



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

NO. : 42806

Customer :

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS BUILDING
78 SHENTON WAY
#07-16
SINGAPORE 079120

DATE : 01/02/2023
CLAIM NO. : 12110
POLICY NO. : MC/01008814/01
FROM : RAYMOND

VEHICLE NO. : FBN1629H
MAKE/MODEL : YAM / NMAX155 ABS

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	BELLY PAN P/N: 58094 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$38.00	38.00
2	BOARD FOOTREST LH P/N: 59588 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$59.00	59.00
3	BOX FILTER AIR OUTER P/N: 58141 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$20.00	20.00
4	BOX FILTER AIR OUTER FRONT P/N: 58164 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	12.00
5	COVER CLUTCH OUTER P/N: 58147 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$75.00	75.00
6	COVER SIDE REAR LH (WHITE) P/N: 58170 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$33.00	33.00
7	COWLING FRONT LH (WHITE) P/N: 58179 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$36.00	36.00
8	EMBLEM (YAMAHA) LOGO P/N: 57069 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$17.00	34.00
9	LABOUR P/N: 06766 - (REPORTED BY MECHANIC)	Supply/Install	6.00	\$85.00	510.00

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
10	LENS LAMP SIGNAL FRONT LH P/N: 58171 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$17.00	17.00
11	LEVER BRAKE LH P/N: 58145 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$20.00	20.00
12	MIRROR LH P/N: 58099 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$42.00	42.00
13	MUDGUARD FRONT (WHITE) P/N: 58087 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$52.00	52.00
14	MUDGUARD REAR P/N: 60932 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$57.00	57.00
15	PANEL 1 (GREY) LH P/N: 59584 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$25.00	25.00
16	RIVET P/N: 56583 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$3.00	3.00
17	SPRAY LACQUER ON COVER SIDE LH	Spray	1.00	\$60.00	60.00
18	SPRAY LACQUER ON COWLING FRONT LH	Spray	1.00	\$80.00	80.00
19	SPRAY LACQUER ON MUDGUARD FRONT	Spray	1.00	\$45.00	45.00
20	STAND MAIN P/N: 58138 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$75.00	75.00
21	STICKER (CERTIS CISCO) LOGO NEW MODEL LH/RH P/N: 61181 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$48.00	48.00
22	STICKER (CISCO) COWLING FRONT LH P/N: 58616 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$40.00	40.00
23	STICKER (CISCO) LINING COVER REAR LH P/N: 61573 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$18.00	18.00
24	STICKER (CISCO) MUDGUARD FRONT P/N: 58618 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$40.00	40.00
25	STOPPER MAINSTAND P/N: 54930 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$8.00	8.00
26	TRANSPORT CHARGES-DELIVERY / COLLECTION P/N: 41525	Supply/Install	1.00	\$50.00	50.00

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
		SUB TOTAL			\$1,497.00
		GST @ 8 %			\$119.76
		GRAND TOTAL (SGD)			\$1,616.76

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.

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bizSAFE₃



Vehicle Details

Vehicle No.	Make / Model
FBN1629H	YAMAHA / NMAX155 ABS
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	MH3SG431000007457
Propellant :	Engine No. :
Petrol	G3H6E0009672
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	27 Jul 2018
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$6,189.00	26 Jul 2028
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
26 Jul 2023	-
Inspection Due Date :	Intended Transfer Date :
26 Jul 2023	20 Feb 2023
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 Actual 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	17/02/2023 20:13 (SGT)
Reported by	Owner
Date of Accident	31/01/2023 16:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CIRCUIT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1629H
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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	NMAX155 ABS
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	150

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01141094

DRIVER

Name of Driver	ABDUL RAHIM BIN ZAINUDIN
NRIC No	SXXXX115G
Date Of Birth	03/01/1965
Occupation	Outdoor

Date Of Driving Pass	09/06/1987
Driving experience	35 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91914152
Alt. Phone Number	-
Email Address	arayhem65@gmail.com
Address	269A, YOSHUN STREET 22
Address complement	#14-517
Postcode	S761269
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
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHED POLICE REPORT LODGED AT BEDOK DIVISION HQ VIDE REPORT NO: G/20230131/7111

Brief Details

On the above date, time and place, while I was patrolling HDB car parks on Certis motorbike FBN1629H. I was hit at the rear by another Black colored car (later established as car plate SNE9901Z). The impact threw me off my bike and I fell to the right side of my bike. I felt pain on my lower back and there were abrasions on both sides of knee. I was in pain and someone called for ambulance on my behalf. Paramedics attended to my injuries and conveyed me to Raffles Hospital. I was discharged on the same day and I was issued 7 days Medical Certificate.

I wished to state that I am employed by Certis as a parking warden, and I was on duty at the time of accident, where the location was part of my patrol sectors. Police attended to scene, vide report number G/20230131/0123

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNE9901Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TEO WEE HENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	NO DETAIL
Gender	Male

PASSENGER 2

Name	NO DETAIL
Gender	Male

PASSENGER 3

Name	NO DETAIL
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	INSURED
Gender	Male
Phone No	(Phone) +65-91914152
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN1629H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 willful 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 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.



