

# NATIONAL Assessment Centre Services

(Unit 1 / 1000)

MMAY 80 2010

Date In: 30/05/2010 15:12

Ref No: N/A/DA/18009801/1

Veh No: FT 818H

P.O.A: 30/05/2010 08:55

OO: TP / Inspection Only

Job description

Date & Time Completed

Done by

SAB e-liling

B-moll (with 311/110/111)

1-Motor Clom 110111

1-Motor W/O (with 1100 211/111/111)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Box/Hand to Owner/VWHR

TP Insured:

Preferred Whp / INC Assign Whsp / OWI:

TP Participant:

Yell No:

SLK40TBU

Tel:

Fax:

Owner / Driver:

INC ( ) / Non-INC ( )

Policy No:

Tel:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

%

(Note: BIL Status (WO): NI 9-20%; P: 21-79%; P: 30-100%)

Year of Registration:

Warranty:

YES ( ) / NO ( )

Excess (\$)

Loading:

\$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Work in Custom: Customer's information strictly Confidential & strictly NO 1st or 2nd repeller.

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In ( )

Towed-In ( )

Invoice:

YES ( )

NO ( )

Towing Cost:

Remarks:

1) Apply for Transition Allowance ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury:

Other Tolls:

Union / Participant:

Driver/Owner:

Vehicle No:

Assessed Portion:

Checked by (Bug-In-Charge):

Comments:

1/2/3:

Invoice Preparation Checklist

1) AR Accident Reporting (330)

2) DA Delay Assessment (3100)

3) TP Towing Fee

4) TP Towing Through Survey

5) TP Towing Through Survey (Assessment)

6) TP Towing Through Survey (NO Data / 1st or 2nd)

7) TP Towing Through Survey

8) NTUC Additional Survey (3011)

9) NI Country Car / Top Allowance

10) NI Repair Coordination

11) NI Post Repair Inspection

12) NI DY / Control Owner Coordination

13) NI (M1) / TP Through INC / Control INC

14) NI (M1) / TP Through INC

15) NI (M1) / TP Through INC

16) NI (M1) / TP Through INC

17) NI (M1) / TP Through INC

18) NI (M1) / TP Through INC

19) NI (M1) / TP Through INC

20) NI (M1) / TP Through INC

## 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	30/05/2018 15:10
Date Of Accident	30/05/2018 08:55
Exact Location Of Accident	CTE TUNNEL EXITING MERCHANT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT878H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE YAOHAN, JONATHAN(LI YAOHAN, JONATHAN)
NRIC No	S7729044C
Email Address	YAOHANLEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81117775
Alternative Phone No	OTHERS-81117775

### Vehicle Particulars

Manufacturer	HONDA
Model	CRF250R-250CC (M)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/00346021/01
Cover Note Number	

### Driver

Name of Driver	LEE YAOHAN, JONATHAN(LI YAOHAN, JONATHAN)
NRIC No	S7729044C
Date Of Birth	04/10/1977
Occupation	INDOOR
Date Of Driving Pass	09/04/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81117775
Fax Number	
Contact Number	OTHERS-81117775
Email Address	YAOHANLEE@HOTMAIL.COM



Address	BLK 332 CLEMENTI AVENUE 2 #03-106
Postcode	120332
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLE4073U
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	OTHMAN BIN KASSIM
NRIC/Passport Number	S1255519I
Contact Number	96703888
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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:

30/05/2018

1248 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

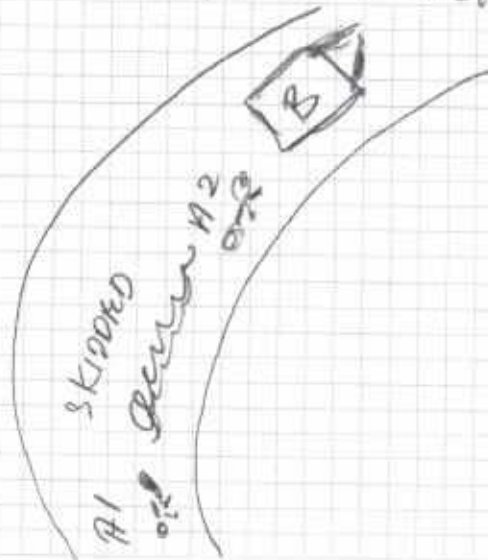
30/05/2018

Reza Waffar



SKETCH PLAN

CTE TUNNEL EXITING MERCHANT ROAD.



A) FT 87814

B) SE 4073U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting the CTE Merchant Road Exit and I rode over a drain cover, which resulted in the bike skidding and it came in contact with the vehicle SLE 4073U. No injuries were sustained except abrasion to my right ankle. There was no damage to the Honda Vezel (SLE 4073U). If required, I have photos of the vehicle and it shows no damage. I am making a report to facilitate any issue or claims against me in accordance to the requirements.

DECLARATION

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

Policyholder's Signature

Date & Time: 30/05/2018

1252pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/05/2018  
Rashid

## ACCIDENT STATEMENT

ACCIDENT DATE: 30/05/2018 (DD/MM/YYYY), TIME: 08:55 (HH:MM)

LOCATION: LTE TUNNEL EXITING MERCHANT ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT878H  
b) INSURANCE COMPANY: DIRECT ASIA  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA CRF250L  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: COMMUTING TO WORK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY): NO

### 2. INSURED / POLICY HOLDER

- a) NAME: LEE YACHAN JONATHAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7729044C CONTACT: 81117775  
c) ADDRESS: 332 CLEMENTI AVE 2 #03-106 (S) 120332

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### 3. DRIVER

- a) NAME: AS ABONK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 04/10/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/07/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLE 4073 U MODEL: HONDA VEZEL  
b) DRIVER'S NAME: OTHMAN BIN KASIM  
c) NRIC/FIN/PASSPORT: S12555191 CONTACT: 96703888

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

1) EMAIL: yachanlee@hotmail.com

2) VIDEO: NIL

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7729044C



Name

LEE YAOHAN, JONATHAN

李耀汉

Race

CHINESE

Date of birth

04-10-1977

Sex

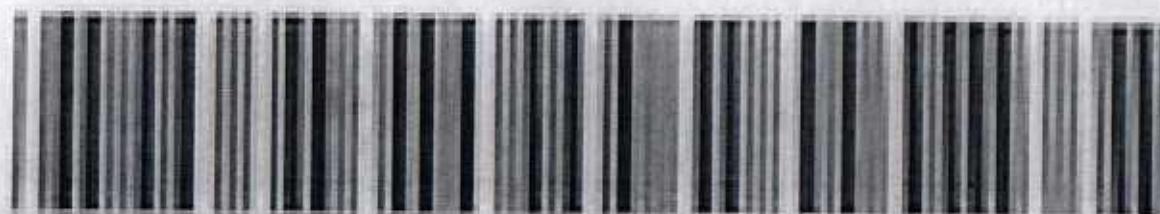
M

Country of birth

SINGAPORE



4136954



NRIC No. S7729044C



Date of issue

26-11-2007

Address

APT BLK 332 CLEMENTI AVENUE 2  
#03-106  
SINGAPORE 120332



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S7729044C**  
 Name: **LEE YAOHAN, JONATHAN (LI YAOHAN, JONATHAN)**  
 Birth Date: **04 Oct 1977**  
 Issue Date: **14 Jan 2003**


 000119864H

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

CLASS	VEHICLE CLASS	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Feb 1994
Class 2A	Motorcycles between 201 cc and 400 cc	10 Jul 1995
Class 2	Motorcycles exceeding 400 cc	30 Sep 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Apr 1996

NP 428A
 
 Licence No: S7729044C

## 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)**

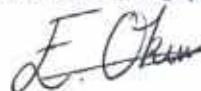
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	:	MC/00346021/01
<b>Type of Coverage</b>	:	Third-Party Only Cover
<b>1) Vehicle Registration No.</b>	:	FT878H
<b>Chassis No.</b>	:	MLHMD38A8D5002590
<b>2) Name of Policy Holder</b>	:	LEE YAOHAN JONATHAN
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	:	21/11/2017
<b>4) Date of Expiry of Insurance</b>	:	20/11/2018
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(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.		
<b>6) Limitations as to use*</b>		
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.		
<b>Sum Insured</b>	:	Market Value
<b>Policy Excess</b>	:	S\$ 0.00
<b>Main driver</b>	:	LEE YAOHAN JONATHAN
<b>Important Note:</b> The policy only cover the main driver and the following named driver:		
<b>Ref</b>	<b>Named Driver</b>	<b>Date of Birth</b>
1	LEE CHIAM CHUA ROLAND	06/03/1951
<b>Finance Company / Hire Purchase</b>	:	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: 30/10/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
**Chief Underwriting Officer**