

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

FBQ3983E

at Workshop m/s

BHH

of

Insured:

SM A8LS9P

Policy No.

Claims No.

Sum Insured:

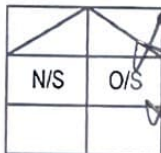
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$11K.

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

C 623M

Date:

Person Contacted:

Vehicle: IN / OUT

LTA \$3065

Date / Time

Action / Instruction

Nº SG bikerent Dep 1600

Veh No:

FBQ3983E

Yr Regn:

24/09/19

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

Truck / Trailer or

150 i

Make:

KYMCO

Super Biker 149

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

18069

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RFBSJ30GAK1000139

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:

3.50-10

R:

130-70-10

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

08/06/22

D.O.I.

5/8/22

Survey held at

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

O/S Body

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

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Survey Fee:

2)

Add Fee:

☐

: Site Insp (\$

) S + RS SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL



**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 :

AIG ASIA PACIFIC INSURANCE PTE LTD  
CHARTIS BUILDING  
78 SHENTON WAY  
#07-16  
SINGAPORE 079120  
ATTN: MOTOR CLAIMS DEPT

NO. : 41288

DATE : 04/08/2022  
CLAIM NO. : 11983  
POLICY NO. :

FROM : RAYMOND

VEHICLE NO. : FBQ3983E  
MAKE/MODEL : KYMCO / SUPER JOCKEY150

*Not Authorized  
du  
5/8/22  
4/5/22  
3 days*

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	COVER LH BODY P/N: 67205 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$108.00	108.00
2	COVER RH B BODY P/N: 67176 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$41.00	41.00
3	COVER RH SIDE P/N: 67222 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	19.00
4	COVER SIDE LOWER RH P/N: 67175 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$59.00	59.00
5	GRIP HANDLE RH P/N: 67207 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$13.00	13.00
6	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	5.00	\$63.00	315.00
7	LEVER BRAKE LH P/N: 67432 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$13.00	13.00
8	LEVER BRAKE RH P/N: 67431 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$17.00	17.00
9	METER IU (12V) NEW MODEL P/N: 34351 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$200.00	200.00

\*41288 \*

*10%*

*bizSAFE*



S/N	Description	Action	Qty	Unit Price	Amount
10	MIRROR LH ASSY P/N: 67208 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$42.00	42.00 X
11	MIRROR RH ASSY P/N: 67201 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$42.00	42.00
12	PROTECTOR MUFFLER P/N: 67245 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$42.00	42.00
13	SPRAY PAINT ON REAR FIBRE BOX	Spray	1.00	\$260.00	260.00
14	STICKER (SINGAPORE POST) BOX REAR P/N: 39656 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$70.00	70.00
15	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH		1.00	\$56.00	56.00 X

SUB TOTAL

\$1,297.00

GST @ 7 %

\$90.79

GRAND TOTAL (SGD)

\$1,387.79

50% deposit required before ordering of parts.

Validity: 30 days

For &amp; on Behalf of

BAN HOCK HIN CO PTE LTD

Acknowledge &amp; 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 parts, 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:

\*41288

\*

bizSAFE



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	623M
Vehicle Details	
Vehicle No.:	FBQ3983E
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Aug 2022
Vehicle Make:	KYMCO
Vehicle Model:	SUPER JOCKEY 150I
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	SJ301000117
Chassis No.:	RFBSJ30GAK1000139
Maximum Power Output:	-
Open Market Value:	\$2,070.00
Original Registration Date:	24 Sep 2019
First Registration Date:	24 Sep 2019
Transfer Count:	1
Actual ARF Paid:	\$311.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Sep 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,301.00
COE Rebate Amount:	\$3,065.00
Total Rebate Amount:	\$3,065.00

The information contained herein is correct as at 07 Aug 2022

OK

## Vehicle Details

Vehicle No.	Make / Model
<b>FBQ3983E</b>	<b>KYMCO / SUPER JOCKEY 150I</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>P01 - Passenger Scooter</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>RFBSJ30GAK1000139</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>SJ301000117</b>
Motor No. :	Engine Capacity :
<b>-</b>	<b>149 cc</b>
Power Rating :	Maximum Power Output :
<b>-</b>	<b>-</b>
Maximum Laden Weight :	Unladen Weight :
<b>276 kg</b>	<b>126 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2019</b>	<b>24 Sep 2019</b>
Lifespan Expiry Date :	COE Category :
<b>-</b>	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$4,301.00</b>	<b>23 Sep 2029</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>23 Sep 2022</b>	<b>-</b>
Inspection Due Date :	Intended Transfer Date :
<b>23 Sep 2022</b>	<b>10 Aug 2022</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :

# 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	09/06/2022 11:35 (SGT)
Date of Accident	08/06/2022 16:15 (SGT)
Exact Location of Accident	Eunos Rd 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ3983E
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) +65-96407272
Alternative Phone No	(Office) +65-68412000

## VEHICLE PARTICULARS

Manufacturer	Kymco
Model	SUPER JOCKEY 150I
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	149

## 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	GOOI CHIN PIN
Passport No/FIN	FXXXX359N

Date Of Birth	28/10/1967
Occupation	Outdoor
Date Of Driving Pass	13/08/1992
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96407272
Alt. Phone Number	-
Email Address	afiqanuar@singpost.com
Address	BLK 924 TAMPINES STREET 21
Address complement	#09-251
Postcode	520924
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	Collision - Change/cross lane
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 08/06/2022 AT ABOUT 1615HRS, I WAS RIDING MY VEHICLE A FBQ3983E ALONG EUNOS ROAD 2 AND VEHICLE B SMA8159P WAS DRIVING IN FRONT OF MY VEHICLE. AS WE WERE APPROACHING EUNOS AVENUE 4, THE ROAD SPLIT INTO 2 LANES AND I WAS RIDING ONTO THE LEFT LANE WHERE AS VEHICLE B WENT TOWARDS THE RIGHT LANE. OUT OF A SUDDEN VEHICLE B MADE A SUDDEN LEFT TURN FROM THE RIGHT LANE. I MADE AN EMERGENCY BRAKE AND FELL OFF MY MOTORCYCLE. I WISH TO ADD THAT I HAD NOT COLLIDED ONTO VEHICLE B WHEN VEHICLE B MADE A LEFT TURN HOWEVER DUE TO THE SUDDEN TURN, I FELL OFF MY MOTORCYCLE AND MY MOTORCYCLE SKIDDED FORWARD AND THE REAR BOX COMPARTMENT OF MY MOTORCYCLE CAME INTO CONTACT WITH VEHICLE B REAR LEFT BUMPER. I AM INJURED ON MY RIGHT ANKLE AND KNEE.

#### 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	SMA8159P
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MARIARAJAPUSHPAHARAN S/O A SAVARIMUTHU
NRIC No	SXXXX150F
Contact Number	(Phone) +65-82006164
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	GOOI CHIN PIN
Gender	Male
Phone No	(Phone) +65-96407272
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT ANKLE AND KNEE
Injured person in which vehicle?	FBQ3983E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

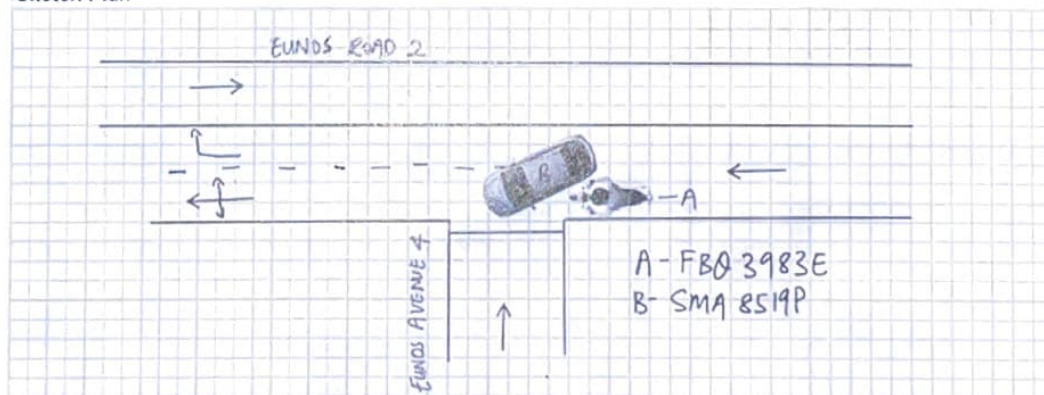
**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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.

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

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## 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

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMA8159P

Date of Accident

08/06/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **AIG Asia Pacific Insurance Pte....**

Period of Insurance ..... **21/06/2021 - 20/06/2022**

Requested By ..... **Tan Chok Lok (Ban Hock Hin C...**

Requested Date ..... **04/08/2022 10:06**

**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**