



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. : 43637

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

DATE : 27/05/2023
CLAIM NO. : 12193
POLICY NO. : MC/01132908

FROM : RAYMOND

VEHICLE NO. : FBL5675H
MAKE/MODEL : YAM / MT-03 ABS (MTN3)

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	BALANCER HANDLE SET (MOTOVATION) P/N: 60205 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$110.00	110.00
2	BOX REAR XCEED TC45 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$1,163.00	1,163.00
3	BRACKET, FENDER P/N: 64210 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	21.00
4	COVER CRANKCASE 1 P/N: 56190 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$81.00	81.00
5	COVER UNDER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$338.00	338.00
6	GASKET, CRANKCASE COVER 1 P/N: 56199 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$6.00	6.00
7	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	8.00	\$86.00	688.00
8	LENS SIGNAL FRONT LH P/N: 58441 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	12.00
9	LEVER CLUTCH P/N: 53490 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$28.00	28.00

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S/N	Description	Action	Qty	Unit Price	Amount
10	LICENCE LIGHT ASSY P/N: 64212 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$32.00	32.00
11	MIRROR LH P/N: 48240 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$97.00	97.00
12	MUDGUARD REAR P/N: 64211 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	21.00
13	OIL ENGINE (MOBIL) SUPER MOTO SYN TEC 10W/40 P/N: 72839 - (REPORTED BY MECHANIC)	REPLACE	1.80	\$19.00	34.20
14	PEDAL GEAR ASSY P/N: 64736 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$80.00	80.00
15	PLATE NUMBER REAR (6.5 INCH X 9 INCH) P/N: 26951 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$30.00	30.00
16	SLIDER AXLE REAR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$125.00	125.00
17	SLIDER ENGINE (MOTOVATION) P/N: 62017 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$125.00	125.00
18	SLIDER FORK FRONT - (REPORTED BY MECHANIC)	REPLACE	1.00	\$125.00	125.00
19	STAND SIDE P/N: 64737 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$58.00	58.00
20	WINDSHIELD PUIG - (REPORTED BY MECHANIC)	REPLACE	1.00	\$310.00	310.00

SUB TOTAL	\$3,484.20
GST @ 8 %	\$278.74
GRAND TOTAL (SGD)	\$3,762.94

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of
BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By

*43637 *

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<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
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RAYMOND

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.

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Vehicle Details

Vehicle No.	Make / Model
FBL5675H	YAMAHA / MT-03 ABS (MTN320-A)
Vehicle Type :	Vehicle Attachment 1 :
P00 - Passenger Motorcycle/Autocycle/Moped	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	MH3RH07K000005820
Propellant :	Engine No. :
Petrol	H402E0046326
Motor No. :	Engine Capacity :
-	321 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
328 kg	168 kg
Year Of Manufacture :	Original Registration Date :
2016	27 Dec 2016
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$6,101.00	26 Dec 2026
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
15 May 2023	-
Inspection Due Date :	Intended Transfer Date :
26 Dec 2023	31 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 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	18/05/2023 15:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 17:40 (SGT)
Exact Location of Accident	Tampines Ave 1, Singapore
Additional Location Information	ALONG TAMPINES AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5675H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR FADILAH BINTE ARSHAD
NRIC No	S8722025G
Email Address	nurfadilaharshad87@gmail.com
Mobile Phone No	(Phone) +65-93362901
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-03
Variant	ABS (MTN320-A)
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	Manual
CC	321

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01132908

DRIVER

Name of Driver	NUR FADILAH BINTE ARSHAD
NRIC No	S8722025G
Date Of Birth	18/07/1987
Occupation	Indoor

Date Of Driving Pass	18/09/2012
Driving experience	10 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93362901
Alt. Phone Number	-
Email Address	nurfadilaharshad87@gmail.com
Address	APT BLK 156 JALAN TECK WHYE #04-53
Address complement	-
Postcode	680156
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 - Major/Minor Rd
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

PLS REFER TO POLICE REPORT NO: T/20230516/7007.

* I WISH TO STATE THAT I'M UNABLE TO PROVIDE MY VEHICLE DURING THE ACCIDENT REPORT DUE TO MY VEHICLE IS CURRENTLY IN TP COMPOUND.

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	SDE3633E
Vehicle Manufacturer	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

SKETCH PLAN

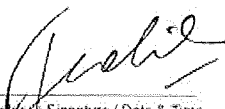
IMPORTANT NOTICE


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 Actual Driver.
3. Information provided must be as faithful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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:

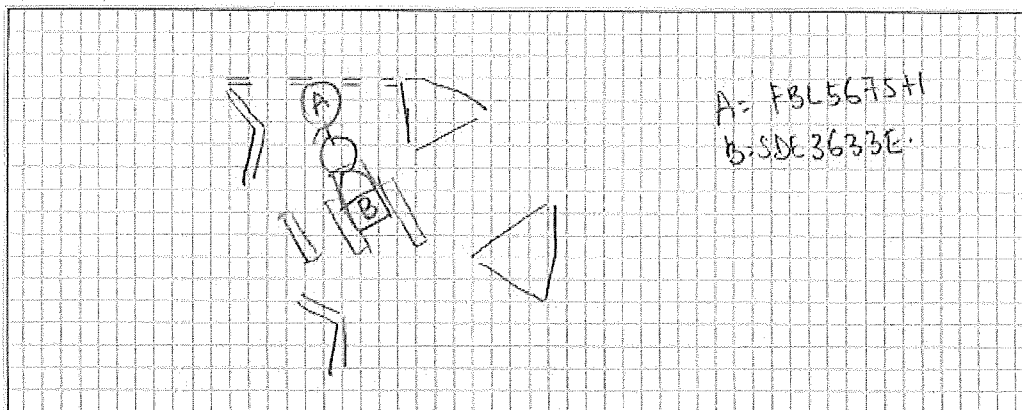
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

4 
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

PLS refer to Police Report No: 7/20230516/7007.


* I wish to state that I'm unable to provide my vehicle during the accident report due to my vehicle is currently in 11th compound.

Declaration

We declare the foregoing particulars are true in every respect.

* 
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230516/7007

1 of 3

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

Report No. T/20230516/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2023 09:58		Vide Report No.: G/20230515/0123		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR FADILAH BINTE ARSHAD			Address: 156 JALAN TECK WHYE #04-53 SINGAPORE 680156		
ID Type / ID No.: NRIC NO / S8722025G			Contact No.: Home/Office: Mobile: 93362901		
Nationality: SINGAPORE CITIZEN			Email: nurfadilaharshad87@gmail.com		
Sex: Female	Age: 35	Date of Birth: 18/07/1987	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2023 17:40	Type of Location: Slip Rd
Location: TAMPINES AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5675H	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Blue	Slightly Damaged	0
SDE3633E	Car	BMW		Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230516/7007

2 of 3

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

Report No. T/20230516/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5675H	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/01132908	27/12/2022	26/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NUR FADILAH BINTE ARSHAD		ID No.	S8722025G
Related Vehicle	FBL5675H (Motorcycle)		Contact No.	93362901
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	15/05/2023		Date	15/05/2023
No. of Days granted Medical Leave		07	Degree of	Slight
Driver				
Name	CHUA JIA HONG		ID No.	NIL
Related Vehicle	SDE3633E (Car)		Contact No.	98357923
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

On 15/05/2023 at about 1740hrs, I was riding my motorcycle(FBL5675H) along Tampines Ave 10 towards Bartley Rd East. While I was on the slip road turning left towards Tampines Ave 1, I stopped my motorcycle to give way to the oncoming traffic. Suddenly, I felt a strong impact from the rear. The impact caused my motorcycle to move forward and my top box hit the back of my body. Subsequently, I fell to the ground together with my motorcycle. When I was still seated on the ground, I saw the car (SDE3633E) that collided with the rear of my motorcycle. The driver of the car got out of his vehicle and assisted to carry my motorcycle up. The driver kept apologizing to me and mentioned that his brake was not effective.

My back hurts after the collision. As such, I called for an ambulance. I was subsequently conveyed to Changi General Hospital. I was treated as outpatient and was given 7 days of Hospitalization Leave(EMD202384006).



**SINGAPORE
POLICE FORCE**



T/20230516/7007

3 of 3

Report No. T/20230516/7007

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
LEE GUANG HUI
Contact No.: 65476423

NP168

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

Date/Time:
16/05/2023 09:58

Classification Of Case:


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SDE3633E

Date of Accident

15/05/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **28/12/2021 - 27/06/2023**Requested By **Tan Chok Lok (Ban Hock Hin C...**Requested Date **23/05/2023 17:49**

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**