

NATIONAL Assessment Centre Services		Date: 23/07/2018 12:25	
Date In: 23/07/2018 12:25	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/8013359/Y	SAS e-filing		
Veh No: SLD 9087J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/07/2018 19:00	i-Motor Claim Form	MT/1004060-001	23/07/2018 17:57
OD: TP 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: SHD 334X	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: 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

10040670

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	23/07/2018 12:25
Date Of Accident	20/07/2018 19:00
Exact Location Of Accident	ALONG BUKIT BATOK AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9087J
Insured/Policyholder	
Name Of Registered Owner	CHIA ENG KONG
NRIC No	S1664012C
Email Address	EKCHIA1009@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98430555
Alternative Phone No	OTHERS-98430555

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
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	5092936532
Cover Note Number	

Driver

Name of Driver	CHIA ENG KONG
NRIC No	S1664012C
Date Of Birth	10/09/1964
Occupation	INDOOR
Date Of Driving Pass	05/08/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98430555
Fax Number	
Contact Number	OTHERS-98430555
Email Address	EKCHIA1009@SINGNET.COM.SG

Address	BLK 156 JALAN TECK WHYE #21-53
Postcode	680156
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	SIDE SWIPE
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD334X
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHENG KIM JOON
NRIC/Passport Number	S0241817G
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.
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:

 23/07/2018
12.15

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

 23/07/2018


SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/07/2018, AT ABOUT 1900 HRS, AS I WAS DRIVING ALONG BT BANK EAST AVE 3, NEAR BURGUNDY DRIVE, AS I WAS FILTERING OUT TO THE CENTRE LANE FROM THE RIGHT, THE CAR BEHIND AT THE CENTRE LANE SUDDENLY ACCELERATED, GOES TO THE LEFT MOST LANE AND CUT INTO THE CENTRE LANE IN FRONT OF ME AND COLLIDED INTO THE LEFT FRONT SIDE OF MY CAR. THE CAR, TAYI SHD334X OF RENAULT MAKE WAS DRIVEN BY MR CHENG KIM JOON. MY CAR SLD90875 SUSTAINED SOME SCRATCHES AT THE RIGHT PASSENGER DOOR. I APPRAISE MY DASHCAM VIDEO FOR REFERENCE & ALSO PICS FOR REFERENCE.

DECLARATION

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

Policyholder's Signature
Date & Time: 23/07/18

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

Reporting Centre Personnel's Signature
Name: 23/07/2018
NRIC/FIN No.: Rosli Winters

Claim Handling

Accident MT/1004060

Policy No.	5062936532	Vehicle No.	SLQ90671	GST Registration No.	
Policyholder Name	CHIA ENG KONG			Policyholder NRIC	S1664012C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leasing	0
Contact No.(Mobile)	98430555	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	NO *
KPI	Yes - No - Yes	TCA	Yes - No - Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	23/07/2018 12:22	Accident Report Within 24 Hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/07/2018	Time of Accident (hh:mm)	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUKIT BATOK AVENUE 3				

▼ 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	BLK 15b #21-53	Address 2	JALAN TECK WHYE	Address 3	SINGAPORE 680156
Address 4		Address Type	Singapore address	Post Code	680156
Unit No.		Related Policy Number	5092936532-01		

▼ GI Driver Info

Driver Name	CHIA ENG KONG	Driver Type	Main Driver	Driver DOB	10/09/1964
Unnamed driver Name		Driver NRIC	S1664012C	Driving Experience	13
Register Date of Driver License	05/06/2004	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	98430555	Contact No.(Office)		Address 3	SINGAPORE 680156
Address 1	BLK 15b #21-53	Address 2	JALAN TECK WHYE	Post Code	680156
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SLQ90671	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHIA ENG KONG	Insured NRIC	S1664012C
Contact No.(Mobile)	98430555	Contact No.(Home)	97651876	Contact No.(Office)	
Email Address	exchie100@segnell.com.sg	GI Vehicle Number	SLQ90671	TP Vehicle Number	SH0334X
Claim Description	SLQ90671 / SH0334X ON 20 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/07/2018 12:35
Date Registered	23/07/2018 12:23	Claim Close Date		Total Loss but Repaired	
Report Taken By	BOSLI WAHAB	Workshop Repairer			

Print As Letter

Save Submit

Attachment

Accident No.	MT/1004060	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	23/07/2018 17:57

Path *	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	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Jul 2018 17:57	SAS	Normal	SAS 2018-7-23		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Jul 2018 12:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-23		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Jul 2018 12:24	Photos	Normal	Photos 2018-7-23		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Jul 2018 12:24	Photos	Normal	Photos 2018-7-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Jul 2018 12:24	Photos	Normal	Photos 2018-7-23	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Jul 2018 12:23	Photos	Normal	Photos 2018-7-23	Edit

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				

ACCIDENT STATEMENT

ACCIDENT DATE: 20/07/2018 (DD/MM/YYYY), TIME: 19:00 (HH:MM)
LOCATION: SUKIT BARK AVE 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: C10 9087 J
b) INSURANCE COMPANY: N TUC INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HARRIER
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) (OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: OWN USE
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: CHIA ENG KONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: J164022 CONTACT: 98430111
c) ADDRESS: BLK 156, #21-12, SUN TECK WHA
RC 680156

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 10/07/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/08/200X

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

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

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: SHD 334X MODEL: RENAULT
b) DRIVER'S NAME: CHENG KIM JOON
c) NRIC/FIN/PASSPORT: J0241817G CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = etchia1009@singnet.com.sg

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1664012C



CHIA ENG KONG

Race
CHINESE

Date of Birth
10-09-1964

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1664012C

Name
CHIA ENG KONG

Birth Date: 10 Sep 1964

Issue Date: 05 Aug 2004



2758140



S1664012C



Blood Group: O+ Date of issue: 14-12-1995

APT BLK 156 JALAN TECK WHYE #21-53
SINGAPORE 660156

NRIC No: S1664012C Date: 30-04-2002 No: 1218435

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

PASS DATE

NP 428A

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident:	<input type="text" value="20/07/2018 12:22"/>																				
Vehicle No.(For Motor)	<input type="text" value="SLQ9087J"/>	<input type="button" value="Search"/>																					
<table><thead><tr><th>Select</th><th>Policy No.</th><th>Policyholder Name</th><th>Policyholder NRIC</th><th>Product</th><th>Cover Type</th><th>Vehicle No.</th><th>Insured Object</th><th>Commence Date</th><th>Expiry Date</th></tr></thead><tbody><tr><td><input type="radio"/></td><td>5092936532</td><td>CHIA ENG KONG</td><td>S1664012C</td><td>GPC</td><td>drive CLASSIC</td><td>SLQ9087J</td><td>SLQ9087J</td><td>26/07/2017</td><td>25/07/2018</td></tr></tbody></table>				Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	<input type="radio"/>	5092936532	CHIA ENG KONG	S1664012C	GPC	drive CLASSIC	SLQ9087J	SLQ9087J	26/07/2017	25/07/2018
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date														
<input type="radio"/>	5092936532	CHIA ENG KONG	S1664012C	GPC	drive CLASSIC	SLQ9087J	SLQ9087J	26/07/2017	25/07/2018														
<input type="button" value="Continue"/>																							

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	: 5092936532
The Policyholder	: CHIA ENG KONG BLK 156 #21-53 JALAN TECK WHYE SINGAPORE 680156

Period of Insurance	: 26 Jul 2017 To 25 Jul 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$629.59

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 2000cc
Primary Driver	: CHIA ENG KONG	Registration Date	: 26 Jul 2017
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: TOYOTA/HARRIER	NCD Entitlement	: 50%
Registration Number	: To Be Advised	NCD Protection	: No
Chassis Number	: ZSU60093444	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: OCBC BANK LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: DICKSON AUTO AGENCY (00000614645)
Date of Issue	: 26 Jul 2017 09:22 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