(08/11/13) wef ASS. REC. BY: Marcus REF: C5	EG/2300 4884/Ugy3
	SSIGNMENT
From: Date: Estimated Cost: OD / TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: FBN 1336C at Workshop m/s GB/S SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Veh No: FBN1336C Yr Regn: 10 09 (5) Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: ancho Nuox c.c SS Colour Mufe A/C: Insured / Std / NI / NA Sp.Reading 9116 / T/Radio: Insured / Std / NI / NA Eng/No: C/No: MH3.5643/0000//702 Gen. Cond: Good / Fair / Poo / Burnt
Sum Insured: Excess: (Client's Record) Make of Veh:	Steering: Inforder / Jammed / Leaked / Burnt or Brake: Inforder / Jammed / Leaked / Burnt or Modi: S/Rim STD / /Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 Vehicle: IN / O Date: Person Contacted:	TOYO / YOKO or Front R/Bal. Mr. Rear R/Bal. Mm. L/Bal. D.O.A. 30 0 4 2 3 D.O.I. 15 0 5 2 3 Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date/Time Action/Instruction dep/SUD LTA & 2275 of as 15:-05 have scene who uploand believe. 3/6/23 4/5 \$-1000 informed \$	fell on RH side Roymond (Ned & 459, 312)
Date/Time, File Pass to? 1) : Preli. Report 1) : Final Report Date/Time, File Return to? 2) Add F Report Format : MED TO Lump Sum / I.B.F. (\$ (000))	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: See: Interview (\$) The continuous of trip: Transportation: Transpor





Customer:

ERGO INSURANCE PTE LTD 8 TEMASEK BOULEVARD #04-01 SUNTEC TOWER 3 SINGAPORE 038988

ATTN: MOTOR CLAIMS DEPT

VEHICLE NO.

: FBN1336C

MAKE/MODEL

: YAM / NMAX155 ABS

QUOTATION

: 43490

DATE

2/5 \$1000 CLAIMINO. : 12182
POLICY NO. : MC/01009116/01
The ghaffeing FRON : RAYMOND
Hdays.

(Page 1 of 3)

Description	Action	Otty	Unit Price		Amount
BELLY PAN P/N: 58094	REPLACE	1.00	\$38.00	Cun	38.00
				0	
	REPLACE	1.00	\$59.00	sin	59.00
- (REPORTED BY MECHANIC)				116	
BOX FILTER AIR OUTER	REPLACE	1.00	\$20.00	Son	20.00
P/N: 58141 - (REPORTED BY MECHANIC)					ALT DISE.
COVER SIDE LH (GREY)	REPLACE	1.00	\$42.00	cre	42.00
P/N: 60877					_
					-
	REPLACE	1.00	\$25.00	cre	25.00
and the second s	REPLACE	1.00	\$25.00	Cun	25.00
P/N: 58117		1.00	Ψ20.00	- (20.00
- (REPORTED BY MECHANIC)					
COVER SIDE REAR RH (WHITE)	REPLACE	1.00	\$33.00	cre	33.00
P/N: 58102					/
- (REPORTED BY MECHANIC)					0.5
COWLING FRONT LH (WHITE)	REPLACE	1.00	\$36.00	Cun	36.00
				S 31	/
The state of the s					- 65
	REPLACE	1.00	\$36.00	Cuz	36.00
					_
	BELLY PAN P/N: 58094 - (REPORTED BY MECHANIC) BOARD FOOTREST LH P/N: 59588 - (REPORTED BY MECHANIC) BOX FILTER AIR OUTER P/N: 58141 - (REPORTED BY MECHANIC) COVER SIDE LH (GREY) P/N: 60877 - (REPORTED BY MECHANIC) COVER SIDE LOWER LH (WHITE) P/N: 58097 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 58117 - (REPORTED BY MECHANIC) COVER SIDE REAR RH (WHITE) P/N: 58102 - (REPORTED BY MECHANIC)	BELLY PAN P/N: 58094 - (REPORTED BY MECHANIC) BOARD FOOTREST LH P/N: 59588 - (REPORTED BY MECHANIC) BOX FILTER AIR OUTER P/N: 58141 - (REPORTED BY MECHANIC) COVER SIDE LH (GREY) P/N: 60877 - (REPORTED BY MECHANIC) COVER SIDE LOWER LH (WHITE) P/N: 58097 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 58117 - (REPORTED BY MECHANIC) COVER SIDE REAR RH (WHITE) P/N: 581102 - (REPORTED BY MECHANIC) COVER SIDE REAR RH (WHITE) P/N: 58179 - (REPORTED BY MECHANIC) COWLING FRONT LH (WHITE) P/N: 58179 - (REPORTED BY MECHANIC) COWLING FRONT RH (WHITE) P/N: 59594	BELLY PAN REPLACE 1.00 P/N: 58094 - (REPORTED BY MECHANIC) BOARD FOOTREST LH REPLACE 1.00 P/N: 59588 - (REPORTED BY MECHANIC) BOX FILTER AIR OUTER REPLACE 1.00 P/N: 58141 - (REPORTED BY MECHANIC) COVER SIDE LH (GREY) REPLACE 1.00 P/N: 60877 - (REPORTED BY MECHANIC) COVER SIDE LOWER LH (WHITE) REPLACE 1.00 P/N: 58097 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) REPLACE 1.00 P/N: 58117 - (REPORTED BY MECHANIC) COVER SIDE REAR RH (WHITE) REPLACE 1.00 P/N: 58102 - (REPORTED BY MECHANIC) COWLING FRONT LH (WHITE) REPLACE 1.00 P/N: 58179 - (REPORTED BY MECHANIC) COWLING FRONT LH (WHITE) REPLACE 1.00 P/N: 58179 - (REPORTED BY MECHANIC) COWLING FRONT RH (WHITE) REPLACE 1.00 P/N: 59594	BELLY PAN P/N: 58094 - (REPORTED BY MECHANIC) BOARD FOOTREST LH P/N: 59588 - (REPORTED BY MECHANIC) BOX FILTER AIR OUTER P/N: 58141 - (REPORTED BY MECHANIC) COVER SIDE LH (GREY) P/N: 560877 - (REPORTED BY MECHANIC) COVER SIDE LOWER LH (WHITE) P/N: 58097 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 5817 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 58117 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 58117 - (REPORTED BY MECHANIC) COVER SIDE REAR RH (WHITE) P/N: 58102 - (REPORTED BY MECHANIC) COWLING FRONT LH (WHITE) P/N: 58179 - (REPORTED BY MECHANIC) COWLING FRONT RH (WHITE) P/N: 58179 - (REPORTED BY MECHANIC) COWLING FRONT RH (WHITE) REPLACE 1.00 \$36.00 P/N: 59594	BELLY PAN P/N: 58094 - (REPORTED BY MECHANIC) BOARD FOOTREST LH P/N: 59588 - (REPORTED BY MECHANIC) BOX FILTER AIR OUTER P/N: 58141 - (REPORTED BY MECHANIC) COVER SIDE LH (GREY) P/N: 58097 - (REPORTED BY MECHANIC) COVER SIDE LOWER LH (WHITE) P/N: 58097 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 58097 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 58017 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 58117 - (REPORTED BY MECHANIC) COVER SIDE LOWER RH (WHITE) P/N: 581102 - (REPORTED BY MECHANIC) COWLING FRONT LH (WHITE) P/N: 58179 - (REPORTED BY MECHANIC) COWLING FRONT RH (WHITE) P/N: 58179 - (REPORTED BY MECHANIC) COWLING FRONT RH (WHITE) P/N: 59594

*43490





S/N	Description		Action	Qty	Unit Price		Amount
10	EMBLEM (YAMAHA) LOGO P/N: 57069 - (REPORTED BY MECHANIC)		REPLACE	2 00	\$17.00	nec	*34.00
11	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	D	Supply/Install	2 50	\$70.00	170	175.00
12	MUDGUARD FRONT (WHITE) P/N: 58087 - (REPORTED BY MECHANIC)		REPLACE	1 00	\$52.00	gnal	52.00
13	PANEL 1 (GREY) LH P/N: 59584 - (REPORTED BY MECHANIC)		REPLACE	1 00	\$25.00	cuz	25.00
14	PANEL 2 (GREY) RH P/N: 58081 - (REPORTED BY MECHANIC)		REPLACE	1 00	\$25.00	eng	25.00
5	SCREW (VISOR) P/N: 62053 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$3.00	17	3.00 🗙
6	SPRAY LACQUER ON COVER CENTRE LH - (REPORTED BY MECHANIC)	N	Spray	1.00	\$100.00		100.00
7	SPRAY LACQUER ON COVER SIDE REAR RH - (REPORTED BY MECHANIC)	×	Spray	1.00	\$70.00		70.00
3	SPRAY LACQUER ON COWLING FRONT LH - (REPORTED BY MECHANIC)	×	Spray	1.00	\$100.00		100.00
9	SPRAY LACQUER ON COWLING FRONT RH - (REPORTED BY MECHANIC)	×	Spray	1,00	\$100.00		100.00
0	SPRAY LACQUER ON MUDGUARD FRONT - (REPORTED BY MECHANIC)	*	Spray	1.30	\$55.00		55.00
1	STICKER (CERTIS CISCO) LOGO NEW MODEL P/N: 61181 - (REPORTED BY MECHANIC)	LH/RH	REPLACE *	1.00	\$48.00	nu	48.00
2	STICKER (CERTIS CISCO) WINDSHIELD NEW MODEL P/N: 61182 - (REPORTED BY MECHANIC)		REPLACE *	1.30 N	IN \$65.00	110	65.00 X
3	STICKER (CISCO) COVER CENTRE LH P/N: 58614 - (REPORTED BY MECHANIC)		REPLACE 4	1.30	\$40.00	nec	40.00
4	STICKER (CISCO) COWLING FRONT LH P/N: 58616 - (REPORTED BY MECHANIC)		REPLACE #	1.00	\$40.00	ner	40.00

*43490



SUD

	· ·							
S/N	Description	Action			2ty	Unit Price		Amount /
25	STICKER (CISCO) COWLING FRONT RH P/N: 58617 - (REPORTED BY MECHANIC)	REPLACE	*	1	.00	\$40.00	14	40.00 \$/1
26	STICKER (CISCO) LINING COVER REAR LH P/N: 61573 - (REPORTED BY MECHANIC)	REPLACE	4	1	00	\$18.00	AM	18.00
27	STICKER (CISCO) MUDGUARD FRONT P/N: 58618 - (REPORTED BY MECHANIC)	REPLACE	¥	1	00	\$40.00	nu	40.00
28	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH		4	1	00	\$50.00	35-	50.00
29	WINDSHIELD P/N: 58073 - (REPORTED BY MECHANIC)	REPLACE		1	00	\$65.00	'cm	65.00
		SUB TOTAL GST @ 8 %						459.00 116.72
		GRAND TOTAL	(SGD)				\$1,	575.72

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.

 No illugal moofication(s) is allowed. Supplementary (terr(s) must be resulted as a subject to filml approved from insurance Go

SUD

*43490



Vehicle Details

CO2 Emission:

Vehicle No.	Make / Model
FBN1336C	YAMAHA / NMAX155 ABS
Vehicle Type :	Vehicle Attachment 1:
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No.:
Normal	MH3SG431000011702
Propellant:	Engine No. :
Petrol	G3H6E0014535
Motor No. :	Engine Capacity :
•	155 cc
Power Rating:	Maximum Power Ou put:
Maximum Laden Weight:	Unladen Weight:
295 kg	128 kg
Year Of Manufacture :	Original Registration Date:
2019	10 Sep 2019
Lifespan Expiry Date :	COE Category:
ě.	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$3,602.00	09 Sep 2029
Road Tax Expiry Date :	PARF Eligibility Expiry Date:
09 Sep 2023	
nspection Due Date :	Intended Transfer Date:
99 Sep 2023	19 May 2023

CEV/VES Rebate Util sed Amount:

SA1D234U0006 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 01/05/2023 16:23 (SGT) SUBMITTED BY: Aizam VERSION: 1 (01/05/2023 16:23 (SGT))



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 witholding 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 01/05/2023 16:23 (SGT) Reported by Actual Driver Date of Accident 30/04/2023 21:10 (SGT) Exact Location of Accident Singapore Additional Location Information KINTA ROAD LAMP POST NUMBER 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN1336C

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

VEHICLE PARTICULARS.

Manufacturer Yamaha Model N MAX Variant Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MC/01009116/01

DRIVER

Name of Driver Work Permit No Date Of Birth Occupation

MURUKESSAN PARAMASWARAN GXXXX357Q 05/05/1998 Outdoor

No - Claiming third party

Motorcycle

Auto

Date Of Driving Pass 07/12/2017 Driving experience 5 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-93580410 Alt. Phone Number Email Address muruashu@gmail.com Address 11B -25-03 ROYAL STRAND COUNTRY GARDEN, JALAN SKUDAI,80200 Johor Bahru johor Address complement Postcode 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 - Head to Rear Weather Conditions Clear Conditions 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) 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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Fax) +65-63918583

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Brief Details.

I was on duty as a Parking Warden and was doing my enforcement at my sector, Sim Drive. I went to Kinta Road, towards Serangoon Road to perform some enforcement tasks. As I riding, I wanted to park my motorcycle (FBN 1336 C) along the double yellow line near lamp post 5.

As there was a van infront ,I had to wait awhile for the van as it was ready to drive off, While I was waiting, I felt something hit the rear left side of my motorcycle. The motorcycle then toppled towards the right side. As there was the vin ahead of me, I managed to prevent myself and the motorcycle from falling. There were damages to the left side of the motorcycle.

The lorry (GBB 5035 H), stopped. Me and the driver then exchanged particulars. The driver and his passengers informed me that he was not injured. There were more passengers sitting at the back of the lorry however I did not take not how many there were. All the passengers however, were not injured. I then informed my supervisor who then asked me to lodge a police report.

I would like to add that I suffered a small abrasion on my left ankle and have yet to proceed for me dical check up as of making this report.



ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Vehicle Registration Number GBB5035H Vehicle Manufacturer Toyota Vehicle Model Dyna Vehicle Variant Vehicle Colour Gray Vehicle Category Commercial vehicle Name of Driver SANTHIRAKUMAR SASIKUMAR Work Permit No GXXXX474P Contact Number (Phone) +65-84058344 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 <u>correctly</u> the details of the accident to speed up the clams process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as fruthful and accurate as poesible. Any wilful misrepresentation or with oking of material facts may allow insurance companies to gapudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy lability 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 Ger Hall 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 longement of this report to the insurers, you hereby consent to the archiving of this report at the centric and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)
- lunderstand, acknowledge, agree and consent that
- funderstand, admind edge, agree and consent that.

 (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted tricollect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information | revited 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 his yestation firms, the Monetary Authority of Singapor 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:
- (I) Investigating the accident and/or my claims;
- (II) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the malting of correspondence, statements, involces, 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) wino have insured vehicle(s) involved in this accident and the insurers' law yers/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 GA to their third party service providers or agents (including their law yers/law finns), which may be sited outside of Singapore, for one or more of the above Purplises.

	Witnesse I B Monamed Suffu		I By Reporting Officer ifuliah S/O Syed Masood	
Policyholder's Signature / Code & Time Skietch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time 1 May 2023	Witnessed Personnel	y Reporting Centre	

AND RESIDENCE OF THE PARTY OF T			
PLEASE REFER	R TO THE POLICE REPORT		
Declaration We declare the foregoing particula	irs are true in every respect.		
	tik	Witnesse ii	By Reporting Officer ullah S/O Syed Masoc







