

NATIONAL Assessment Centre Services

(SAP - 2004)

MINA 40095570

Date In: 24/07/2008 14:55	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/08/3413/Y	SAS e-filing		
Veh No: GU 6737A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/07/2008 09:55	i-Motor Claim Form	MT11004371-001	24/07/2008
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:30
	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: GBA 3053Z	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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Date 1:</p> <p>Date 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p>		<p>Amt (\$)</p> <p>Int Bill</p>	<p>Amt (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			

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	24/07/2018 14:55
Date Of Accident	24/07/2018 09:55
Exact Location Of Accident	JUNCTION OF KAKI BUKIT RD 3/KAKI BUKIT IND TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU6737A
Insured/Policyholder	
Name Of Registered Owner	COLOURXPRESS PRINTING PTE LTD
Co Reg No	200613484K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90985454
Alternative Phone No	OFFICE-90985454

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5062578460-04
Cover Note Number	

Driver

Name of Driver	TITU KIM HUAT
NRIC No	S2704167A
Date Of Birth	11/01/1946
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1970
Driving Experience	47 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90985454
Fax Number	
Contact Number	OTHERS-90985454
Email Address	NOEMAIL

Address	BLK 63 TELOK BLANGAH HEIGHTS #04-217
Postcode	100063
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	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA3053Z
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
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.

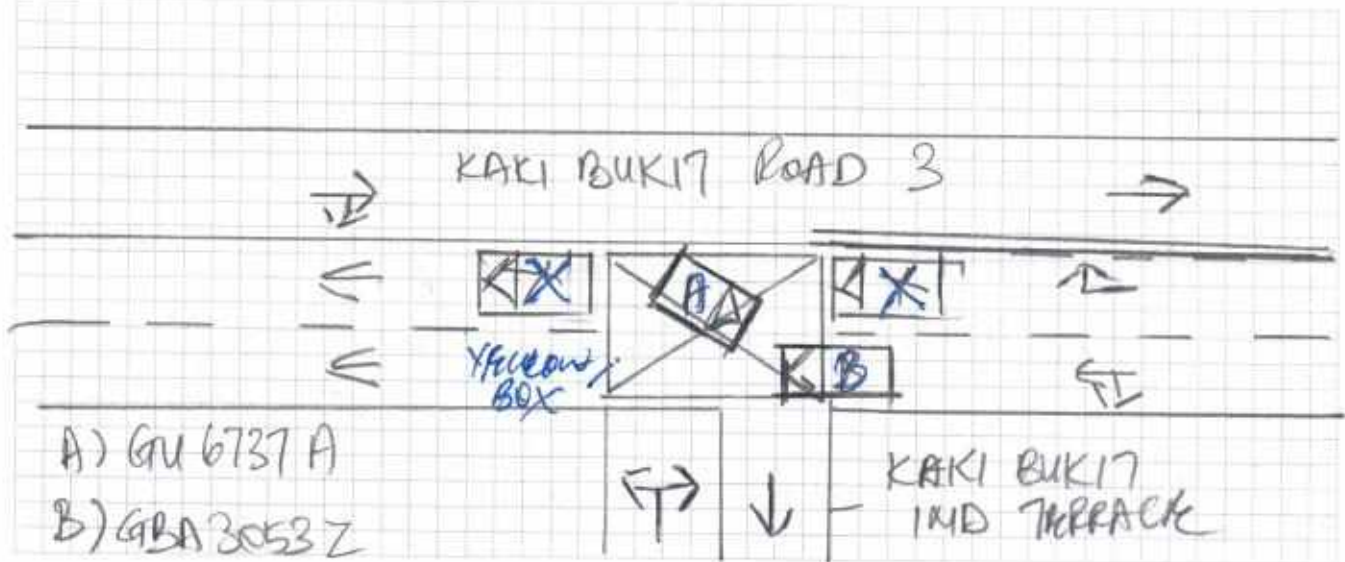


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 24/07/2018 AT ABOUT 09:55 HRS I WAS AT KAKI BUKIT ROAD 3 I WANTED TO TURN RIGHT INTO KAKI BUKIT IND TERRACE I STOP MY VAN GU 6737 A IN FRONT OF KAKI BUKIT IND TERRACE WAS A YELLOW BOX. TRAFFIC WAS HEAVY. SO WHEN A Lorry AT THE OPPOSITE DIRECTION STOP B/F THE YELLOW BOX SO I INCH FORWARD SUDDENLY A VAN GBA 3053 Z DROVE SO FAST I COULD NOT REACT FAST MY VAN FROM HIT THE RIGHT SIDE OF HIT VAN AND ONLY THE BUMPER WAS DAMAGED THATS ALL.

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/1004371

Policy No.	5062578460-04	Vehicle No.	GUS737A	GST Registration No.	
Policyholder Name	COLOURXPRESS PRINTING PTE LTD			Policyholder NRIC	300613484K
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90985454	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	24/07/2018 15:25	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/07/2018	Time of Accident hh:mm	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF KAKI BUKIT RD 3/KAKI BUKIT IND TERRACE				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	1092 LOWER DELTA ROAD	Address 2	#01-07	Address 3	SINGAPORE 169203
Address 4		Address Type	Singapore address	Post Code	169203
Unit No.		Related Policy Number	5062578460-04		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/01/1948
Unnamed driver Name	TITU KIM HUAT	Driver NRIC	S2704167A	Driving Experience	67
Register Date of Driver License	20/08/1970	Driver Age	72	Contact No.(Home)	
Contact No.(Mobile)	90985454	Contact No.(Office)		Address 3	BLANGAH GARDEN
Address 1	BLK 53 #14-217	Address 2	TELOW BLANGAH HEIGHTS	Post Code	100061
Address 4	SINGAPORE 100063	Address Type	Foreign address		
Unit No.	04-217				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	GUS737A	Driver Insurer Company	NTUC

Declaration:

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	COLOURXPRESS PRINTING PTE	Insured NRIC	300613484K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62762822
Email Address	sales@esp.com.sg	OI Vehicle Number	GUS737A	TP Vehicle Number	GBA30532
Claim Description	GUS737A / GBA30532 ON 24 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/07/2018 15:29	Claim Close Date		Date Received	24/07/2018 00:00
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment

▼

Accident No.	MT/1004371	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/07/2018 15:30
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
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 24 Jul 2018 15:30	Photos	Normal	Photos 2018-7-24		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:30	Photos	Normal	Photos 2018-7-24		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:30	Photos	Normal	Photos 2018-7-24		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:30	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:30	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	Photos	Normal	Photos 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	SAS	Normal	SAS 2018-7-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 24 Jul 2018 15:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-24	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 24/07/2018 (DD/MM/YYYY), TIME: 09:55 (HH:MM)

LOCATION: KAKI BUKIT RD 3 TURN RIGHT TO KAKI BT IND TALLAH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GU 6737 A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: COLOUR EXPRESS PRINTING P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 90985434
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TIYU KIM LIAU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2704167A CONTACT: 90985434
 c) ADDRESS: _____

*d) DATE OF BIRTH: 11/01/1946 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/08/1970

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: GBA 3053Z MODEL: TOYOTA HILUX

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2704167A



TIYU KIM HUAT

張金發

CHINESE

11-01-1946

M

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



S2704167A

TIYU KIM HUAT

11 Jan 1946

30 Jul 2001



8397227

NRIC No. S2704167A



Nationality
MALAYSIAN

Blood Group: B+ Date of issue: 27-04-2001

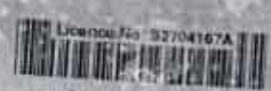
Address
APT BLK 63 TELOK BLANGAH HEIGHTS
#04-217
SINGAPORE 100063

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

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue Date
20 Aug 1970

NT 428A



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	: 5062578460-04
The Policyholder	: COLOURXPRESS PRINTING PTE LTD 1092 LOWER DELTA ROAD #01-07 SINGAPORE 169203

Period of Insurance	: 11 Nov 2017 To 10 Nov 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$977.30

Interest Insured

Cover Type	: Third Party, Fire & Theft	
Make/Model	: TOYOTA/LITEACE 4DR	
Capacity	: 0.88 ton(s)	Number of Seater : 2
Registration Number	: GU6737A	Registration Date : 11 May 2001
Chassis Number	: TBA	Insure with COE : Yes
Excess (Section 1)	: N/A	NCD Entitlement : 20%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: ABWIN PTE LTD	

Memo A : N/A

Endorsement Operative : M2

Agency	: HO KOK SWAN ANGELINE CHRISTINA (00000586386)
Date of Issue	: 17 Oct 2017 21:12 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