

# NATIONAL Assessment Centre Services

NA 18039158

Date In: 22/03/2018 16:34	Job description	Date & Time Completed	Done by
Ref No: N/A 18039158	SAS e-illing		
Veh No: YN 9276S	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 20/03/2018 11:00	E-Motor Claim Form	17/03/2018 17:09	22/03/2018
OD / TR / Reporting Only	E-Motor W/O (within 2hrs, A/C 2hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/VHSP		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: SGP 4371K	INC ( ) / Non-INC ( )	
Owner / Drivers:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	(Note: B/L 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 reporter.
( ) Total Loss Case: To e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury:	
Date/Time	Action

NA 1801871	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (300)
Policy No:	2) DA: Damage Assessment (3100) INC (310)
Damaged Portion:	3) TP: Towing Fee (300/12)
	4) PT: Follow-Through Survey (310)
	5) RT: Follow-Through Survey (Recovery) (310)
	6) TR: Re-inspection (310)
	7) NTUC Additional Survey (310)
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## 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	22/03/2018 16:34
Date Of Accident	20/03/2018 11:00
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9276S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POI HONG TRADING PTE LTD
Co Reg No	201012058E
Email Address	ZBAOFENG2001@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94784108
Alternative Phone No	OFFICE-94784108

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073521119-02
Cover Note Number	

### Driver

Name of Driver	TOK KOK GUAN(ZHUO GUOYUAN)
NRIC No	S7111855Z
Date Of Birth	13/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1991
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94784108
Fax Number	
Contact Number	OFFICE-94784108
Email Address	ZBAOFENG2001@GMAIL.COM

Address	BLK 129A CANBERRA STREET #06-638
Postcode	751129
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	2
Passenger 1	NAME: : LORRY ASISTANT GENDER: : MALE

#### 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	SGP4371K
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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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.



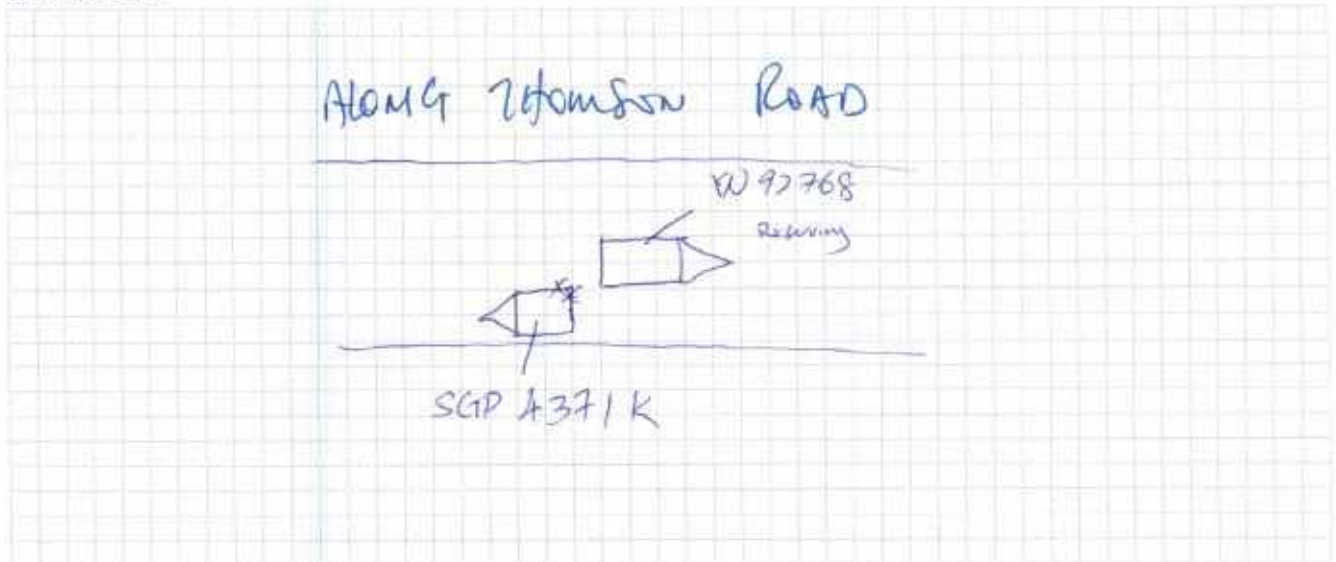
Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After Unloading my Goods, during the reserve  
I accident hit the car back as it at my  
blind spot

DECLARATION

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

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.:

## Claim Handling

Accident MT/0987248

Policy No.	5073521119-02	Vehicle No.	YN92765	GST Registration No.	
Policyholder Name	POI HONG TRADING PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No. (Mobile)	94784109	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	22/03/2018 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Par
Date of Accident	20/03/2018	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG THOMSON ROAD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 14 #01-34	Address 2	WHOLESALE CENTRE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-34	Related Policy Number	5073521119-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	TOK KOK GUAN(ZHUO GUOYUA)	Driver NRIC	S71118552	Driving Experience	
Register Date of Driver License	06/08/1991	Driver Age	46	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1	BLK 129A #06-638	Address 2	CANBERRA STREET	Post Code	
Address 4	SINGAPORE 751129	Address Type	Foreign address		
Unit No.	06-638	Driver Vehicle No.	YN92765	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	POI HONG TRADING PTE LTD	Insured NRIC	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	YN92765	TP Vehicle Number	
Claim Description	YN92765 / SGP4371K ON 20 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	22/03/2018 17:07	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0987248	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 17:09
Path *	Category * <input type="text"/> Confidential <input type="text"/> Urgency <input type="text"/>		
Browse... Clear Please Select			

<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	100	▼	Normal
<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	100	▼	Normal
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<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	100	▼	Normal

[Add New Attachment](#)

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 17:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 17:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 17:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 17:09	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 17:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 17:08	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 17:07	NRIC/ Driving License	Normal	NRIC/ Driving

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)
[Scan and uploading](#)

# ACCIDENT STATEMENT

ACCIDENT DATE: (20/3/18) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: Along Thosom Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 92768  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 507852119-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mitsubishi  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

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

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

### DRIVER

- a) NAME: TOK KOK GUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S711855Z CONTACT: 94874108  
 c) ADDRESS: 124A Canberra Street #06-638

d) DATE OF BIRTH: \_\_\_\_\_ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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: 85P 4371K MODEL: Honda Civic  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

LORRY ASSISTANT  
(M)

# No of passengers  
(including driver)  
(2)

# No of passenger  
(including driver)  
( )

# No of passenger  
(including driver)  
( )

email: zheo feng 201@gmail.com

fax: 68726989

V1020



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7111855Z



Name

TOK KOK GUAN  
(ZHUO GUOYUAN)

Race

CHINESE

Date of birth

13-04-1971

Country of birth

SINGAPORE

Sex

M

4637188

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S7111855Z

Name

TOK KOK GUAN  
(ZHUO GUOYUAN)

Birth Date: 13 Apr 1971

Issue Date: 27 Sep 2010



001096701A



4637188

NRIC No. S7111855Z



Date of issue

20-09-2010

APT BLK 120A CANBERRA STREET #08-638  
SINGAPORE 751129

NRIC No: S7111855Z

Date: 02/11/2017

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	27 Jun 1955
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	06 Aug 1991
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	06 Nov 1995



License No: S7111855Z

NP 42RA

## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the Insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.  
GST Reg No. M4-0003030-8

Policy Number	: 5073521119-02
The Policyholder	: POI HONG TRADING PTE LTD BLK 14 #01-34 WHOLESALE CENTRE SINGAPORE 110014

Period of Insurance	: 07 Sep 2017 To 06 Sep 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$1,770.61

#### Interest Insured

Cover Type	: Comprehensive		
Make/Model	: MITSUBISHI/OTHERS		
Capacity	: 4.2 ton(s)	Number of Seater	: 2
Registration Number	: YN9276S	Registration Date	: 07 Sep 2015
Chassis Number	: FEB71EA10156	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Hire Purchase Company	: GOLDBELL ENGINEERING PTE LTD		

Memo A : N/A

Endorsement Operative : N/A

Agency	: WAN KWAI FAH CYNTHIA (00000519164)
Date of Issue	: 08 Aug 2017 11:21 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive