



QUOTATION

Customer :

NO. : 43672

CHINA TAIPING INSURANCE (S) PTE LTD
105 CECIL STREET
#18-00 / 19-00
THE OCTAGON
S'PORE 069534
ATTN: MOTOR CLAIMS DEPT

DATE : 01/06/2023
CLAIM NO. : 12201
POLICY NO. : MC/00955300

FROM : RAYMOND

VEHICLE NO. : FBJ780E
MAKE/MODEL : YAM / TMAX530(DX)

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BOARD FOOTREST RH P/N: 57551 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$108.00	108.00
2	BODY COWLING RH P/N: 57569 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$320.00	320.00
3	COVER SIDE RH 2 P/N: 68316 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$75.00	75.00
4	DAMPER PLATE P/N: 68314 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$18.00	18.00
5	EMBLEM P/N: 47701 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$24.00	24.00
6	EXHAUST CAP - (REPORTED BY MECHANIC)	REPLACE	1.00	\$112.00	112.00
7	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	6.00	\$86.00	516.00
8	LEG SHIELD 1 P/N: 57593 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$183.00	183.00
9	LEVER 2 P/N: 54006 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$60.00	60.00

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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	MIRROR ROUND SET P/N: 65603 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$64.00	64.00
11	MOLE SIDE COVER 2 P/N: 57525 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$89.00	89.00
12	PANEL 2 P/N: 57475 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$182.00	182.00
13	PLATE DAMPER P/N: 68313 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$6.00	6.00
14	PLATE NUMBER REAR (YELLOW COLOR) EMOSS P/N: 36747 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$48.00	48.00
15	PLATE PROTECTOR 2 P/N: 64607 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$198.00	198.00
16	PROTECTOR EXHAUST 3 P/N: 68319 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$198.00	198.00
17	PROTECTOR MUFFLER P/N: 68318 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$112.00	112.00
18	STAND MAIN P/N: 57520 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$319.00	319.00

SUB TOTAL	\$2,632.00
GST @ 8 %	\$210.56
GRAND TOTAL (SGD)	\$2,842.56

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.

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Vehicle Details

<i>Vehicle No.</i>	<i>Make / Model</i>
FBJ780E	YAMAHA / TMAX530(DX)
Vehicle Type :	Vehicle Attachment 1 :
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	JYASJ145000010094
Propellant :	Engine No. :
Petrol	J415E019248
Motor No. :	Engine Capacity :
-	530 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
415 kg	205 kg
Year Of Manufacture :	Original Registration Date :
2017	25 Sep 2017
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$5,501.00	24 Sep 2027
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
24 Sep 2023	-
Inspection Due Date :	Intended Transfer Date :
24 Sep 2023	05 Jun 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	30/05/2023 16:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/05/2023 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	K.P.E Tunnel Entrance
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ780E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Jun Rong
NRIC No	SXXXX538G
Email Address	Dylan_njr@live.com
Mobile Phone No	(Phone) +65-96430302
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	TMAX530(DX)
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	530

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/00955300

DRIVER

Name of Driver	Ng Jun Rong
NRIC No	SXXXX538G
Date Of Birth	21/07/1992
Occupation	Indoor

Date Of Driving Pass	15/09/2015
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96430302
Alt. Phone Number	-
Email Address	Dylan_njr@live.com
Address	Blk 145 Rivervale Drive #02-529
Address complement	-
Postcode	540145
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan.

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	SKX4799X
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) -

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 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 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.

6. 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.

[Signature]

Policyholder's Signature / Date & Time

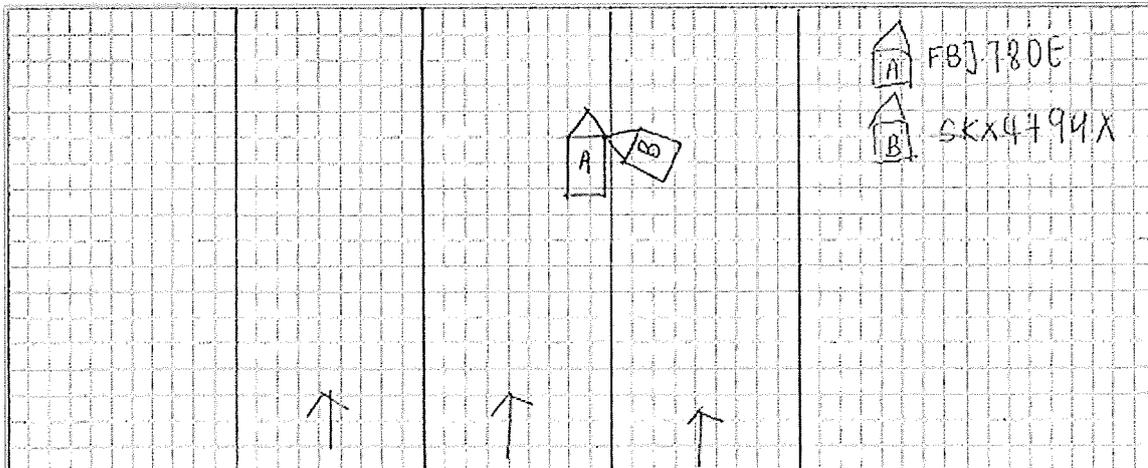
[Signature]

FION GOH

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

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

Sketch Plan



Describe Circumstance of the Accident

I was traveling on the lane and on the way ~~to~~ via KPE Tunnel while the car from first lane straight turn over my lane and knock me off.

Declaration

I/We declare the foregoing particulars are true in every respect.

 30/8/23
Policyholder's Signature / Date & Time

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

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

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SKX4799X

Date of Accident

30/05/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **29/03/2023 - 28/03/2024**

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

Requested Date **01/06/2023 15:03**

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**