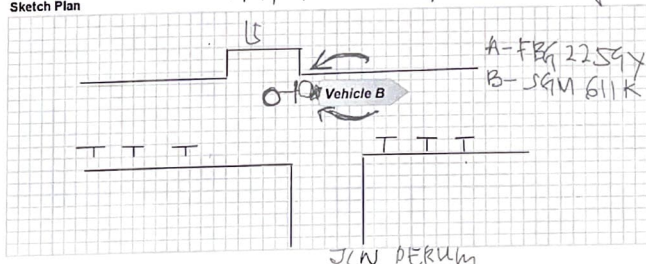
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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' law firm/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' law firm/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 firm/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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 07/09/2021 AT 18:35HRS, I WAS RIDING VEHICLE A (FBG2259Y) ALONG JALAN LEGUNDI. AFTER DELIVERY LETTER AT UNIT 15 JALAN LEGUNDI I ABOUT TO RIDE WHEN REALISE VEHICLE B (SGM611K) STOP IN FRONT VEHICLE A. WHILE VEHICLE A WAS STATIONARY VEHICLE B WAS REVERSE AND I HONK. VEHICLE B REVERSE AND COLLIDED ONTO VEHICLE A FRONT PORTION. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

Witnessed by Reporting Centre Personnel

Vehicle Details

Vehicle No.	Make / Model
FBG2259Y	P.G.O. / TR3-150 CVT
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	3 Wheeler
Vehicle Scheme :	Chassis No. :
Normal	RFVTRUC52C1000206
Propellant :	Engine No. :
Petrol	C5H10344
Motor No. :	Engine Capacity :
-	148 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
-	150 kg
Year Of Manufacture :	Original Registration Date :
2012	03 May 2012
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$1,902.00	02 May 2022
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
02 May 2022	-
Inspection Due Date :	Intended Transfer Date :
02 May 2022	07 Oct 2021
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-
CO Emission :	HC Emission :

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 623M

Vehicle Details

Vehicle No.: FBG2259Y

Vehicle to be Exported: No

Intended Deregistration Date: 05 Oct 2021

Vehicle Make: P.G.O.

Vehicle Model: TR3-150 CVT

Primary Colour: White

Manufacturing Year: 2012

Engine No.: C5H10344

Chassis No.: RFVTRUC52C1000206

Maximum Power Output: -

Open Market Value: \$2,665.00

Original Registration Date: 03 May 2012

First Registration Date: 03 May 2012

Transfer Count: 0

Actual ARF Paid: \$400.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 02 May 2022

COE Category: D - Motorcycle

COE Period(Years): 10

QP Paid: \$1,902.00

COE Rebate Amount: \$109.00

Total Rebate Amount: \$109.00

The information contained herein is correct as at 05 Oct 2021

OK