# **QUOTATION**

NO. : 44004

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877

ATTN: MOTOR CLAIMS DEPT

DATE

: 14/07/2023

CLAIM NO. : 12237

POLICY NO. : MC/01105909

**FROM** 

: RAYMOND

VEHICLE NO.

Customer:

: FBS9536M

MAKE/MODEL

: YAM / AEROX

(Page 1 of 3)

<u>S/N</u>	Description	<u>Action</u>	Qty	<b>Unit Price</b>	<u>Amount</u>
1	Aftermarket mirror - (REPORTED BY MECHANIC)	REPLACE	1.00	\$78.00	78.00
2	BALANCER HANDLE - (REPORTED BY MECHANIC)	REPLACE	2.00	\$5.00	10.00
3	BOARD FOOTREST INNER P/N: 76302 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$58.00	58.00
4	BOARD FOOTREST RH	REPLACE	1.00	\$46.00	46.00
	- (REPORTED BY MECHANIC)				
5	BOX FILTER AIR OUTER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$23.00	23.00
6	CLIP - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	19.00
7	COVER FOOTREST LH - (REPORTED BY MECHANIC)	REPLACE	1.00	\$13.00	13.00
8	COVER SIDE 1 P/N: 76301	REPLACE	1.00	\$55.00	55.00
9	- (REPORTED BY MECHANIC) CRANKCASE COVER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$46.00	46.00

\*44004





S/N	<u>Description</u>	<u>Action</u>	Qty	<u>Unit Price</u>	<u>Amount</u>
10	DAMPER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$3.00	3.00
11	DAMPER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$3.00	3.00
12	EMBLEM - (REPORTED BY MECHANIC)	REPLACE	1.00	\$5.00	5.00
13	FOOTREST REAR LH P/N: 69873	REPLACE	1.00	\$13.00	13.00
14	- (REPORTED BY MECHANIC)  HANDLE BAR - (REPORTED BY MECHANIC)	REPLACE	1.00	\$78.00	78.00
15	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND	Supply/Install	10.00	\$86.00	860.00
16	INSTALLATION OF PARTS. LED SHIELD - (REPORTED BY MECHANIC)	REPLACE	1.00	\$27.00	27.00
17	LEVEL BRAKE LH P/N: 68371	REPLACE	1.00	\$24.00	24.00
18	- (REPORTED BY MECHANIC)  LEVER BRAKE RH  P/N: 68930	REPLACE	1.00	\$24.00	24.00
19	- (REPORTED BY MECHANIC) LID COVER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$10.00	10.00
20	MAIN STAND - (REPORTED BY MECHANIC)	REPLACE	1.00	\$68.00	68.00
21	MAIN STAND STOPPER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$4.00	4.00
22	MOLE 2 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$21.00	21.00
23	MUFFLER ASSY - (REPORTED BY MECHANIC)	REPLACE	1.00	\$910.00	910.00
24	PANEL 2 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$45.00	45.00

\*44004 \*





S/N	<u>Description</u>	<u>Action</u>	<u>Qty</u>	Unit Price	<u>Amount</u>
25	PROTECTOR MUFFLER P/N: 76300 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$45.00	45.00
26	RADIATOR COVER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$18.00	18.00
27	SCREW EXHAUST COVER - (REPORTED BY MECHANIC)	REPLACE	1.00	\$3.00	3.00
28	SPRAY PAINTING ON WHOLE BIKE - (REPORTED BY MECHANIC)	Spray	1.00	\$950.00	950.00
29	STAY 2 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$12.00	12.00
30	Sticker body - (REPORTED BY MECHANIC)	REPLACE	1.00	\$78.00	78.00
31	VISOR P/N: 63783 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$36.00	36.00
		SUB TOTAL GST @ 8 %			\$3,585.00 \$286.80
		GRAND TOTAL (SG	SD)		\$3,871.80

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.

\*44004 \*





# **Vehicle Details**

Vehicle No. Make / Model

FBS9536M YAMAHA / AEROX155 CVT

Vehicle Type : Vehicle Attachment 1 :

P00 - Passenger

Motorcycle/Autocycle/Moped No Attachment

Vehicle Scheme : Chassis No. :

Normal MH3SG6410MJ024535

Propellant: Engine No.:

Petrol G3P2E0029375

Motor No.: Engine Capacity:

- 155 cc

Power Rating : Maximum Power Output :

-

Maximum Laden Weight: Unladen Weight:

275 kg 122 kg

Year Of Manufacture : Original Registration Date :

2021 29 Sep 2021

Lifespan Expiry Date : COE Category :

D - Motorcycle

Quota Premium : COE Expiry Date :

\$9,089.00 28 Sep 2031

Road Tax Expiry Date : PARF Eligibility Expiry Date :

28 Sep 2023 -

Inspection Due Date: Intended Transfer Date:

28 Sep 2024 21 Jul 2023

CO2 Emission: CEV/VES Rebate Utilised Amount:

SB0F237C0003 / Ban Hock Hin Co Pte Ltd ENTRY DATE & TIME: 12/07/2023 18:34 (SGT) SUBMITTED BY: Fion Goh VERSION: 1 (12/07/2023 18:34 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Alternative Phone No

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

  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 on institution in protect most to distribute a describe as 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.

- 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 Polica 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

ACCIDENT STATEWENT		
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	12/07/2023 18:34 (SGT) Both Policyholder and Actual Driver 11/07/2023 18:20 (SGT) Singapore Along P.I.E Tuas After Adam Road Exit Singapore	
DETAILS OF	OWN VEHICLE	
Vehicle Registration Number	FBS9536M	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No	No Muhammad Hafeez Bin Abdul Rahman SXXXX479D hfzrhmn13@gmail.com (Phone) +65-87849904	

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	155

# INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number	Direct Asia Insurance (Singapore) Pte Ltd MC/01105909

DRIVER	
--------	--

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	29/12/2016 6 YEARS AND 7 MONTHS Male (Phone) +65-87849904 hfzrhmn13@gmail.com Blk 629 Bedok Reservoir Road #05-1622 470629 Yes No
Type of Accident Weather Conditions	Collision - Head to Rear Clear
Road Surface	Dry
	est monther. A nitriture a transcription of the correction of the correction of the correction of the first transcription and the correction of the correcti
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s)	1
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	Yes 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?  If yes, against whom?	No -
ii yoo, againot wildiii.	
CIRCUMSTANCES OF ACCIDENT	
Refer to Sketch Plan.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	FBH1010Z
Vehicle Registration Number  Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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 be pital by ambulance?	Muhammad Hafeez Bin Abdul Rahman Male (Phone) +65-87849904 Blk 629 Bedok Reservoir Road #05-1622 - 470629 - FBS9536M No
Was this injured conveyed to hospital by ambulance?	No

#### 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 Poscyholder and/or the Actual Driver
- 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 hability.
- 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.

- 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.
- By the ladgement 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 aferesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, 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;
- (ii) darrying 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 tible party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Furposes.

12/2/123

Policyholder's Signature / Date & Time

Sketch Plan

Oriver's Signature (if driver is not the policyholder) / Oate

& Time

FION

Witness bd by Reporting Centre Personnel

(Name as in NRIC/ID card)

A FBS 9536M B FBH10102

1

Describe Circumstance of the .	Accident	
Perce To point	Popula.	7/20230711/7101
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Dantaration		

Declaration

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

12/7/23

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

FION GOH

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20230711/7101

REPORT OF A TRAFFIC ACCIDENT				
Date/Time Report Made:	V			
11/07/2023 23:30				

/ide Report No.: Station Diary No.:

Informant's Particulars Name of Informant: Address: MUHAMMAD HAFEEZ BIN ABDUL 629 BEDOK RESERVOIR ROAD #05-1622 SINGAPORE RAHMAN 470629 ID Type / ID No.: NRIC NO / S8934479D Contact No.: Home/Office: Mobile: 87849904 Nationality: SINGAPORE CITIZEN Email: HFZRHMN13@GMAIL.COM Sex: Date of Birth: Type of Informant: Age: Male 33 29/09/1989 Rider Race: Language: Malay English Driving Licence Information: Occupation: Customer service officer/clerk Class: 2B,3 Date of Expiry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2023 18:35	Type of Location Flyover
Location:				
Weather:	S) before adam roa	Road Surface:		
after rain		Wet		agger construction of the second
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			,	Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBH 1010 Z	Motorcycle	YAMAHA	ybr	White	Slightly Damaged	0
FBS 9536 M	Motorcycle	YAMAHA	aerox	Green	Slightly Damaged	1



F/20/20711/7103

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

2 01 4 Report No. T/20230711/7101

#### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS 9536 M	Direct Asia	MC/01105909	29/09/2022	28/09/2023
		An enter a constant and a few factors and an enter the state of the st	, <u>, ,                                </u>	

Any Pedestrian II	nvolved: No				
No. of Pedestriar	Use of Pedestrian Crossing: NA				
Rider					
Name	NIL		ID No.		S8934479D
Related Vehicle	FBS 9536 M (Motorcycle)			ct No.	NIL
Hospital/Clinic	NIL			of } :e &	Class; NIL Date of Expiry: NIL
Date	NIL Date		NIL		
<del>and the second constitution of the second const</del>	ted Medical Leave NIL	Degree of		NIL	
Rider					and the second s
Name	MUHAMMAD HAFEEZ BIN ABDUL RAHMAN		ID No.		S8934479D
Related Vehicle	FBS 9536 M (Motorcycle)		Contact No.		87849904
Hospital/Clinic	RAFFLESMEDICAL			of } e &	Class: 2B,3 Date of Expiry: NIL
Date	11/07/2023 Date			11/07	7/2023
No. of Days gran	ted Medical Leave 01	Degree of		Serio	us

#### Brief Details.

I was travelling along PIE towards TUAS before Adam road exit on the 11 july 2023 at about 1835 hrs, I slowed down my vehicle ,FBS9536M, due to slow moving traffic ahead. I felt a slight knock on my right rear end of my vehicle and caused me to fall off. As I was rolling on the road,I saw another vehicle, FBH 1010 Z, had also skidded past through me from the back to the center lane. As we were picking up our vehicles, he asked me if I know what had happened, was I ok and do I need any medical attention. I told him I felt either a swipe or bump on my rear right of my vehicle which caused me to lost control and fall, we did not manage to exchange particulars on scene due to heavy traffic and some minor injuries we sustained. LTA officer was on scene before I was cleared to ride off as my vehicle is able to move. Our particulars was being taken by the LTA officer on scene whilst I only manage to get his contact number, only later on at about 1903 hrs i receive his message from Whatsapp asking for my condition only then that i manage obtained his vehicle number. According to him, his vehicle is a property of Cisco and he was on his way for a delivery on time of the accident. Despite calling and texting him several times asking for his particulars



Tel No: 65470000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865



3 of 4 Report No. T/20230711/7101

CONTINUATION OF REPORT

for me to make a report, there was no response from him. I am making this report to ensure that I wilf not be falsely accused or held accountable for not reporting the incident if there was a report being made from him or his company.



T/20230711/7101

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20230711/7101

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2023 23:30
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
This report is lodged at Eunos NPP Kiosk	

NP163

### INSURER ENQUIRY

# **Find insurer**

Vehicle reg. no.

FBH1010Z

**Date of Accident** 

11/07/2023

Reset

#### % RESULT & RECEIPT

# TP Insurer Enquiry Insurance \_\_\_\_\_\_\_ MS First Capital Insurance Ltd Period of Insurance \_\_\_\_\_\_\_ 01/04/2023 - 31/03/2024 Requested By \_\_\_\_\_ Tan Chok Lok (Ban Hock Hin C... Requested Date \_\_\_\_\_\_ 12/07/2023 16:34

#### Payment details

Request Amount: **\$\$1.85** GST Amount: **\$\$0.15** 

Total Amount Due (GST Inclusive): **\$\$2** 

#### **General Insurance Association**

Records Management Centre GST Registration No: **M400017735**