

NATIONAL Assessment Centre Services [ref: 13-199]

| | | | | |
|-------------|-------------------|--|-----------------------|---------|
| Date In | 29/03/2018 17:50 | Job description | Date & Time Completed | Done by |
| Ref No | NA/DAI18005890/ky | SAS e-filing | | |
| Veh No | FBH 5528X | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A | 27/03/2018 20:30 | i-Motor Claim Form | | |
| OD | TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | | i-Photo Uploaded | | |
| | | Assessment/Survey Report | | |
| | | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLJ3426R INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

| Remarks:- | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
| | | | 1st Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | | |
| Contact No: | 2) DA: Damage Assessment (\$100); | INC (\$30) | | |
| Damaged Portion: | 3) TP: Towing Fee | \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey | \$120 | | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) | \$30 | | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat. 2 / 3: | 6) TR: Re-inspection | \$75 | | |
| | 7) NI: Idac DA + SMRT Survey | \$160 | | |
| | 8) NTUC Additional Services:- | | | |
| | OD* | | | |
| | *N5: Courtesy Car / Tpt Allowance | \$5 | | |
| | *N6: Repair Co-ordination | \$10 | | |
| | *N7: Post Repair Inspection | \$25 | | |
| | *N8: DV / Collect Excess Coordination | \$5 | | |
| | TP (N11): TP (Non INC) against INC | \$20 | | |
| | 9) N12: Idac Mobile | \$0 | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

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 Authorised 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 ability.
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 Report | 29/03/2018 17:50 |
| Date Of Accident | 27/03/2018 20:30 |
| Exact Location Of Accident | TECK WHYE LANE TWDS CHOA CHU KANG CENTRAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH5528X |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE, KAH SENG |
| NRIC No | S8412418D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81265441 |
| Alternative Phone No | OFFICE-91071630 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | WW150 |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | MC/00232489/02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LEE JUN CHENG |
| NRIC No | S8412418D |
| Date Of Birth | 28/04/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/08/2010 |
| Driving Experience | 7 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81265441 |
| Fax Number | |
| Contact Number | OTHERS-91071630 |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 102 GANGSA ROAD #05-25 |
| Postcode | 670102 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG |
| Police Station Address | ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180328/2162

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------|
| Vehicle Registration Number | SLJ3426R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHENG TIM SOON |
| NRIC/Passport Number | S0030309G |
| Contact Number | 93863939 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | LEE JUN CHENG |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | FBH5528X |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

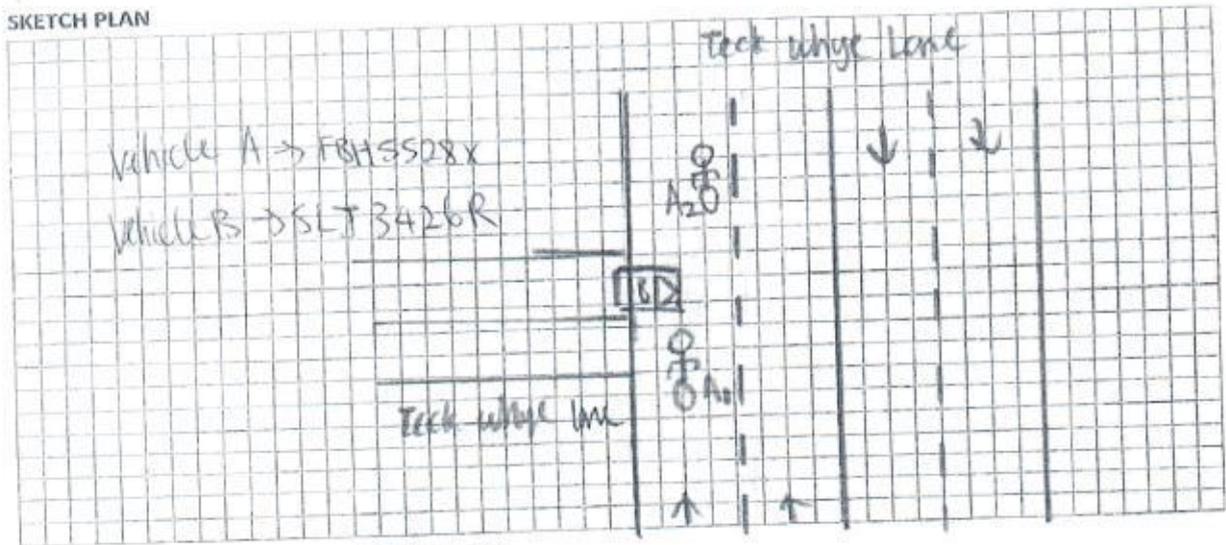


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20180328/2162

DECLARATION

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

af
Policyholder's Signature
Date & Time:

