

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FBP 2727R
 at Workshop m/s BMM
 of _____
 Insured: GBE7067C
 Policy No. _____
 Claims No. DM224000648/MUT
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: FBP 2727R Yr Regn: 04/03/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha N Mex c.c 155
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp.Reading: 126842 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH35G431000010117
 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: 110/70-13
 R: 130/70-13
 BS DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

✕	
N/S	O/S

Bal. or Market Value: \$9500
 IDAC Accident Rport: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 1 days Res.: Yes or No
 Lum Sum: 1.3.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS C 2881C
 Date: _____ Person Contacted: LTA 2520 Vehicle: IN / OUT

Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. mm L/Bal. mm
 D.O.A. 20/4/22 D.O.I. 26/4/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction Rep / SVG
 call rider he said his bike never fell. only front fender
 23/5/22 P/P @ 189.30 informed Raymond (led @ 1934.70, 912)
 23/05/22 @ 3.46pm revised to Melody Tech by email.

Date/Time, File Pass to? : Preli. Report
 1) 24/05/22 : Final Report
 Date/Time, File Return to?

Days Of Repair: 1
 Resurvey No. of Trip: 1

2) _____
 Report Format : TP
 Lump Sum / I.B.I. (\$) 189.30

Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Invs (\$))
 : Weekend (\$))

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
) Photos	
) Others	
TOTAL	



QUOTATION

Customer :

NO. : 40524

EQ INSURANCE COMPANY LIMITED
22 GEMMILL LANE
SINGAPORE 069257

*not Andrew
RM*

DATE : 25/04/2022
CLAIM NO. : 11918
POLICY NO. : MC/00914668/01

ATTN: MOTOR CLAIMS DEPT

*1 day
26/4/22*

FROM : RAYMOND

VEHICLE NO. : FBP2727R
MAKE/MODEL : YAM / NMAX155 ABS

*take the other repair
1/p \$ 189.30*

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	BALANCER HANDLE P/N: 55166 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	12.00 X
2	BEARING STEERING CONE UPPER P/N: 56209 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$26.00	26.00 X
3	BELLY PAN P/N: 58094 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$35.00	35.00 X
4	BOARD FOOTREST RH P/N: 59589 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$55.00	55.00 X
5	COVER SIDE LOWER RH (GREY) P/N: 63490 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	21.00 X
6	COVER SIDE RH (MATTE BLACK) P/N: 66091 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00 X
7	COWLING FRONT RH (GREY) P/N: 63499 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$32.00	32.00 X
8	EMBLEM (YAMAHA) LOGO P/N: 57069 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$14.00	14.00 X
9	EMBLEM ABS P/N: 63500 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$16.00	32.00

*40524 *



S/N	Description	Action	Qty	Unit Price	Amount
10	FORK FRONT ASSY P/N: 59590 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$745.00	R 745.00 X
11	HEADLAMP ASSY P/N: 58174 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$299.00	11 299.00 X
12	LABOUR P/N: 06766	Supply/Install	6.00	\$63.00	120 378.00
13	LAMP SIGNAL FRONT RH P/N: 59592 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$34.00	1/c scR 34.00 X
14	LEVER BRAKE RH P/N: 58185 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$18.00	1/c scR 18.00 X
15	MIRROR RH P/N: 58187 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$35.00	1/c cu 35.00 X
16	MUDGUARD FRONT (GREY) P/N: 63496 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$45.00	one 45.00
17	PANEL 2 (MATTE BLACK) RH P/N: 63492 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	1/c cu 21.00 X
18	PROTECTOR EXHAUST P/N: 58086 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	1/c cu 38.00 X
19	RACE BALL 1 P/N: 55220 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	11 12.00 X
20	RACE BALL 2 P/N: 55216 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	11 12.00 X
21	RETAINER BALL BEARING P/N: 55215 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	11 12.00 X
22	RIVET P/N: 56583 - (REPORTED BY MECHANIC)	REPLACE	7.00	\$30.00	11 210.00 X
23	TRANSPORT CHARGES P/N: 07169	Waived	1.00	\$0.00	11 0.00 X

SUB TOTAL

\$2,124.00

GST @ 7 %

\$148.68

GRAND TOTAL (SGD)

\$2,272.68

50% deposit required before ordering of parts.

Validity: 30 days

*40524 *

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:

bizSAFE₃



7-77
102
69.3
120
189.3

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
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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.

