

ASS REC BY: Marcus

REF:

CC6/A16722006777/Up3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: FBL65B
at Workshop m/s: BHH
of _____
Insured: GRM/1442K
Policy No _____
Claims No _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

X	
N/S	O/S

(Policy Condition)

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

Bal. or Market Value: 4800
IDAC Accident Rpt: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS 288K
Date: _____ Person Contacted: LTA82382
Vehicle: IN / OUT

Ven No: FBL65B Yr Regn: 30/04/16
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Yamaha YSR125 C.C. 125
Colour: Red A/C: Insured / Std / NI / NA
Sp. Reading: 76055 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: LBPRE101000056382
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: 2.75-18
R: 3.00-18
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or TimSun
Front 6 mm Rear 6 mm
R/Bal. mm R/Bal. mm
L/Bal. mm L/Bal. mm
D.O.A. 08/07/22 D.O.I. 18/07/22
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rnd.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction Dep 1300

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

1)

Report Format : _____

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____)

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	288K
Vehicle Details	
Vehicle No.:	FBL65B
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Jul 2022
Vehicle Make:	YAMAHA
Vehicle Model:	YBR125
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	E3F5E041620
Chassis No.:	LBPREF101000056382
Maximum Power Output:	-
Open Market Value:	\$1,860.00
Original Registration Date:	30 Apr 2016
First Registration Date:	30 Apr 2016
Transfer Count:	1
Actual ARF Paid:	\$279.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,302.00
COE Rebate Amount:	\$2,382.00
Total Rebate Amount:	\$2,382.00

The information contained herein is correct as at 18 Jul 2022

OK



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. : 41154

AIG ASIA PACIFIC INSURANCE PTE LTD

CHARTIS BUILDING
78 SHENTON WAY
#07-16
SINGAPORE 079120

DATE : 12/07/2022
CLAIM NO. : 11970
POLICY NO. : MC/00914273/01
FROM : RAYMOND

VEHICLE NO. : FBL0065B
MAKE/MODEL : YAM / YBR125

*not Allowed
LKK Marcus
18/7/22
2 days
Wm P.H. All up*

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	COWLING FRONT (RED) P/N: 52897 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$112.00	cur 112.00
2	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	2.00	\$63.00	fu 126.00
3	LAMP SIGNAL FRONT LH P/N: 43433 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	Mc sc 21.00 X
4	MUDGUARD FRONT (RED) P/N: 42220 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$49.00	cur 49.00
5	STICKER (MCDONALDS) ACCIDENTAL P/N: 57420 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$14.00	102 nec 14.00
6	STICKER (MCDONALDS) WINDSHIELD V2 P/N: 56223 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$16.00	NF 16.00 X
7	STICKER NUMBER PLATE FRONT (BLACK) STRAIGHT P/N: 32921 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	nec 19.00 10 S/N
8	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH		1.00	\$40.00	cur 40.00 X

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before a GST @ 7.0%g
- 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:

*41154 *

SUB TOTAL \$397.00
GST @ 7.0% \$27.79

bizSAFE₃



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
GRAND TOTAL (SGD)					\$424.79

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.

*41154 *

bizSAFE₃



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	16/07/2022 18:19 (SGT)
Reported by	Driver
Date of Accident	08/07/2022 12:45 (SGT)
Exact Location of Accident	30 Raffles Ave, Singapore 039803
Additional Location Information	Geylang East Ave 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL65B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BAN HOCK HIN CO PTE LTD
Company Reg No	1XXXXX288K
Email Address	workshop@bhh.com.sg
Mobile Phone No	(Phone) +65-62816520
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
Variant	NA
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	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/00914273

DRIVER

Name of Driver	FANG XU
Passport No/FIN	GXXXXX505N
Date Of Birth	02/03/1990
Occupation	Outdoor

Date Of Driving Pass	28/04/2017
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87099210
Alt. Phone Number	-
Email Address	workshop@bhh.com.sg
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

My bike was stationary due to the red light. Suddenly, vehicle B reverse and collided with my bike.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1442K
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NA
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

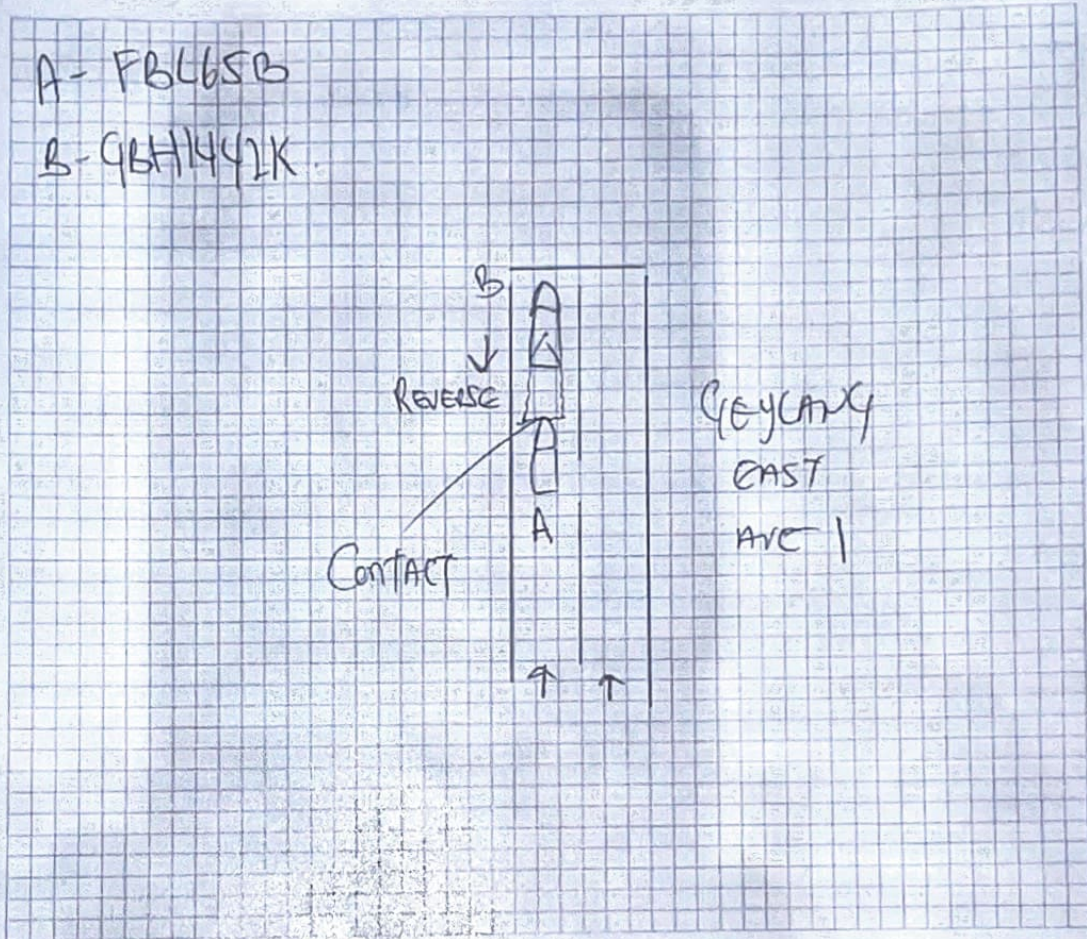
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

Policyholder's Signature
Date & Time:

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

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

ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Mohamed Sharil Bin Satar

Witnessed by Reporting Centre
Personnel

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My bike was stationary due to the red light. Suddenly, vehicle B reverse and collided with my bike.

DECLARATION

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

Policyholder's Signature
Date & Time:

F/A/V/G ✓✓
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.: