



QUOTATION

Customer :

NO. : 43549

MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

DATE : 17/05/2023
CLAIM NO. : 12188
POLICY NO. : PNMC2022-00002626

ATTN: MOTOR CLAIMS DEPT

FROM : RAYMOND

VEHICLE NO. : FBS6620Y
MAKE/MODEL : HON / CRF300L MANUAL

(Page 1 of 4)

S/N	Description	Action	Qty	Unit Price	Amount
1	AXLE WHEEL FRONT - (REPORTED BY MECHANIC)	REPLACE	1.00	\$66.00	66.00
2	AXLE WHEEL REAR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$114.00	114.00
3	BAR HANDLE - (REPORTED BY MECHANIC)	REPLACE	1.00	\$236.00	236.00
4	BEARING STEERING CONE - (REPORTED BY MECHANIC)	REPLACE	1.00	\$48.00	48.00
5	BRACKET UNDER FORK - (REPORTED BY MECHANIC)	REPLACE	1.00	\$612.00	612.00
6	CABLE THROTTLE A - (REPORTED BY MECHANIC)	REPLACE	1.00	\$48.00	48.00
7	CABLE THROTTLE B - (REPORTED BY MECHANIC)	REPLACE	1.00	\$48.00	48.00
8	COVER SIDE RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$236.00	236.00
9	COWLING FRONT - (REPORTED BY MECHANIC)	REPLACE	1.00	\$306.00	306.00

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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	CROWN HANDLE - (REPORTED BY MECHANIC)	REPLACE	1.00	\$342.00	342.00
11	FOOTREST FRONT RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$154.00	154.00
12	FORK FRONT LH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$3,288.00	3,288.00
13	FORK FRONT RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$3,288.00	3,288.00
14	FORK PROTECTOR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$131.00	131.00
15	GRIP HANDLE LH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$24.00	24.00
16	GRIP HANDLE RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$72.00	72.00
17	GUARD HANDLE LH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$233.00	233.00
18	GUARD HANDLE RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$233.00	233.00
19	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	16.00	\$86.00	1,376.00
20	LAMP SIGNAL FRONT RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$342.00	342.00
21	LAMP SIGNAL REAR RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$342.00	342.00
22	LEVER BRAKE - (REPORTED BY MECHANIC)	REPLACE	1.00	\$32.00	32.00
23	MIRROR LH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$107.00	107.00
24	MIRROR RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$107.00	107.00

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
25	MUDGUARD FRONT - (REPORTED BY MECHANIC)	REPLACE	1.00	\$330.00	330.00
26	MUFFLER COMP. - (REPORTED BY MECHANIC)	REPLACE	1.00	\$1,129.00	1,129.00
27	PACKING MUFFLER P/N: 49139 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$32.00	32.00
28	PEDAL BRAKE - (REPORTED BY MECHANIC)	REPLACE	1.00	\$114.00	114.00
29	PROTECTOR EXHAUST - (REPORTED BY MECHANIC)	REPLACE	1.00	\$232.00	232.00
30	PROTECTOR EXHAUST CAP - (REPORTED BY MECHANIC)	REPLACE	1.00	\$84.00	84.00
31	RIM FRONT ASSY - (REPORTED BY MECHANIC)	REPLACE	1.00	\$1,364.00	1,364.00
32	RIVET - (REPORTED BY MECHANIC)	REPLACE	3.00	\$15.00	45.00
33	SHROUD RH ASSY - (REPORTED BY MECHANIC)	REPLACE	1.00	\$48.00	48.00
34	STAY METER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$306.00	306.00
35	STICKER 300L - (REPORTED BY MECHANIC)	REPLACE	1.00	\$189.00	189.00
36	STICKER COVER SIDE RH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$189.00	189.00
37	STICKER FRONT COWLING - (REPORTED BY MECHANIC)	REPLACE	1.00	\$143.00	143.00
38	STICKER NUMBER PLATE FRONT (BLACK) STRAIGHT P/N: 32921 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	19.00
39	TYRE 90/90-21 (SHINKO) 705 P/N: 67842 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$120.00	120.00

SUB TOTAL

\$16,129.00

GST @ 8 %

\$1,290.32

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
GRAND TOTAL (SGD)					\$17,419.32

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.

*43549 *

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Vehicle Details

<i>Vehicle No.</i>	<i>Make / Model</i>
FBS6620Y	HONDA / CRF300L MANUAL
Vehicle Type : P00 - Passenger Motorcycle/Autocycle/Moped	Vehicle Attachment 1 : No Attachment
Vehicle Scheme : Normal	Chassis No. : MLHND1680M5001619
Propellant : Petrol	Engine No. : ND16E1001619
Motor No. : -	Engine Capacity : 286 cc
Power Rating : -	Maximum Power Output : -
Maximum Laden Weight : 291 kg	Unladen Weight : 194 kg
Year Of Manufacture : 2021	Original Registration Date : 25 Jun 2021
Lifespan Expiry Date : -	COE Category : D - Motorcycle
Quota Premium : \$8,703.00	COE Expiry Date : 24 Jun 2031
Road Tax Expiry Date : 24 Jun 2023	PARF Eligibility Expiry Date : -
Inspection Due Date : 24 Jun 2024	Intended Transfer Date : 19 May 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 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. 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 04/05/2023 18:12 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 29/04/2023 14:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TOWARDS SLE /TPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS6620Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO KEOK HENG
NRIC No SXXXX846A
Email Address 
Mobile Phone No 
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model CRF300L
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 300

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number PNMC2022-00002626

DRIVER

Name of Driver YEO KEOK HENG
NRIC No SXXXX846A
Date Of Birth 
Occupation Indoor

Date Of Driving Pass	29/06/1999
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHED POLICE REPORT LODGED ON LINE. VIDE REPORT NO T/20230430/7016.

Brief Details

This accident happened to me on 29/04/2023 2.49pm while I was traveling along CTE towards SLE/TPE on my motorcycle with plate number FBS6620Y.

While I was riding on the left lane leading to TPE just before exit 16, a bright green taxi came out of nowhere and cut right in front of me. I was hit by his left rear bumper causing me to fall with my motorcycle.

Passerby road users came to my help. One of them called the ambulance and also provide me with his car dash cam that can be used as an evident. I managed to take some pictures of the involved taxi and my motorcycle.

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 SHB1700B
Vehicle Manufacturer MG
Vehicle Model ELECTRIC
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver RICHARD
Contact Number [REDACTED]
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name NO DETAIL
Gender Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YEO KEOK HENG
Gender Male
Phone No [REDACTED]
Address [REDACTED]
Address Complement -
Post Code [REDACTED]
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBS6620Y
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

WITNESS DETAILS

WITNESS 1

Name KELVIN TAN
Phone [REDACTED]
Email -

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.

Policyholder's Signature / Date & Time

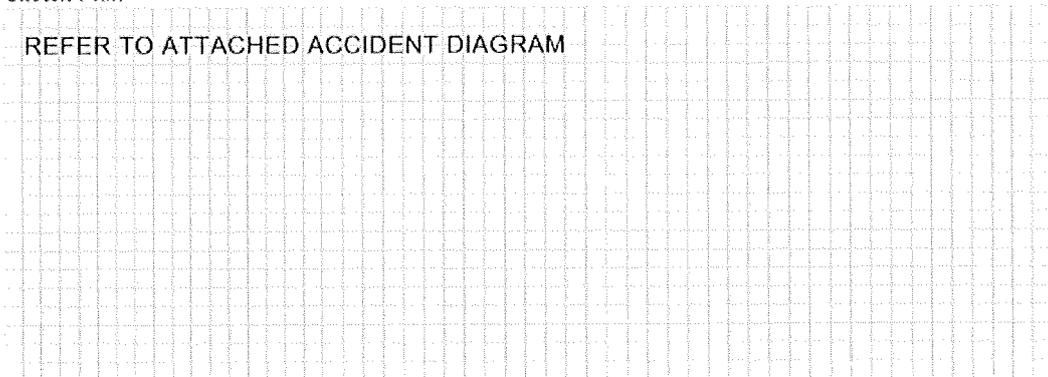
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed By Reporting Officer
Hashim Bin Kamari

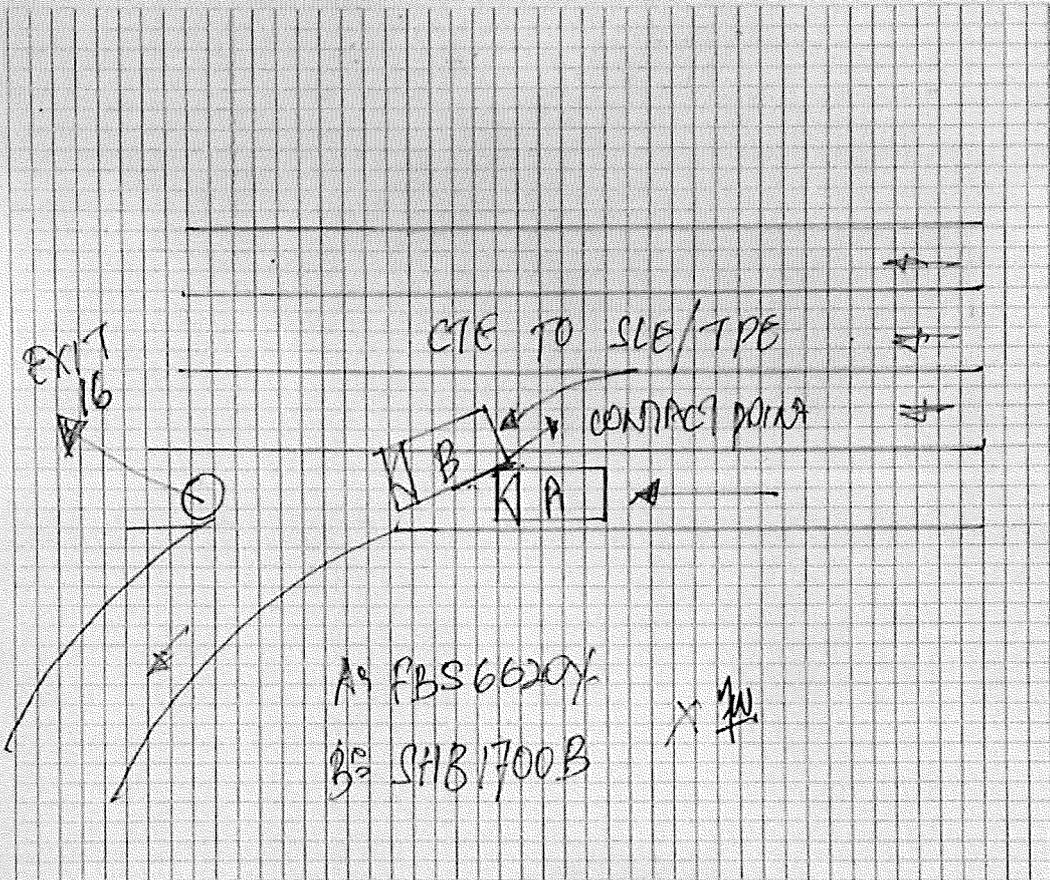
Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM



ACCIDENT DIAGRAM



[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

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

Describe Circumstances of the Accident

AS PER ATTACHED POLICE REPORT LODGED ON LINE. VIDE REPORT NO T/20230430/7016.

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**



T/20230430/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20230430/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2023 12:46	Vide Report No.: A/20230429/0072	Station Diary No.:
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Informant's Particulars

Name of Informant: YEO KEOK HENG			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email: [REDACTED]		
Sex: Male	Age: 48	Date of Birth: [REDACTED]	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Shop sales assistant			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/04/2023 02:50	Type of Location: CTE towards SLE/TPE, next to exit 16
Location: SUNRISE AVENUE				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS6620Y	Motorcycle	HONDA	CRF300L MANUAL	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230430/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20230430/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS6620Y	FWD Singapore Pte. Ltd	PNMC2022-00002626	25/06/2022	24/06/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YEO KEOK HENG	ID No.	[REDACTED]
Related Vehicle	FBS6620Y (Motorcycle)	Contact No.	[REDACTED]
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	29/04/2023	Date	29/04/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

This accident happened to me on 29/04/23 2.49pm while I was traveling along CTE towards SLE/TPE on my motorcycle with plate number FBS6620Y.

While I was riding on the left lane leading to TPE just before exit 16, a bright green taxi came out of nowhere and cut right in front of me. I was hit by his left rear bumper causing me to fall with my motorcycle.

Passerby road users came to my help. One of them had called the ambulance and also provided me with his car dash cam that can be used as an evident. I managed to take some pictures of the involved taxi and my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20230430/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20230430/7016

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FADLI SHAIFUDDIN BIN MOHAMED SANI
Contact No.: 65476845

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/04/2023 12:46

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1D23540003 Vehicle Registration No: FBS8620Y

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 29/04/2023 Time of Accident: 14:50

Place of Accident: SUNRISE AVENUE

Insurance Company: FWD SINGAPORE PTE LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1.ADDING PICTURES

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name: SUGANYA
 NRIC/FIN No.:
 Date: 13052023

GIAR/NC Addendum Form

Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Print Date/Time : 13 May 2023 / 17:30:00
 Receipt Date/Time : 13 May 2023 / 17:30:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230513-001842
 Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHB1700B As at 29 Apr 2023/14:50:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB1700B Enquiry Fee 20230513172813038873	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Total Before Rounding		24.77	1.98	26.75
Rounding Difference				0.00
Total Amount Payable				26.75
Paid By				
	20230513172830214	Direct Debit: eNETS Debit (Internet Banking)		26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.