*40524 *



Vehicle Details

<i>Vehicle No.</i>	<i>Make / Model</i>
FBP2727R	YAMAHA / NMAX155 ABS
Vehicle Type : P01 - Passenger Scooter	Vehicle Attachment 1 : No Attachment
Vehicle Scheme : Normal	Chassis No. : MH3SG431000010117
Propellant : Petrol	Engine No. : G3H6E0012760
Motor No. : -	Engine Capacity : 155 cc
Power Rating : -	Maximum Power Output : -
Maximum Laden Weight : 295 kg	Unladen Weight : 128 kg
Year Of Manufacture : 2019	Original Registration Date : 04 Mar 2019
Lifespan Expiry Date : -	COE Category : D - Motorcycle
Quota Premium : \$3,689.00	COE Expiry Date : 03 Mar 2029
Road Tax Expiry Date : 03 Sep 2022	PARF Eligibility Expiry Date : -
Inspection Due Date : 03 Mar 2023	Intended Transfer Date : 29 Apr 2022
CO2 Emission : -	CEV/VES Rebate Utilised Amount : -
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	22/04/2022 16:10 (SGT)
Date of Accident	20/04/2022 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	333 Clementi Ave 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP2727R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Ban Hock Hin Co Pte Ltd
Company Reg No	1XXXXX288K
Email Address	raymond@bhh.com.sg
Mobile Phone No	(Phone) +65-62816520
Alternative Phone No	(Office) +65-62816520

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX155 ABS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	MC/00914668
Cover Note Number	-

DRIVER

Name of Driver	Zhou Zhenyu
Work Permit No	GXXXX710P

Date Of Birth	28/02/1987
Occupation	Outdoor
Date Of Driving Pass	22/02/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90397086
Alt. Phone Number	-
Email Address	raymond@bhh.com.sg
Address	Na
Address complement	Na
Postcode	Na
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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

I FBP2727R was stationary at the gantry exit of Blk 333 Clementi ave 2 while waiting for the traffic ahead to exit. While I was stationary, suddenly the 3rd party GBE7067L started to make a reverse back and hit onto the the front side of my bike . I managed to take photos of the plate number and no particulars was exchange. No injuries was involved at the scene

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	GBE7067L
Vehicle Manufacturer	Toyota
Vehicle Model	HIACE 3.0 M
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	Na
-	Na

Contact Number	-
Address	Na
Address complement	Na
Postcode	Na
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Na
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.
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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.**
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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:

zhovzhemyu

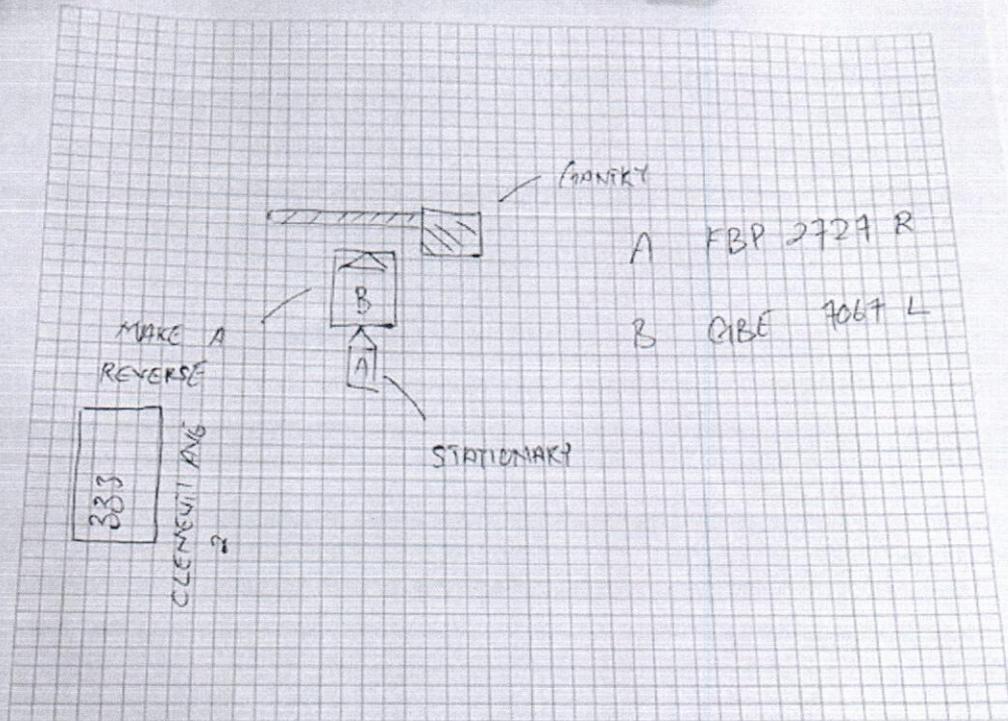
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



A FBP 2729 R
B QIBF 7067 L

Policyholder's Signature
Date & Time:

Zhav Chen/U

Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I FBP2727R was stationary at the gantry exit of Blk 333 Clementi ave 2 while waiting for the traffic ahead to exit. While I was stationary, suddenly the 3rd party GBE7067L started to make a reverse back and hit onto the the front side of my bike . I managed to take photos of the plate number and no particulars was exchange. No injuries was involved at the scene

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: