



QUOTATION

Customer :

NO. : 40547

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

DATE : 16/04/2022
CLAIM NO. : 11922
POLICY NO. : MC/01008801

FROM : RAYMOND

VEHICLE NO. : FBN1601L
MAKE/MODEL : YAM / NMAX155 ABS

(Page 1 of 3)

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
1	BELLY PAN P/N: 58094 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$35.00	35.00
2	BOARD FOOTREST RH P/N: 59589 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$55.00	55.00
3	BOX REAR (GIVI) E450N BLACK W/O STOP LIGHT P/N: 27220 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$222.00	222.00
4	BRACKET MASTER CYLINDER RH P/N: 60166 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$10.00	10.00
5	COVER SIDE LOWER RH (WHITE) P/N: 58117 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$22.00	22.00
6	COVER SIDE RH (SILVER) P/N: 60879 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
7	COWLING FRONT RH (WHITE) P/N: 59594 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$35.00	35.00
8	DAMPER PLATE P/N: 64847 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$30.00	30.00
9	EMBLEM (YAMAHA) LOGO P/N: 57069 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$15.00	15.00

*40547 *

bizSAFE₃



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
10	ENGINE BRACKET COMP P/N: 61969 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$70.00	70.00
11	GASKET EXHAUST PIPE P/N: 58162 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	12.00
12	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	4.00	\$63.00	252.00
13	LEVER BRAKE RH P/N: 58185 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$18.00	18.00
14	MIRROR RH P/N: 58187 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
15	MUDGUARD REAR P/N: 60932 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$52.00	52.00
16	PANEL 2 (GREY) RH P/N: 58081 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$22.00	22.00
17	PIPE EXHAUST ASSY P/N: 58083 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$407.00	407.00
18	PLATE NUMBER REAR (6.5 INCH X 9 INCH) P/N: 26951 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$28.00	28.00
19	PROTECTOR EXHAUST P/N: 58086 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
20	REFLECTOR ASSY REAR P/N: 63813 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$15.00	15.00
21	RIVET P/N: 56583 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$3.00	6.00
22	SPRAY LACQUER ON COVER SIDE RH - (REPORTED BY MECHANIC)	Spray	1.00	\$90.00	90.00
23	SPRAY LACQUER ON COWLING FRONT RH - (REPORTED BY MECHANIC)	Spray	1.00	\$90.00	90.00
24	STICKER (CISCO) COVER CENTRE RH P/N: 58615 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00

*40547 *

bizSAFE₃

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
25	STICKER (CISCO) COWLING FRONT RH P/N: 58617 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
26	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH		1.00	\$40.00	40.00

SUB TOTAL	\$1,716.00
GST @ 7 %	\$120.12
GRAND TOTAL (SGD)	\$1,836.12

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.

*40547 *

bizSAFE₃



Vehicle Details

Vehicle No.	Make / Model
FBN1601L	YAMAHA / NMAX155 ABS
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	MH3SG431000007455
Propellant :	Engine No. :
Petrol	G3H6E0009654
Motor No. :	Engine Capacity :
-	155 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
295 kg	128 kg
Year Of Manufacture :	Original Registration Date :
2018	25 Jul 2018
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$6,889.00	24 Jul 2028
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
24 Jul 2022	-
Inspection Due Date :	Intended Transfer Date :
24 Jul 2022	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 23/04/2022 00:59 (SGT)
Date of Accident 14/04/2022 14:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Pasir Ris DRIVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN1601L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BAN HOCK HIN COMPANY 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 NMAX 155
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/00833707
Cover Note Number -

DRIVER

Name of Driver JEEVAN TANGGA
NRIC No GXXXX353X



Date Of Birth	16/06/1984
Occupation	Outdoor
Date Of Driving Pass	06/01/2021
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88061214
Alt. Phone Number	-
Email Address	Jeevan.maple76@gmail.com
Address	Singapore
Address complement	-
Postcode	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20220421/2042 LODGE AT GEYLANG NPC ON THE ABOVE MENTIONED DATE AND TIME, I WAS RIDING MY MOTORCYCLE FBN1601L AT THE SAID LOCATION. AS I WAS APPROACHING A PEDESTRIAN CROSSING LOCATED AT THE LOCATION, I BEGAN TO SLOW DOWN AND COME TO A COMPLETE STOP BEFORE THE PEDESTRIAN CROSSING. AS MY VEHICLE WAS AT STATIONARY, A VAN GBH678D THEN COLLIDED AT THE REAR OF MY VEHICLE CAUSING ME TO FALL OFF FROM MY MOTORCYCLE. AMBULANCE AND POLICE ATTENDED TO MY INCIDENT AND I WAS CONVEYED TO CHANGI GENERAL HOSPITAL DUE TO MY INJURIES. I WOULD LIKE TO STATE THAT I HAVE A FOOTAGE OF THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH678D
-----------------------------------	---------



Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JEEVAN TANGGA
Gender	Male
Phone No	(Phone) +65-88061214
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN1601L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

Policyholder's Signature
Date & Time:

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

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



ACCIDENT DIAGRAM Ver. 1000000

A - FBN 1641
B - G6H 6780

PASTR AS
DR3

CONTACT.

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police report

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
MOHAMED SHARIL BIN SATAR

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220421/2042

1 of 3

Report No: T/20220421/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2022 14:30	Vide Report No.	Station Diary No. 36
--	-----------------	-------------------------

Informant's Particulars

Name of Informant: JEEVAN TANGGA		Address:	
ID Type / ID No.: FIN NO / G7698353X		Contact No.: Home/Office:	Mobile: 88061214
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 16/06/1984	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: PARKING WARDEN		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/04/2022 14:30	Type of Location: Straight Road
Location: PASIR RIS DRIVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1601L	Motorcycle				Slightly Damaged	0
GBH678D	Van				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220421/2042

2 of 3

Report No. T/20220421/2042

CONTINUATION OF REPORT

Rider			
Name	JEEVAN TANGGA	ID No.	G7698353X
Related Vehicle	FBN1601L (Motorcycle)	Contact No.	88061214
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/04/2022	Date Discharge	20/04/2022
No. of Days granted Medical Leave	23	Degree of Injury	Serious

Brief Details.

On the above mentioned date and time, I was riding my motorcycle (FBN1601L) at the said location. As I was approaching a pedestrian crossing located at the location, I began to slow down and come to a complete stop before the pedestrian crossing. As my vehicle was at stationary, A van (GBH678D) then collided at the rear of my vehicle causing me to fall off from my motorcycle. Ambulance and Police attended to my incident and I was conveyed to Changi General Hospital due to my injuries. I would like to state that I have a footage of the accident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220421/2042

1 of 1

Report No. T/20220421/2042

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G/
SGT 1 MOHAMMAD FARIZUAN
BIN NASRUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/04/2022 14:30

Officer In Charge Of Case:
TP / GIT /
Other MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

NP168


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBH678D

Date of Accident

14/04/2022 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **China Taiping Insurance (Sing...**Period of Insurance **29/06/2021 - 28/06/2022**Requested By **Tan Chok Lok (Ban Hock Hin C...**Requested Date **27/04/2022 13:54****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**