Witnessed By Reporting Officer
Hashim Bin Kamari

Policyholder's Signature / Date &
Time

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

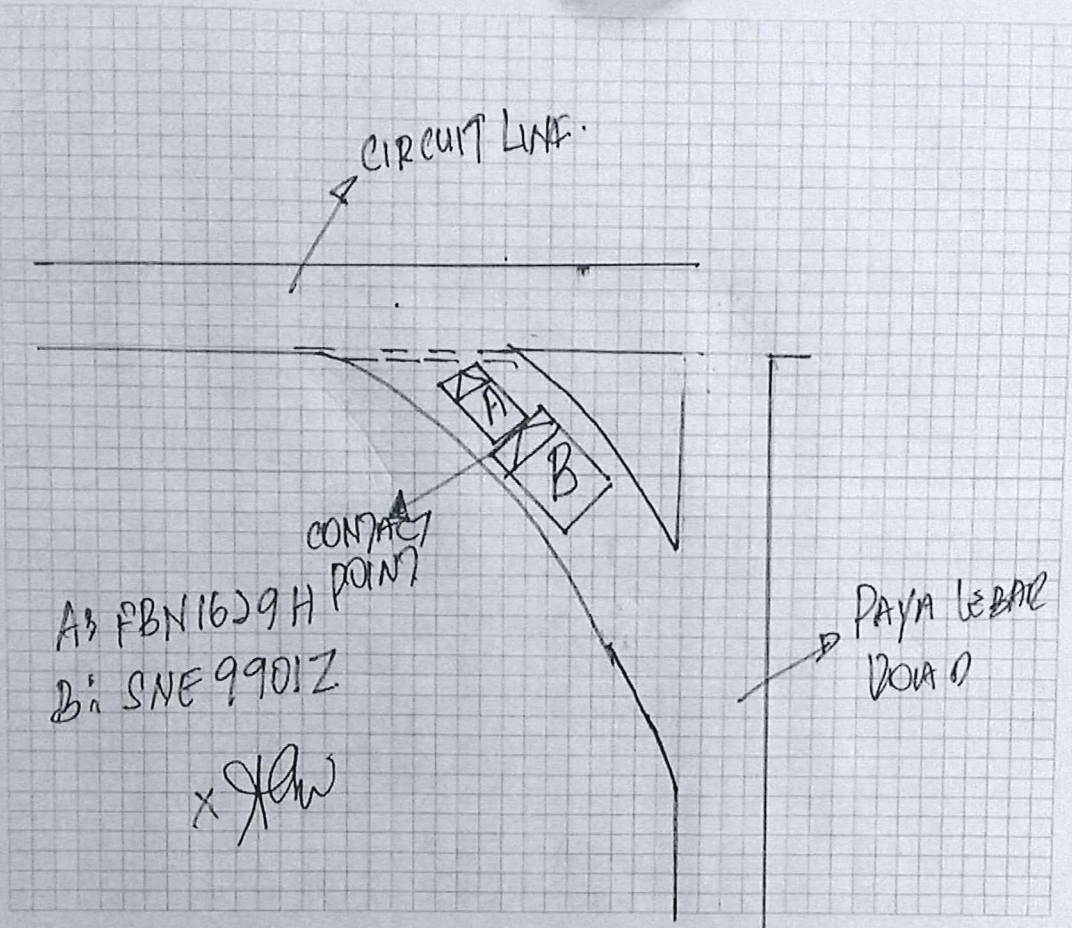
Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM

Ver. 30042021



X Alpin

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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.:

Describe Circumstances of the Accident

AS PER ATTACHED POLICE REPORT LODGED AT BEDOK DIVISION
HQ VIDE REPORT NO: G/20230131/7111

Declaration

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 Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**


G/20230131/7111

1 of 2

POLICE REPORT (NP299)

Report No. G/20230131/7111

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 31/01/2023 20:21	Vide Report No.	Station Diary No.
Name Of Informant ABDUL RAHIM BIN ZAINUDIN	Address 269A YISHUN STREET 22 #14-517 SINGAPORE 761269	
ID Type / ID No. NRIC NO / S1681115G	Contact No. Home/Office:	Mobile: 91914152
Nationality SINGAPORE CITIZEN	Email Address ARAYHEM65@GMAIL.COM	
Occupation Auxiliary police officer	Sex Male	Age 58
Institution/School Name	Date of Birth 03/01/1965	Race Malay
Date/Time Of Incident 31/01/2023 16:00 - 31/01/2023 16:05	Location Of Incident CIRCUIT LINK	

Brief details.

On the above date, time and place, while I was patrolling HDB car parks on Certis motorbike FBN1629H, I was hit at the rear by another Black colored car (later established as car plate SNE9901Z). The impact threw me off my bike and I fell to the right side of my bike. I felt pain on my lower back and there were abrasions on both sides of knee. I was in pain and someone called for ambulance on my behalf. Paramedics attended to my injuries and conveyed me to Raffles Hospital. I was discharged on the same day and I was issued 7 days Medical Certificate.

I wished to state that I am employed by Certis as as a parking warden, and I was on duty at the time of

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:
31/01/2023 20:21

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230131/7111

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230131/7111

accident, where the location was part of my patrol sectors. Police attended to scene, vide report number G/20230131/0123

Subjects Involved			
Victim			
Person Name	ABDUL RAHIM BIN ZAINUDIN		
ID Type	NRIC NO	ID No	S1681115G
Gender	Male	Age	58
Race	Malay	Language	English
Occupation	Auxiliary police officer	Address	269A YISHUN STREET 22 #14-517 SINGAPORE 761269
Mobile No	91914152	Is Informant A Victim?	Yes
Person Name ABDUL RAHIM BIN ZAINUDIN (Informant)			

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:
31/01/2023 20:21

Classification Of Case:

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SNE9901Z

Date of Accident

31/01/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **30/12/2021 - 29/12/2023**Requested By **Tan Chok Lok (Ban Hock Hin C...**Requested Date **18/02/2023 09:24**

Payment details

Request Amount: **S\$1.85**GST Amount: **S\$0.15**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**