

NATIONAL Assessment Centre Services (ref: JAN03) <b>MAA8029532</b>			
Date In: <b>20/06/2018 14:28</b>	Job description:	Date & Time Completed	Done by
Ref No: <b>NBA/MAA80/11897</b>	SAS e-filing		
Veh No: <b>SK7 9241B</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>20/06/2018 11:45</b>	i-Motor Claim Form	<b>M1/0999362001</b>	<b>20/06/2018 14:53</b>
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>GBC 5707Y</b>	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%; F: 80-100%]		
Year of Registration: ( )	Warranty: YBS ( ) / 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

<b>NA1083905</b>	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2003)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2/3:	7) N1: Ideal 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			
	TP (N11): TP (N-on INC) against INC \$20			
	9) N12: Ideal 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	20/06/2018 14:28
Date Of Accident	20/06/2018 11:45
Exact Location Of Accident	SLIP RD OF COMMONWEALTH AVE WEST TO CLEMENTI AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9241B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHUA LEI SIAN @ PHUA LAY SIAN
NRIC No	S1626174B
Email Address	H3NRYH3NG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96470187
Alternative Phone No	OTHERS-96470187

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072166696-02
Cover Note Number	

### Driver

Name of Driver	PHUA LEI SIAN @ PHUA LAY SIAN
NRIC No	S1626174B
Date Of Birth	22/12/1942
Occupation	INDOOR
Date Of Driving Pass	09/04/1975
Driving Experience	43 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96470187
Fax Number	
Contact Number	OTHERS-96470187
EMail Address	H3NRYH3NG@GMAIL.COM

Address	4 FABER GROVE
Postcode	129219
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	AFTER RAIN
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	GBC5707Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR.HO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passengers (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.

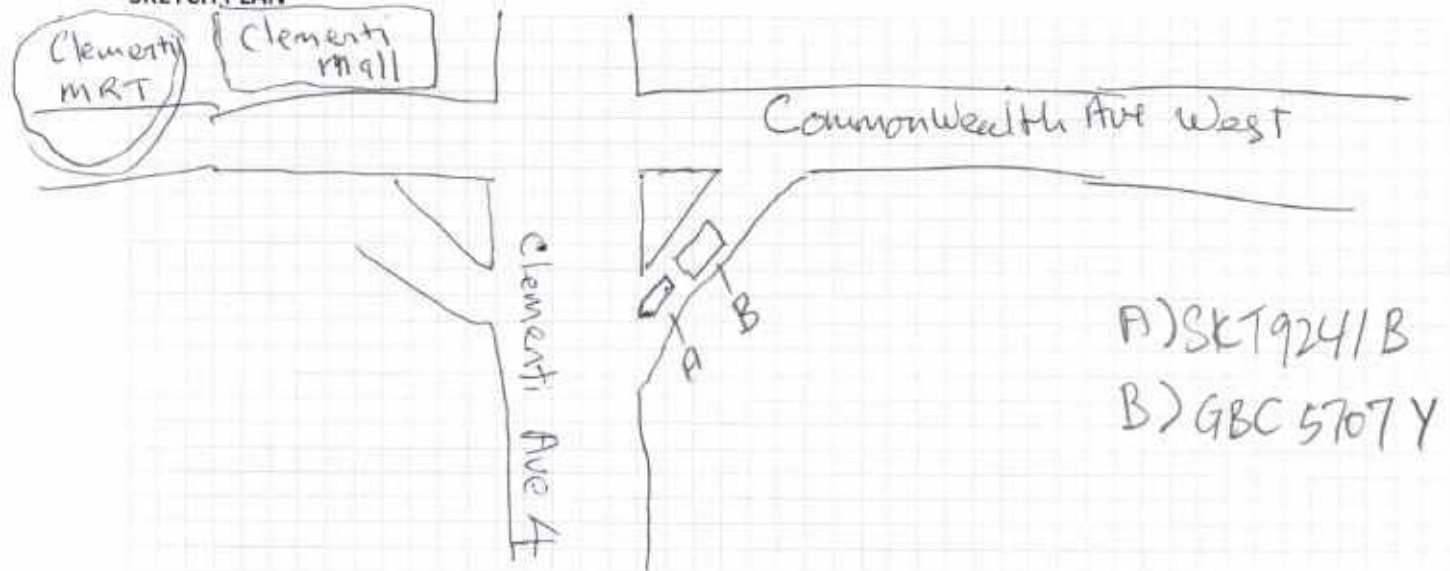


Policyholder's Signature  
Date & Time:

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

20/06/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I took the sliproad from Commonwealth Ave West to turn left into Clementi Ave 4. I stopped to let traffic on the right to pass. The driver of truck no. GBC 5707Y did not stop on time and hit the back of my car. The truck driver was kind to apologise for his mistake.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 20/06/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

## Claim Handling

Accident MT/0999362

Policy No.	307216698-02	Vehicle No.	SKT92418	GST Registration No.	
Policyholder Name	PHUA LEE SIAN			Policyholder NRIC	S1626174B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96470187	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPIK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Endowment(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	20/06/2018 14:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head-to-Rear
Date of Accident	20/06/2018	Time of Accident (h:mm)	11:45	Country of Accident	Singapore
Reporting Centre		Damage Form		ICM No.	
Accident Location	SLIP RD OF COMMONWEALTH AVE WEST TO CLARENCE AVE #				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	4 FABER GROVE	Address 2	SINGAPORE 129219	Address 3	
Address 4		Address Type	Singapore address	Post Code	129219
Unit No.		Related Policy Number	307216698-03		

## ▼ 01 Driver Info

Driver Name	PHUA LEE SIAN	Driver Type	Main Driver	Driver DOB	22/12/1943
Unnamed driver Name		Driver NRIC	S1626174B	Driving Experience	23
Register Date of Driver License	01/01/1985	Driver Age	75	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 2	
Address 1	4 FABER GROVE	Address 2	SINGAPORE 129219	Address 3	
Address 4		Address Type	Singapore address	Post Code	129219
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	SKT92418	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	PHUA LEE SIAN	Insured NRIC	S1626174B
Contact No.(Mobile)	97394774	Contact No.(Home)	97740187	Contact No.(Office)	
Email Address	hisham@vanguard.com.sg	01 Vehicle Number	SKT92418	TP Vehicle Number	GBC37977
Claim Description	SKT92418 / GBC37977 ON 20 Jun 2018				
Preferred Workshop Contact No.		Insured ID/IDFC *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/06/2018 14:53	Claim Close Date		Date Received	20/06/2018 00:00
Report Taken By	ROSLI WAHAB				

Send AK letter

Save Submit

## Attachment

Accident No.	MT/0999362	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	20/06/2018 14:53

File *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Read Send Message Upload

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	May Sent? (CO)	Action
	NAC_BUKIT_MERAH_000679C NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20		Edit
	NAC_BUKIT_MERAH_000679C NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20		Edit
	NAC_BUKIT_MERAH_000679C NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20		Edit

	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	Photos	Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	SAS	Normal	SAS 2018-6-20	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 14:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-20	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

## ACCIDENT STATEMENT

ACCIDENT DATE: 20/06/2018 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: SLIP. Rd of Commonwealth Ave W87 / CAPEMARRI AVE 4

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT9241B  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5072166696-03  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Altis  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: Phua Lei Sian (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1626174B CONTACT: 96470187  
 c) ADDRESS: 4 Faber Grove  
Sears 129219

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

### DRIVER

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

\*d) DATE OF BIRTH: (22/12/1942) (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: curator

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: GBC5707Y MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: MR. HO  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

email = h3nryh3ng@gmail.com

fax = Nil

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1626174B



PHUA LEI SIAN  
@PHUA LAY SIAN

Race

CHINESE

Date of Birth

22-12-1942

Country of Birth

JOHORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Number S1626174B

Name

PHUA LEI SIAN

Birth Date 22 Dec 1942

Issue Date 26 Mar 2003



1898884

ID Card No S1626174B



Blood Group Date of issue

O+ 31-03-1994

Address  
4 FABER GROVE  
SINGAPORE 0512

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue Date

09 Apr 1975

NP 428A



## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder 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 : 5072166696-02  
The Policyholder : PHUA LEI SIAN  
4 FABER GROVE  
SINGAPORE 129219

Period of Insurance : 26 Jun 2017 To 25 Jun 2018  
Sum Insured : Market Value of Insured Vehicle at Time of Loss  
Premium (Inclusive GST) : S\$708.96

#### Interest Insured

##### Cover Type

##### Primary Driver

##### Named Driver (1)

##### Named Driver (2)

##### Make/Model

##### Registration Number

##### Chassis Number

##### Repair at Owner's Preferred Workshop

##### Excess (Section 1)

##### Excess (Section 2)

##### Windscreen Excess

##### Additional Excess

##### Unnamed Driver Excess

##### Hire Purchase Company

##### Optional Cover

##### Transport Allowance

##### Excess Waiver

drivo CLASSIC

PHUA LEI SIAN

HENG AI HSUAN VALERIE

HENG SWEE HONG

TOYOTA/COROLLA ALTIS

SKT9241B

MR053REH104533742

No

S\$600

N/A

S\$100

N/A

Please refer to Terms and Conditions

DBS BANK LTD

Capacity : 1600cc

Registration Date : 26 Jun 2015

Off-peak Car : No

Insure with COE : Yes

NCD Entitlement : 50%

NCD Protection : Yes(Free)

Loyalty Discount : 5%

Memo A : N/A

Endorsement Operative : M4

Agency : PHILIP Y K SOH (00000518356)  
Date of Issue : 19 Jun 2017 16:35 hrs  
Reprint : 19 Jun 2017 16:35 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