

NATIONAL Assessment Centre Services (NAI) NAI/805040

| | | | |
|---------------------------------|---------------------------------------|-----------------------|---------|
| Date: 16/04/2018 16:37 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/4P1800700719 | SAS e-illing | | |
| Veh No: SLR 53026 | E-mail (vehicle data, ADG data) | | |
| P.O.A: 16/04/2018 13:50 | T-Motor Claim Form | | |
| OD: TP Rejoining Only | Motor W/O (Vehicle data, ADG data) | | |
| | Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Assl Report by Fax/Hand to Owner/Whsp | | |

| | | |
|--|--|-----------------------|
| Preferred Whsp / INC Assign Whsp / OWI | Tell | Fax |
| TP Particulars | Yell No: GXT762D | INC () / Non-INC () |
| Owner / Driver () | Tell | |
| Policy No () | Period () | Cover Type () |
| Confirmed by () | Date | Time |
| Insured/Driver Liability () | % (Note: Bil. Stand (WO): NI 0-20%, PI 21-79%, PI 30-100%) | |
| 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 repeller.

() Total Loss Case | to e-mail insurer URGENTLY.

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

Remarks:

1) Apply for Transon Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

| | |
|--|---|
| NAI/802423 Surfer: () Owner: () Policy No: () Assigned Person: () Checked by (Sign-In-Charge): () Will () / Comments: () L1: () L2: () | INVOICE / Preparation CHIT 1) AR: Accident Reporting (300) 2) DA: Damage Assessment (300) INC (210) 3) TP: Towing Fee (100) 4) FT: Follow Through Survey (200) 5) FT: Follow Through Survey (Recovery) (200) 6) TR: Trail Repair (200) 7) NI: NI/DA + SMRT Survey (200) 8) NTUC Additional Fee (000) 9) NI: NI/DA + SMRT Survey (200) 10) NI: NI/DA + SMRT Survey (200) 11) NI: NI/DA + SMRT Survey (200) 12) NI: NI/DA + SMRT Survey (200) 13) NI: NI/DA + SMRT Survey (200) 14) NI: NI/DA + SMRT Survey (200) 15) NI: NI/DA + SMRT Survey (200) 16) NI: NI/DA + SMRT Survey (200) 17) NI: NI/DA + SMRT Survey (200) 18) NI: NI/DA + SMRT Survey (200) 19) NI: NI/DA + SMRT Survey (200) 20) NI: NI/DA + SMRT Survey (200) 21) NI: NI/DA + SMRT Survey (200) 22) NI: NI/DA + SMRT Survey (200) 23) NI: NI/DA + SMRT Survey (200) 24) NI: NI/DA + SMRT Survey (200) 25) NI: NI/DA + SMRT Survey (200) 26) NI: NI/DA + SMRT Survey (200) 27) NI: NI/DA + SMRT Survey (200) 28) NI: NI/DA + SMRT Survey (200) 29) NI: NI/DA + SMRT Survey (200) 30) NI: NI/DA + SMRT Survey (200) 31) NI: NI/DA + SMRT Survey (200) 32) NI: NI/DA + SMRT Survey (200) 33) NI: NI/DA + SMRT Survey (200) 34) NI: NI/DA + SMRT Survey (200) 35) NI: NI/DA + SMRT Survey (200) 36) NI: NI/DA + SMRT Survey (200) 37) NI: NI/DA + SMRT Survey (200) 38) NI: NI/DA + SMRT Survey (200) 39) NI: NI/DA + SMRT Survey (200) 40) NI: NI/DA + SMRT Survey (200) 41) NI: NI/DA + SMRT Survey (200) 42) NI: NI/DA + SMRT Survey (200) 43) NI: NI/DA + SMRT Survey (200) 44) NI: NI/DA + SMRT Survey (200) 45) NI: NI/DA + SMRT Survey (200) 46) NI: NI/DA + SMRT Survey (200) 47) NI: NI/DA + SMRT Survey (200) 48) NI: NI/DA + SMRT Survey (200) 49) NI: NI/DA + SMRT Survey (200) 50) NI: NI/DA + SMRT Survey (200) 51) NI: NI/DA + SMRT Survey (200) 52) NI: NI/DA + SMRT Survey (200) 53) NI: NI/DA + SMRT Survey (200) 54) NI: NI/DA + SMRT Survey (200) 55) NI: NI/DA + SMRT Survey (200) 56) NI: NI/DA + SMRT Survey (200) 57) NI: NI/DA + SMRT Survey (200) 58) NI: NI/DA + SMRT Survey (200) 59) NI: NI/DA + SMRT Survey (200) 60) NI: NI/DA + SMRT Survey (200) 61) NI: NI/DA + SMRT Survey (200) 62) NI: NI/DA + SMRT Survey (200) 63) NI: NI/DA + SMRT Survey (200) 64) NI: NI/DA + SMRT Survey (200) 65) NI: NI/DA + SMRT Survey (200) 66) NI: NI/DA + SMRT Survey (200) 67) NI: NI/DA + SMRT Survey (200) 68) NI: NI/DA + SMRT Survey (200) 69) NI: NI/DA + SMRT Survey (200) 70) NI: NI/DA + SMRT Survey (200) 71) NI: NI/DA + SMRT Survey (200) 72) NI: NI/DA + SMRT Survey (200) 73) NI: NI/DA + SMRT Survey (200) 74) NI: NI/DA + SMRT Survey (200) 75) NI: NI/DA + SMRT Survey (200) 76) NI: NI/DA + SMRT Survey (200) 77) NI: NI/DA + SMRT Survey (200) 78) NI: NI/DA + SMRT Survey (200) 79) NI: NI/DA + SMRT Survey (200) 80) NI: NI/DA + SMRT Survey (200) 81) NI: NI/DA + SMRT Survey (200) 82) NI: NI/DA + SMRT Survey (200) 83) NI: NI/DA + SMRT Survey (200) 84) NI: NI/DA + SMRT Survey (200) 85) NI: NI/DA + SMRT Survey (200) 86) NI: NI/DA + SMRT Survey (200) 87) NI: NI/DA + SMRT Survey (200) 88) NI: NI/DA + SMRT Survey (200) 89) NI: NI/DA + SMRT Survey (200) 90) NI: NI/DA + SMRT Survey (200) 91) NI: NI/DA + SMRT Survey (200) 92) NI: NI/DA + SMRT Survey (200) 93) NI: NI/DA + SMRT Survey (200) 94) NI: NI/DA + SMRT Survey (200) 95) NI: NI/DA + SMRT Survey (200) 96) NI: NI/DA + SMRT Survey (200) 97) NI: NI/DA + SMRT Survey (200) 98) NI: NI/DA + SMRT Survey (200) 99) NI: NI/DA + SMRT Survey (200) 100) NI: NI/DA + SMRT Survey (200) |
|--|---|

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 | 16/04/2018 16:37 |
| Date Of Accident | 15/04/2018 13:50 |
| Exact Location Of Accident | JUNCTION OF YISHUN AVENUE 11/YISHUN CENTRAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLR5382C |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 200710651D |
| Email Address | CHORMENG.LIM@TREE.COM.SG |
| Mobile Phone No | (LOCAL) +65-83882333 |
| Alternative Phone No | OFFICE-83882333 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | TOYOTA |
| Model | VIOS-1.5 E (A) |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO COFFEE SHOP |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD18V00034/VPZ/R03 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | LIM CHOR MENG |
| NRIC No | S7240807A |
| Date Of Birth | 31/10/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/05/1993 |
| Driving Experience | 24 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83882333 |
| Fax Number | |
| Contact Number | OTHERS-83882333 |
| Email Address | CHORMENG.LIM@TREE.COM.SG |

| | |
|---|-------------------------------------|
| Address | BLK 439 YISHUN AVENUE 11 #08-430 |
| Postcode | 760439 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 | 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 | GX7762D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | WONG HUNG |
| NRIC/Passport Number | S1201849E |
| Contact Number | 91447272 |
| 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 Traffic Police Department for investigation.
6. 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.
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.

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' law firms/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;



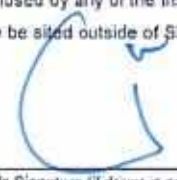
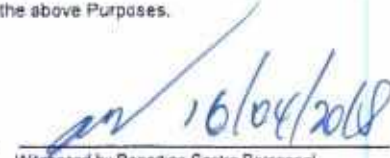
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

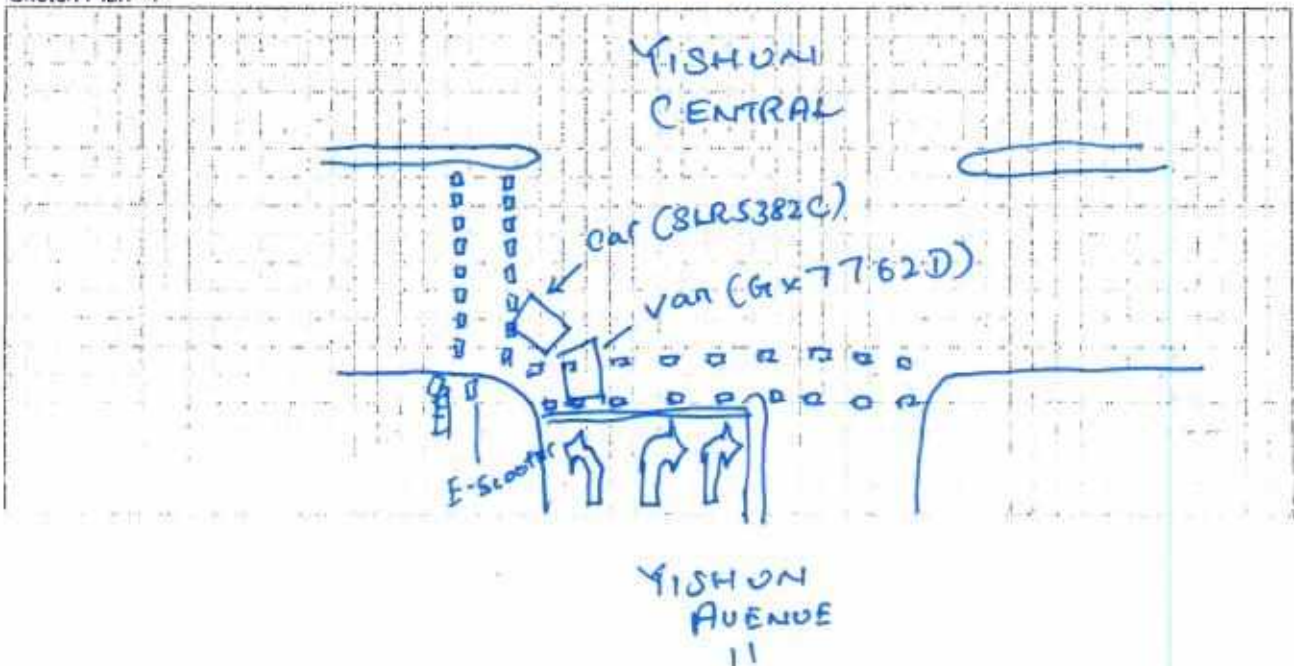
(collectively the "Purposes")

(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.

Policyholder's Signature:  Date & Time:  Driver's Signature (if driver is not the policyholder) / Date & Time:  16-04-18 1113 hrs Witnessed by Reporting Centre Personnel:  16/04/2018

Sketch Plan *





Describe Circumstance of the Accident *

On 15-Apr-18 @ 1349hrs. was driving along YISHUN AVENUE 11, when coming to junction of YISHUN CENTRAL the traffic light was red and all car stop. Then the traffic left turn arrow was lighted up and the vehicles in front of me move off and ~~when~~ when I was approaching the junction, the green arrow went off and the traffic light turn green. I turned left and saw an e-scooter rider (Food Panda) was standing at the pathway in front of the traffic light and stop for him to cross, then I heard a loud bang from behind and my car move forward slightly. The e-scooter rider then proceed to cross over the pedestrian crossing. ~~As~~ I took some photos before moving my car to side of the road and exchange particulars with the other vehicle (van) driver. The back of my bumper and rear door was dented. There was no damage to the van.

Declaration

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

Policyholder's Signature  

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

16-04-18 1113hrs

Witnessed by Reporting Centre Personnel

 16/04/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 15-04-18 Time: 1349 hrs
 Exact Location of Accident * YISHUN AVENUE 11 junction YISHUN CENTRAL

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLR5382C

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer _____ Model _____

Type of Vehicle*

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____

Exact Purpose for which vehicle was being used at time of accident *

To coffeshop

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☐ No (If No, Pls select ☒ Third Party ☐ Reporting)

Vehicle Category*

☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

Type of Policy

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☐ No

Policy Number

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver *

LIM CHOR MENG

Personal Identification - NRIC (Singaporean/PR) *

S7249807A

- FIN/Passport Number *

Date of Birth *

31 dd/ 10 mm/ 72 /yy

Driving Date Pass *

11 dd/ 05 mm/ 93 /yy

Year of Driving Experience *

20 Year(s) Month(s)

Occupation *

ENGINEER

☒ Indoor ☐ Outdoor

Gender *

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. *

8388 2333

| | |
|---|--|
| Address of Driver | BLK 439 YISHUN AVENUE 11 #08-430 Postcode (760439) |
| Email Address | see chormeng.lim@tree.com.sg |
| Was driver an employee of the Insured's Company? | <input type="radio"/> Yes <input type="radio"/> No |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes <input type="radio"/> No |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | |
| Insurance Company of Driver's Own Vehicle (if applicable) | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | Front to Rear |
| Weather Conditions | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____ |
| Road Surface | <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____ |
| OTHER INFORMATION | |
| a. Was anybody injured in the accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| b. Was any other vehicle or property damaged? (Including Witness) | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| DETAILS OF POLICE ACTION | |
| Was the Accident reported to the Police? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.) |
| Police Station Name | |
| Police Station Address | |
| Police Station Contact | Tel No. _____ Fax No. _____ |
| Was notice of Intended Prosecution given? | <input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?) |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | |
| Vehicle Registration Number | GX 7762D |
| Vehicle Make/ Model/ Colour | |
| Details of Properties | |
| Name of Driver | WONG HUNG |
| Personal Identification - NRIC (Singaporean/PR) | S1201849E |
| - FIN/Passport Number | |
| Contact Number | 91447272 |
| Address | |
| Name of Insurance Company | |
| No. of Passenger (Including Driver) | |
| (Note - Please use page 6 if you need to add more vehicles) | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7240807A



Name

LIM CHOR MENG

林 初 明

Race

CHINESE

Date of birth

31-10-1972

Country/Place of birth

SINGAPORE

Sex
M

S7240807A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7240807A

Name

LIM CHOR MENG

Birth Date 31 Oct 1972

Issue Date 22 Apr 2003



000412187C

5530582



NRIC No. S7240807A



Date of issue

09-11-2015

Address

APT BLK 439 YISHUN AVENUE 11
#08-430
SINGAPORE 760439

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

| | | |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 27 Aug 1993 |
| Class 2B | Motorcycles not exceeding 200 cc | 19 May 1996 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 11 May 1993 |
| Class 3 | Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg | |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg | 05 Jun 2003 |

S7240807A


S / No. 9000000573

NP 428A



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, 1959 (MALAYSIA)

| | |
|--|---|
| Certificate No | SD18V00034 /VPZ /R03 |
| Form | MZ406 |
| Date Of Issue | 26-DEC-2017 |
| 1.Index Mark and Registration No. of Vehicle: | SLR5382C |
| 2.Chassis number of Vehicle: | MHFB29F3302012984 |
| 3.Name of Policyholder: | GOLDBELL CAR RENTAL PTE LTD |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 01-JAN-2018 00:00 AM |
| 5.Date of Expiry of Insurance: | 31-DEC-2018 23:59 PM |
| 6.Persons or Classes of Persons entitled to drive*: | Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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. 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. |
| 7.Limitations as to use*: | A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. |
| 8.Policy does not cover: | A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired. |
| *Limitations rendered Inoperative 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. | |
| 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 Part IV of the Road Transport Act, 1987 (Malaysia). | |
| For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature | |
| For Information only: | |
| COVERAGE : | Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS: | Section I -Singapore S\$850 / Outside Singapore S\$1350, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100 |
| FINANCE COMPANY: | UNITED OVERSEAS BANK LIMITED |
| PRODUCER NAME: | ACORN INTERNATIONAL NETWORK PTE LTD |

PLAS/-02-JAN-18

S1_CI_T1_T3_OE_Template2-Ver1.

02-JAN-18