

# NATIONAL Assessment Centre Services

Job No: 11484835

99103

Date In: 31/07/2018 18:52	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/80/39381Y	SAS e-filing		
Veh No: SKX 6038X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/07/2018 11:00	i-Motor Claim Form	NY/1005466-001	31/07/2018 19:24
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKX 3547M	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

<b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat 1: Cat 2/3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: 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:-			
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-in 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	31/07/2018 18:52
Date Of Accident	31/07/2018 11:00
Exact Location Of Accident	JALAN KLINIK OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6038X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOW MEI YING KAREN
Co Reg No	S7838953B
Email Address	KREX78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98255542
Alternative Phone No	OFFICE-98255542

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5099647574
Cover Note Number	

### Driver

Name of Driver	CHOW MEI YING KAREN
NRIC No	S7838953B
Date Of Birth	16/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98255542
Fax Number	
Contact Number	OTHERS-98255542
EMail Address	KREX78@GMAIL.COM



Address	BLK 107A EDGEDALE PLAINS #16-110
Postcode	821107
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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SKX3547M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO LEK HONG
NRIC/Passport Number	S0039547A
Contact Number	98388025
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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: 31/7/18

12.50 p.m.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

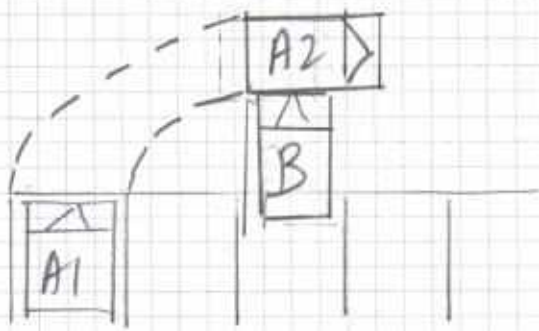
NRIC/FIN No.:

SKETCH PLAN

JCN KLINIK OPKN SPACE CARPARK

A) SKX 6038X

B) SKX 3547M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PARKING LOTS

I WAS EXITING THE CARPARK AT JALAN KLINIK AND HAD RIGHT OF WAY. ~~THE~~ MR TEO WAS ~~STATIONARY~~ STATIONARY AT THAT TIME, TRYING TO PARK HIS VEHICLE. ~~HE~~ HIS CAR MOVED FORWARD AND HIT THE RIGHT SIDE OF MY CAR, CAUSING THE DOORS TO BE DENTED.

DECLARATION

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

Policyholder's Signature

Date & Time: 31/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**NOTICE OF REPORTING**

This is to confirm that Chow Mei Ying Karen, NRIC: S7838953B, Tel: 98255542 has reported to the Police a non-injury traffic accident which occurred Jalan Klinik on 31/07/2018 about 11:00 am involving the following vehicle:

Vehicle A (Driver) – SKX6038X  
Driver – Chow Wei Ying, Karen  
S7838953B  
B/107A Edgefield Plains #16-110  
Ctt: 98255542

Vehicle B (Driver) – SKX3547M  
Driver – Teo Lek Hong  
S0039547A  
32 Jalan Ampang  
Ctt: 98388025

- i) No government property damaged.
- ii) No ambulance or police attended.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (2) T150529 Heede  
Date: 31/07/2018 Time: 12.15 pm SD: 3  
Police Post/Unit: River Valley Neighbourhood Police Post

  
KAREN CHOW

## Claim Handling

Accident MT/1005466

Policy No.	5099647574	Vehicle No.	SKX6038X	GST Registration No.	
Certificate No.					
Policyholder Name	CHOW MEI YING KAREN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	98255542	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	
<input checked="" type="radio"/> Accident Details					
Report Date	31/07/2018 19:19	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	31/07/2018	Time of Accident Attributed	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN KLINGK OPEN CARPARK				
<input checked="" type="radio"/> Benefits					
<input checked="" type="radio"/> Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<input checked="" type="radio"/> GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<input checked="" type="radio"/> Policyholder Mailing Address					
Address 1	BLK 107A #16-110	Address 2	EDGEFIELD PLAINS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5099647574		
<input checked="" type="radio"/> OI Driver Info					
Driver Name	CHOW MEI YING KAREN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S78389538	Driver DOB	
Register Date of Driver License	11/01/1999	Driver Age	39	Driving Experience	
Contact No.(Mobile)	98255542	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 107A #16-110	Address 2	EDGEFIELD PLAINS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKX6038X	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHOW MEI YING KAREN	Insured NRIC	
Contact No.(Mobile)	98255542	Contact No.(Home)	64896298	Contact No.(Office)	
Email Address	krex78@gmail.com	OI Vehicle Number	SKX6038X	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	SKX6038X / SKX3547M ON 31 Jul 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	31/07/2018 19:23	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					




















Save Submit

Attachment

Accident No.

Claim No.

<b>MT/1005486</b>						<b>001</b>	
Last Doc. Received:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date:	31/07/2016 19:24				
		Path *	Category *		Confidential	Sensitivity	
		Browse... Clear	Please Select ▼	N/A -	Normal		
		Browse... Clear	Please Select ▼	N/A -	Normal		
		Browse... Clear	Please Select ▼	N/A -	Normal		
		Browse... Clear	Please Select ▼	N/A -	Normal		
		Browse... Clear	Please Select ▼	N/A -	Normal		
		Browse... Clear	Please Select ▼	N/A -	Normal		
<div style="background-color: #cccccc; padding: 2px;">Attachment List</div>							

Attachment	Uploaded By/Data	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:24	Photos	Normal	Photos 2018-7-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:24	Photos	Normal	Photos 2018-7-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:24	Photos	Normal	Photos 2018-7-31
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:23	Photos	Normal	Photos 2018-7-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:23	Photos	Normal	Photos 2018-7-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jul 2018 19:23	SAS	Normal	SAS 2018-7-31

 **Video List**

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 31/07/2018 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: JALAN KLINIK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX 6038 X  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5099647574  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: MITSUBISHI ATTRAAGE  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB CAR  
 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: KAREN CHOW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 578389578 CONTACT: 98255542  
 c) ADDRESS: BLK 107A EDGEFIELD PLAINS #16-10 S(821107)

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

## DRIVER

- a) NAME: KAREN CHOW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 578389578 CONTACT: 98255542  
 c) ADDRESS: BLK 107A EDGEFIELD PLAINS #16-10 S(821107)

\*d) DATE OF BIRTH: 16/12/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: DATE

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: N.A.

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: RIVER VALLEY

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKX 3547 M MODEL: TOYOTA  
 b) DRIVER'S NAME: TEO LEE HONG  
 c) NRIC/FIN/PASSPORT: 50039547 A CONTACT: 98388025

## 9. THIRD PARTY VEHICLE

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

Email = krex70@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7838953B



Name

CHOW MEI YING, KAREN  
(ZHOU MEIYIN)

周美音

Race

CHINESE

Date of birth

16-12-1978

Sex

F

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7838953B

Name

CHOW MEI YING, KAREN  
(ZHOU MEIYIN, KAREN)

Birth Date 16 Dec 1978

Issue Date 04 Jan 2003



4526130  
4026130  
Name No. S7838953B  
S7838953B



Date of issue  
28-12-2008

Address

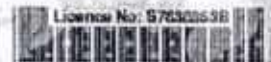
APT BLK 100A BEDFORD PLAINS  
#4G-1103  
SINGAPORE 6091897

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

PASS DATE

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

11 Jan 1999



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	: S099647574
The Policyholder	: CHOW MEI YING KAREN BLK 107A #16-110 EDGEFIELD PLAINS SINGAPORE 821107

Period of Insurance	: 21 Apr 2018 To 20 Apr 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$2,242.66

#### Interest Insured

Cover Type	: drive PREMIUM	
Primary Driver	: CHOW MEI YING KAREN	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: MITSUBISHI/ATTRAJE	Capacity : 1200cc
Registration Number	: SKX6038X	Registration Year : 2015
Chassis Number	: MMBSTA13AFH015807	Off-peak Car : No
Repair at Owner's Preferred Workshop	: Yes	Insure with COE : Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement : 30%
Excess (Section 2)	: S\$1,500	NCD Protection : No
Windscreen Excess	: S\$100	Loyalty Discount : 5%
Additional Excess	: N/A	
Unnamed Driver Excess	: Please refer to Terms and Conditions	
Hire Purchase Company	: N/A	

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

**Memo A** : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.  
2) Section 1 clause 8 on Unnamed driver excess will not apply.

#### Endorsement Operative : M7

Agency	: HENG PUAY HIAH KELINE (00000587499)
Date of Issue	: 19 Apr 2018 15:01 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