



**BAN HOCK HIN**  
Co., Pte Ltd

Co.Reg.No: 197000288K

MOTORCYCLE ACCESSORIES | SERVICE CENTRE  
MODIFICATION | SPRAY PAINTING AND BODY WORK | METAL  
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

## QUOTATION

Customer :

NO. : 40035

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

DATE : 10/02/2022  
CLAIM NO. : 11864  
POLICY NO. :

FROM : RAYMOND

VEHICLE NO. : FBL6235M  
MAKE/MODEL : KYMCO / XCITING 400I

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BRACKET BOX (GIVI) REAR SR6112 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$230.00	230.00
2	COVER FRONT LH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$146.00	146.00
3	COVER FRONT LOWER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$320.00	320.00
4	COVER INNER FRONT P/N: 56903 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$132.00	132.00
5	COVER LH SIDE - (REPORTED BY MECHANIC)	REPLACE	1.00	\$170.00	170.00
6	COVER PANEL LEFT FLOOR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$76.00	76.00
7	COVER REAR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$355.00	355.00
8	COVER SIDE LH P/N: 56914 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
9	COVER SIDE LH REAR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$156.00	156.00

\*40035 \*

*bizSAFE*<sub>3</sub>



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
10	COVER SIDE RH REAR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$156.00	156.00
11	FENDER REAR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$34.00	34.00
12	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	8.00	\$63.00	504.00
13	MIRROR LH P/N: 56915 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$160.00	160.00
14	PLATE NUMBER REAR (6.5 INCH X 9 INCH) P/N: 26951 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$20.00	20.00
15	TAIL LAMP ASSY - (REPORTED BY MECHANIC)	REPLACE	1.00	\$783.00	783.00

SUB TOTAL	\$3,280.00
GST @ 7 %	\$229.60
<b>GRAND TOTAL (SGD)</b>	<b>\$3,509.60</b>

**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.

\*40035 \*

*bizSAFE<sub>3</sub>*



## Vehicle Details

Vehicle No.	Make / Model
<b>FBL6235M</b>	<b>KYMCO / XCITING 400I ABS</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>P01 - Passenger Scooter</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>RFBD60010G3300258</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>SK803300278</b>
Motor No. :	Engine Capacity :
<b>-</b>	<b>399 cc</b>
Power Rating :	Maximum Power Output :
<b>-</b>	<b>-</b>
Maximum Laden Weight :	Unladen Weight :
<b>374 kg</b>	<b>200 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2016</b>	<b>10 Jan 2017</b>
Lifespan Expiry Date :	COE Category :
<b>-</b>	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$6,053.00</b>	<b>09 Jan 2027</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>09 Jan 2023</b>	<b>-</b>
Inspection Due Date :	Intended Transfer Date :
<b>09 Jan 2023</b>	<b>12 Feb 2022</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 ..... 04/02/2022 13:52 (SGT)  
Date of Accident ..... 01/02/2022 18:00 (SGT)  
Exact Location of Accident ..... Upper Serangoon View, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBL6235M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YUSRI BIN MINHAT  
NRIC No ..... SXXXX315G  
Email Address ..... muhelani\_28@hotmail.com  
Mobile Phone No ..... (Phone) +65-87708224  
Alternative Phone No ..... (Home) +65-87708224

### VEHICLE PARTICULARS

Manufacturer ..... Kymco  
Model ..... XCT400  
Variant ..... -  
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? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Auto  
CC ..... 400

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MC/00730195/02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD NUR ALI BIN BAKI  
NRIC No ..... SXXXX060I

Date Of Birth	18/02/1986
Occupation	Outdoor
Date Of Driving Pass	20/08/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87708224
Alt. Phone Number	-
Email Address	muhelani_28@hotmail.com
Address	471A FERVALE STREET
Address complement	#06-89
Postcode	791471
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. F/20220202/7026 ATTACHED

#### 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	SMY7123Y
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

Name of Driver .....	CHARMAINE
Contact Number .....	(Phone) +65-97907101
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MUHAMMAD NUR ALI BIN BAKI
Gender .....	Male
Phone No .....	(Phone) +65-87708224
Address .....	471A FERNVALE STREET
Address Complement .....	#06-89
Post Code .....	791471
Approximate Age Years Old .....	35
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBL6235M
Were seat belts worn? .....	-
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.

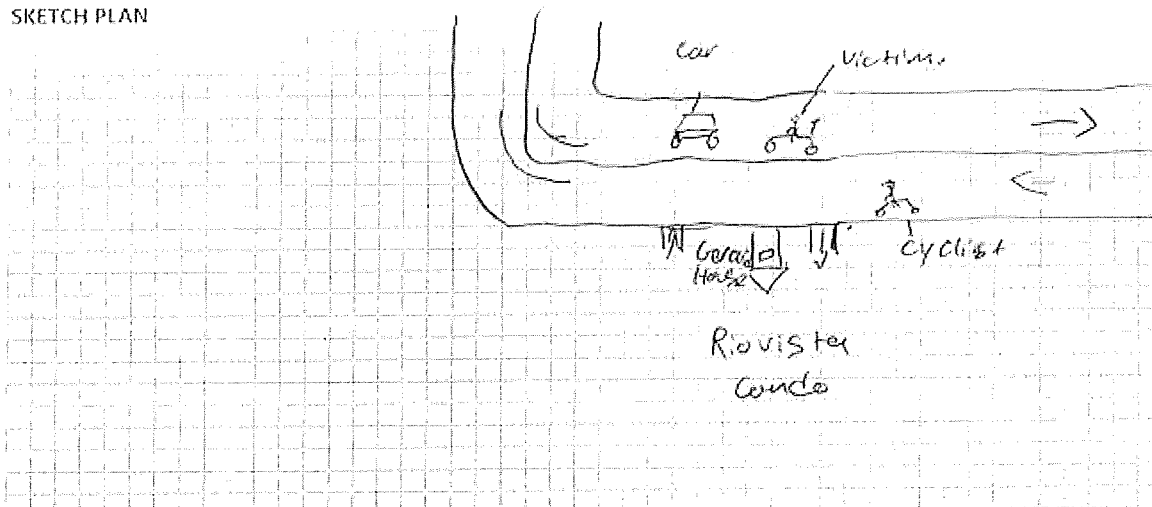
+

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name: *Tan Choo Lee*  
*52352*

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT F/20220202/7026

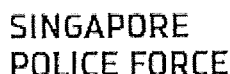
### DECLARATION

I/We declare the foregoing particulars are true in every respect

*[Signature]*

John  
The Chief Clerk  
SBSR





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## Report No. F/20220202/7026

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 02/02/2022 17:42	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD NUR ALI BIN BAKI	Address 471A FERNVALE STREET #06-89 SINGAPORE 791471	
ID Type / ID No. NRIC NO / S8605060I	Contact No. Home/Office:                      Mobile: 87708224	
Nationality SINGAPORE CITIZEN	Email Address MUHDNALI_28@HOTMAIL.COM	
Occupation Food Rider	Sex Male	Age 35
Institution/School Name	Date of Birth 18/02/1986	Race Malay
Date/Time Of Incident 01/02/2022 18:00 - 01/02/2022 18:20	Location Of Incident UPPER SERANGOON VIEW	

### Brief details.

I was about to make a right turn in to Rio Vista Condo to make a food delivery. Before I was able to turn in, I saw a cyclist on the opposite lane. I made a stop to allow the cyclist to pass through. While my vehicle is stationery waiting for the cyclist to pass through, suddenly I felt a bang from behind. That caused my bike to skid . I was in shocked and traumatised.

The driver and the security guard (from the condo) approach me and asked me if was feeling okay. I was feeling giddy and breathless at the point of time. The security guard moved my bike to the pavement. The driver defended herself and accused me of causing the accident. The security guard saw the incident

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2022 17:42
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220202/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220202/7026

and pointed out that it wasn't my fault. The driver called the father to come down. Initially the father wanted to close the case without any compensation. The driver still insisted that it was not her mistake and tried to get the dash cam video to prove her innocence.

Therefore as discussed with the father, we will proceed with the insurance claim.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Charmaine		
Gender	Female	Age	25-35
Race	Chinese	Language	English
Address	16 Upper Serangoon View #13- 12 Rio Vista Condo SINGAPORE 534201	Mobile No	97907101
<b>Victim</b>			
Person Name	MUHAMMAD NUR ALI BIN BAKI		
ID Type	NRIC NO	ID No	S86050601
Gender	Male	Age	35
Race	Malay	Language	English
Occupation	Food Rider	Address	471A FERNVALE STREET #06- 89 SINGAPORE 791471
Mobile No	87708224	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:  
02/02/2022 17:42

Classification Of Case:



SINGAPORE  
POLICE FORCE



F/20220202/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220202/7026

Person Name	MUHAMMAD NUR ALI BIN BAKI (Informant)
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Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:  
02/02/2022 17:42

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0930  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S55580920G / GST Reg. No.: M490017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SB0F22240004 Vehicle Registration No: FBL6235M  
Name (as shown in NRIC) : Yusri Bin Munhar NRIC/FIN/Passport No : S86050601  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 87768224  
Email Address : Muhelani\_28@hotmail.com  
Date of Accident : 01/02/2022 Time of Accident : 1800 hrs  
Place of Accident : Upper Serangoon View  
Insurance Company : Direct Asia Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend rider / Driver name to read as Muhammad Nur Ali Bin Baki

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: Van Chod Wei  
5735R


## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SMY7123Y

Date of Accident

01/02/2022 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance (Sing...**Period of Insurance ..... **21/01/2022 - 20/01/2023**Requested By ..... **Tan Chok Lok (Ban Hock Hin C...**Requested Date ..... **04/02/2022 13:56**

## 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**