

NATIONAL Assessment Centre Services

Form 10-1 (2012)

19/01/18 123648

Date In: 24/09/2018 14:14	Job description	Date & Time Completed	Done by
Ref No: NGA/LIP/8017328/Y	SAS e-filing		
Veh No: FBK 55407	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 23/09/2018 17:00	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: SLR 4504K	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 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	INC Hotline: 6788 6616	Date & Time Completed	Done by
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	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: 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		
Date 1:	For claiming against INC Only (wef 10 Jan 2009)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	24/09/2018 14:14
Date Of Accident	23/09/2018 17:00
Exact Location Of Accident	CTE EXIT OUTRAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5540T
Insured/Policyholder	
Name Of Registered Owner	LEE MING YANG
NRIC No	S8839635I
Email Address	ANDREWLEE_05@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91995565
Alternative Phone No	OTHERS-91995565

Vehicle Particulars

Manufacturer	TRIUMPH
Model	DAYTONA 675-675CC
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI17V13963/VMS/R02
Cover Note Number	

Driver

Name of Driver	LEE MING YANG
NRIC No	S8839635I
Date Of Birth	11/10/1988
Occupation	INDOOR
Date Of Driving Pass	12/12/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91995565
Fax Number	
Contact Number	OTHERS-91995565
EMail Address	ANDREWLEE_05@OUTLOOK.COM

Address BLK 104 TOWNER ROAD
#02-316

Postcode 322104

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 CLEAR

Road Surface DRY

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? YES

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 MERAH EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX
BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180924/2000

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP4504K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHNG YEW CHAI

NRIC/Passport Number S6941945C

Contact Number 97693212

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE MING YANG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK5540T
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:

24/04/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

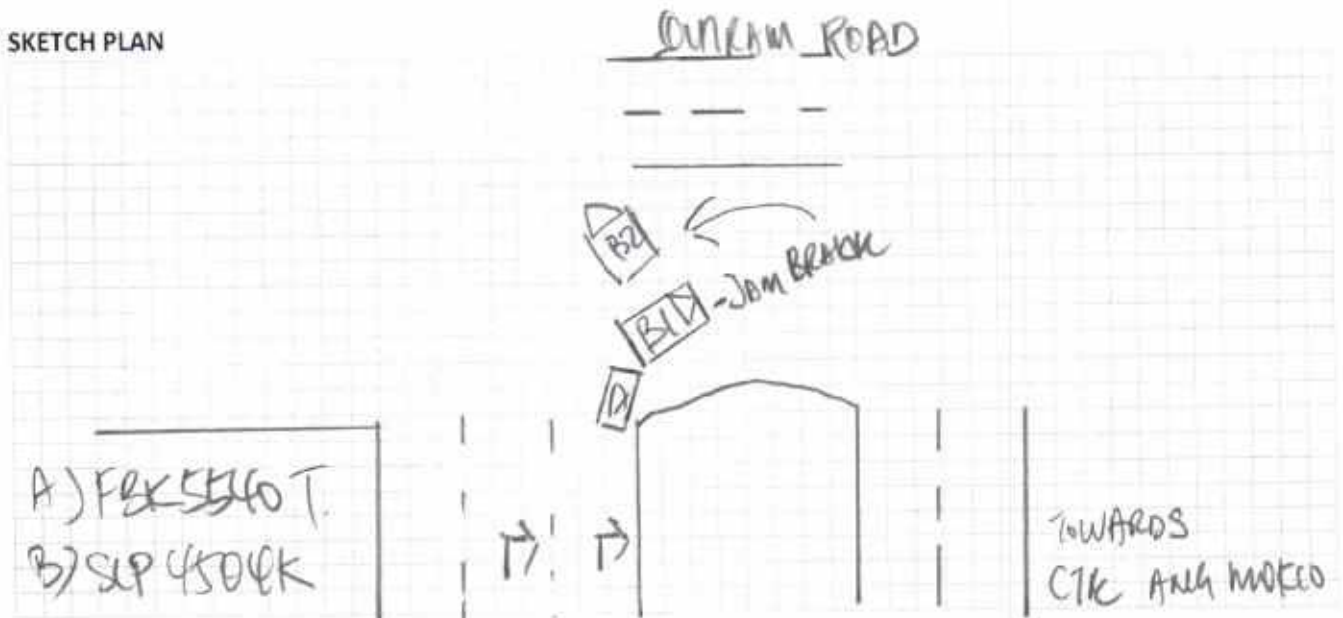
Name:

NRIC/FIN No.:

24/04/2018



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS refer to police report
7/20180924/2000

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 24/09/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 24/09/2018
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No. *[Signature]*



SINGAPORE POLICE FORCE



T/20180924/2000

1 of 3

Report No. T/20180924/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
24/09/2018 00:28

Vide Report No.:

Station Diary No.:
5

Informant's Particulars

Name of Informant:
LEE MING YANG

Address:
APT BLK 104 TOWNER ROAD #02-316 SINGAPORE 322104

ID Type / ID No.:
NRIC NO / S88396351

Contact No.:
Home/Office: Mobile: 91995565

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 29 Date of Birth: 11/10/1988

Type of Informant:
Rider

Race:
Chinese

Language: English Institution / School Name:

Occupation:
SERVICE ENGINEER

Driving Licence Information:
Class: 2B,2A,2,3 Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
23/09/2018 17:00

Type of Location:
Bend

Location:
Along Road 1
CENTRAL EXPRESSWAY

CTE exit Outram Rd

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Traffic Light - Working

Traffic Volume:

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
FBK5540T	Motorcycle					0
SLP4504K	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180924/2000

3 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20180924/2000

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:

A /
Sgt 2 PANG LIN TONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/09/2018 00:28

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 09 / 2018 (DD/MM/YYYY), TIME: 17 : 00 (HH:MM)

LOCATION: CTE EX27 OUTRAM ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 5540T
 b) INSURANCE COMPANY: LIBERTY INSURANCE
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TRIUMPH DAYTONA 675R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEE MENG YAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S88396352 CONTACT: 9199 5565
 c) ADDRESS: 104 TOWER ROAD #02-316 S(322104)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABOSHI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 11 / 10 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 4/04/2018

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: BUKIT MERAH EAST N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 4504K MODEL: MAZDA 3
 b) DRIVER'S NAME: CHNG YEW HAZ
 c) NRIC/FIN/PASSPORT: S6941945C CONTACT: _____

9. THIRD PARTY VEHICLE

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

EMAIL = Andrewke - OS @ outlook . com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S88396351



Name

LEE MING YANG

李 銘 揚

Race
CHINESE

Date of birth
11-10-1988

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S88396351

Name

LEE MING YANG

Birth Date 11 Oct 1988

Issue Date 12 Dec 2011



0020257658



3419697

NRIC No. S88396351



Date of issue
27-10-2003

Address
APT BLK 104 TOWNER ROAD
#02-316
SINGAPORE 322104

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	21 Apr 2010
Class 2A	Motorcycles between 201 CC and 400 CC	12 Dec 2011
Class 2	Motorcycles > 400 CC	04 Apr 2012
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Aug 2007

S88396351

S / No. 9000171127

NP 426A



Licence No. S88396351



**Liberty
Insurance**



Liberty Insurance Pte Ltd

Registration no. 196002791D

51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611 Fax: (65) 6225 6890

Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1955 (MALAYSIA)

Certificate No	SI17V13963 /VMS /R02										
Form	MY1										
Date of Issue	07-Sep-2017										
1 Index Mark and Registration No. of Vehicle	FBK5540T										
2 Chassis number of Vehicle	SMTT14FAF707921										
3 Name of Policyholder	LEE MING YANG										
4 Effective date of Commencement of Insurance for the purposes of the Act	08-OCT-2017 00:00										
5 Date of Expiry of Insurance	07-OCT-2018 23:59										
6 Persons or Classes of Persons entitled to drive*	LEE MING YANG										
<p>The Policyholder only.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>											
<p>7 Limitations as to use*</p> <p>Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.</p>											
<p>8 The Policy does not cover</p> <p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p>											
<p>*Limitations rendered operative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.</p>											
<p>†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 Part IV of the Road Transport Act 1987 (Malaysia).</p>											
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> Authorised Signature</p>											
<p>For Information only:</p> <table border="0"> <tr> <td>COVERAGE:</td> <td>Third Party Fire & Theft</td> </tr> <tr> <td>SUM INSURED (S\$):</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS (S\$):</td> <td>Fire & Theft (Singapore) \$700.00, Fire (Outside Singapore) \$700.00, Theft (Outside Singapore) \$2,500.00</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>MAH PTE LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>E TAY TRADING COMPANY</td> </tr> </table>		COVERAGE:	Third Party Fire & Theft	SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS	EXCESS (S\$):	Fire & Theft (Singapore) \$700.00, Fire (Outside Singapore) \$700.00, Theft (Outside Singapore) \$2,500.00	FINANCE COMPANY:	MAH PTE LTD	PRODUCER NAME:	E TAY TRADING COMPANY
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FINANCE COMPANY:	MAH PTE LTD										
PRODUCER NAME:	E TAY TRADING COMPANY										

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA18123648 Vehicle Registration No: FBK5540T
Name (as shown in NRIC): LEE MING YOUNG NRIC/FIN/Passport No: S88386351
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91995565
Email Address: _____
Date of Accident: 28/09/2018 Time of Accident: 17:00
Place of Accident: CRK LYN OUEH ROAD
Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure the correct survey plan & police report

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafli Wapars
NRIC/FIN No.:
Date: 24/09/2018