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

af 29/3/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180328/2162

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | LEE JUN CHENG | ID No. | S8412418D |
| Related Vehicle | FBH5528X (Motorcycle) | Contact No. | 81265441 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 28/03/2018 | Date Discharge | 28/03/2018 |
| No. of Days granted Medical Leave | 08 | Degree of Injury | Slight |
| Driver | | | |
| Name | CHENG TIM SOON | ID No. | S0030309G |
| Related Vehicle | SLJ3426R (Car) | Contact No. | 93863939 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 27th Mar 2018 at around 2015hrs, I was travelling along Teck Whye Lane towards Choa Chu Kang Central on my motorcycle, FBH5528X. I was travelling alone on the left lane.

While I was passing through an uncontrolled T-junction, just beside the temple, a white car (SLJ3426R) did not stop at the stop line and quickly moved out of the junction. I honk at him however it was too late. I tried to jam brake and my motorcycle skidded as I wanted to avoid the vehicle that moved out from the junction.

I fell to my left side and rolled for about 2 meters. The vehicle went off after making a right turn and stopped at the opposite side of the road.

Traffic Police and Ambulance were at scene. I was conveyed to Ng Teng Fong Hospital in conscious state.

I suffered abrasions on left and right hand and elbow, abrasions on left knee, fracture on hip bone and wrist bone and also strain on back of neck. I was given 8 days of hospitalization leave from Ng Teng Fong Hospital.

My motorcycle could not start at the point and some passer by assisted to push my motorbike at the nearest carpark.



SINGAPORE
POLICE FORCE



T/20180328/2162

3 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180328/2162

CONTINUATION OF REPORT

I do not have any camera attached to my motorcycle and I am not sure if there is any CCTV at the vicinity. There were witnesses which the Traffic Police had already took their particulars down.



**SINGAPORE
POLICE FORCE**



T/20180328/2162

4 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

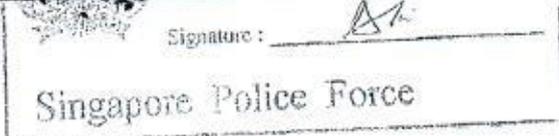
Report No. T/20180328/2162

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| | |
|---|---|
| Signature Of Officer Recording The Report: J/ Staff Sgt NURSYAMIRA BINTE MAZLAN <i>AK</i> | Signature Of Informant: <i>AK</i> |
| Signature Of Interpreter: Not applicable | Date/Time: 28/03/2018 17:18 |
| Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232 | Classification Of Case: Sij 17 |
| Authentication Stamp NP168 |  <p>Signature: <i>AK</i> Singapore Police Force</p> |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

| ACCIDENT DETAILS | |
|----------------------------|--|
| Date of accident | 27.03.2018 (DD/MM/YY) |
| Time of accident | 20:30 (HH:MM) |
| Exact location of accident | Teck Whyp Lane - towards Choa Chu Kang Central |

| DETAILS OF VEHICLE | |
|--|--|
| Vehicle registration number | FBH5528X |
| Vehicle make and model | Honda - WW150 |
| Type of vehicle | Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> |
| Purpose of using at said time | Motorcycle |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

| INSURANCE INFORMATION | |
|-----------------------|--|
| Insurance company | Direct Asia Insurance |
| Policy number | MC/00232489/02 |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

| INSURED / POLICY HOLDER | |
|------------------------------|---|
| Name | Lee Kah Seng Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S8412418D |
| Contact | 81265441 / 91071630 (Wife) |
| Address | APP B1K. 102, Gangan Road, #05-25, Spore 670102 |

| DRIVER | | SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B) |
|------------------------------|---|--|
| Name | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | |
| Contact | | |
| Address | | |
| Email address | | |
| Date of birth | 28.04.1984 | |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | 18.08.2010 | |

Email: Teamwork.?

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> |
| No of passenger | 01 (Inclusive of driver) |

PASSENGER 1

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

PASSENGER 2

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

PASSENGER 3

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

PASSENGER 4

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

PASSENGER 5

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

PASSENGER 6

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

OTHER INFORMATION

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

DETAILS OF POLICE ACTION

| | |
|---------------------|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | Bukit Pangang N.P.C. |

WITNESS 1

| | |
|------|------|
| Name | Asri |
|------|------|

WITNESS 2

| | |
|------|------|
| Name | Pang |
|------|------|

| THIRD PARTY VEHICLE 1 | |
|------------------------------|----------------|
| Vehicle registration number | SLJ 3426R |
| Vehicle make model | Mazda - 3 |
| Name | Cheng Tim Soon |
| NRIC / Fin / Passport number | SDD303096 |
| Contact | 93863939 |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|---|
| Vehicle registration number | / |
| Vehicle make model | / |
| Name | / |
| NRIC / Fin / Passport number | / |
| Contact | / |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|---|
| Vehicle registration number | / |
| Vehicle make model | / |
| Name | / |
| NRIC / Fin / Passport number | / |
| Contact | / |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|---|
| Vehicle registration number | / |
| Vehicle make model | / |
| Name | / |
| NRIC / Fin / Passport number | / |
| Contact | / |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|---|
| Vehicle registration number | / |
| Vehicle make model | / |
| Name | / |
| NRIC / Fin / Passport number | / |
| Contact | / |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|---|
| Vehicle registration number | / |
| Vehicle make model | / |
| Name | / |
| NRIC / Fin / Passport number | / |
| Contact | / |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|---|
| Vehicle registration number | / |
| Vehicle make model | / |
| Name | / |
| NRIC / Fin / Passport number | / |
| Contact | / |

| INJURED PERSON 1 | |
|--|---|
| Name | Lee Kah Seng |
| Injuries sustained | the Whole Body |
| Which vehicle person in? | FBH 5528 X |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 2 | |
|--|--|
| Name | / |
| Injuries sustained | / |
| Which vehicle person in? | / |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3 | |
|--|--|
| Name | / |
| Injuries sustained | / |
| Which vehicle person in? | / |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4 | |
|--|--|
| Name | / |
| Injuries sustained | / |
| Which vehicle person in? | / |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5 | |
|--|--|
| Name | / |
| Injuries sustained | / |
| Which vehicle person in? | / |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6 | |
|--|--|
| Name | / |
| Injuries sustained | / |
| Which vehicle person in? | / |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

REPUBLIC OF SINGAPORE DRIVING LICENCE
S8412418D



LEE JUN CHENG

Birth Date: 28 Apr 1984
Issue Date: 11 Nov 2017



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8412418D



LEE JUN CHENG

李俊成

CHINESE

Date of birth: 28-04-1984
Country/Place of birth: SINGAPORE

Sex: M




58412418D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles <= 200 cc | 18 Aug 2010 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 01 Jun 2012 |
| Class 2 | Motorcycles > 400 cc | 08 Sep 2013 |
| Class 3 | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 26 Apr 2007 |

NP 428A



5816267



58412418D



Date of issue: 21-10-2017

Address:
APT BLK 102 GANGSA ROAD
#05-25
SINGAPORE 670102

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

| | | |
|--|--------------------------|------------------------|
| Certificate No. | : | MC/00232489/02 |
| Type of Coverage | : | Third-Party Only Cover |
| 1) Vehicle Registration No. | : | FBH5528X |
| Chassis No. | : | MLHKF12A1C5003027 |
| 2) Name of Policy Holder | : | Lee, Kah Seng |
| 3) Effective Date of Commencement of Insurance for the Purpose of the Act | : | 22/07/2017 |
| 4) Date of Expiry of Insurance | : | 21/07/2018 |
| 5) Persons or Classes of Persons Entitled to Drive | | |
| (a) The Insured | | |
| (b) A named driver who is driving on the Insured's order or with his permission. | | |
| Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving. | | |
| 6) Limitations as to use* | | |
| Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. | | |
| *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading. | | |
| Sum Insured | : | Market Value |
| Policy Excess | : | S\$ 0.00 |
| Main driver | : | Lee, Kah Seng |
| Important Note: The policy only cover the main driver and the following named driver: | | |
| Ref | Named Driver | Date of Birth |
| 1 | Quek, Yeow Hong Benjamin | 18/08/1988 |
| Finance Company / Hire Purchase | : | NIL |

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 29/06/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer