

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 28/08/18	Job description	Date & Time Completed	Done by
Ref No NA/11P18015675/13	SAS e-filing		
Veh No SKK6X	E-mail (within 8hrs, ABC 2hrs)		
DOA 20/08/18 1620	i-Motor Claim Form		
OD (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**TEAMWORK**) Tel: Fax:)

TP Particulars: Veh No: **SKF313K** 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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- at 1: at 2/3:	NA1805435		Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);					
	2) DA: Damage Assessment (\$100); INC (\$80)					
	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: Idao DA + SMRT Survey \$160					
	8) NTUC Additional Services:-					
OD*						
*N3: Courtesy Car / Tpt Allowance \$5						
*N6: Repair Co-ordination \$10						
*N7: Post Repair Inspection \$25						
*N8: DV / Collect Excess Coordination \$5						
TP (N11): TP (N/A INC) against INC \$20						
9) N12: Idao 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	28/08/2018 16:32
Date Of Accident	20/08/2018 16:20
Exact Location Of Accident	ALONG CAIRNHILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6X
Insured/Policyholder	
Name Of Registered Owner	WOON TAT HONG
NRIC No	S7513064C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85118111
Alternative Phone No	OTHERS-85118111

Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V03113/VPS/R00
Cover Note Number	

Driver

Name of Driver	CHUA YEN SAN
NRIC No	S8301739B
Date Of Birth	28/01/1983
Occupation	INDOOR
Date Of Driving Pass	03/11/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86115111
Fax Number	
Contact Number	
EMail Address	SANSAN_03@HOTMAIL.COM

Address	30 AH HOOD ROAD #09-02
Postcode	329976
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : VERNICE WOON GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180821/2191

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF313K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


IMPORTANT NOTICE

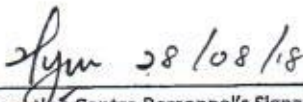
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)

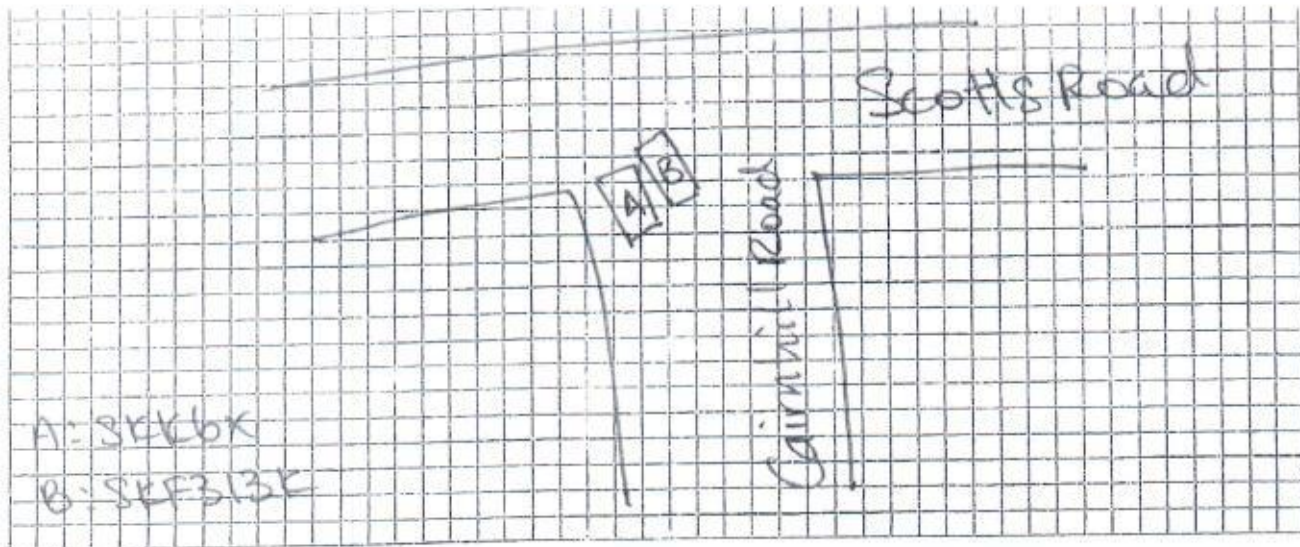
I understand, acknowledge, agree and consent that:

- (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: 27/8/18 4.20 pm


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. T/20180821/291

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: 27/8/18 4.20pm

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



Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20180821/2191

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2018 21:23	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: CHUA YEN SAN			Address: 30 AH HOOD ROAD #09-02 SINGAPORE 329976		
ID Type / ID No.: NRIC NO / S8301739B			Contact No.: Home/Office: Mobile: 86115111		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 28/01/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: HOME MAKER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2018 16:20	Type of Location: Bend
Location: Along Road 1 CAIRNHILL ROAD Along Cairnhill Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF313K	Car				No Damage	1
SKK6X	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

2 of 3

Report No. T/20180821/2191

CONTINUATION OF REPORT

Driver			
Name	CHUA YEN SAN	ID No.	S8301739B
Related Vehicle	SKK6X (Car)	Contact No.	86115111
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and venue, I was driving along Cairnhill road, While driving towards city, subsequently a vehicle cut to my lane from the right while both of our vehicles were turning. I immediately horned him and he went back to his lane. When I arrived at ION Orchard, I discovered that there were scratches on the front right region of my vehicle. I wish to state that both of us did not stopped our vehicle and did not exchange particulars. I have a video recording of the incident.



Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20180821/2191

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Staff Sgt JIM SOON JIANWEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/08/2018 21:23

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SINGAPORE
POLICE FORCE

SN 080

Authentication Stamp

NP168

SIGNATURE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	20 Aug 2018	(DD/MM/YY)
Time of accident	16:20	(HH:MM)
Exact location of accident	Along Road 1 Cairnhill Road	

DETAILS OF VEHICLE

Vehicle registration number	SKK-6X		
Vehicle make and model	Porsche Cayenne		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: <u>SW</u>
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	Liberty		
Policy number	SI18V03113/VPS/R00		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Woon Tat Hong	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7513064C	
Contact	85115111	
Address	30 Ah Hood Road #09-02 3329976	

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Chua Yen San	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S8301739B	
Contact	86115111	
Address		
Email address	sansan_03@hotmail.com	
Date of birth	28 Jan 1983	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	03 Nov 2003	

Was insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	Two (2) (Inclusive of driver)

PASSENGER 1	
Name	VERNICE WOON
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	MOULMEIN NPP

WITNESS 1	
Name	

WITNESS 2	
Name	

Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD No. S8301739B



CHUA YEN SAN

蔡 晏 珊

Race

CHINESE

Date of Birth

28-01-1983

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8301739B

Name

CHUA YEN SAN

Birth Date: 28 Jan 1983

Issue Date: 03 Nov 2003



3355988



IRIS No S8301739B

Blood Group

Date of Issue

07-04-2003

30 AH HOOB ROAD #09-02
SINGAPORE 325976

IRIS No: S8301739B

Date: 20/05/2011

No: 6700618

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

PASS DATE

03 Nov 2003



NP 428A




1800-PREMIUM
1800-7736 486
A DEDICATED 24HR NOTLINE

#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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	SI18V03113 /VPS /R00										
Form	MX3										
Date Of Issue	09-MAR-2018										
1.Index Mark and Registration No. of Vehicle:	SKK6X										
2.Chassis number of Vehicle:	WP1ZZZ92ZBLA04662										
3.Name of Policyholder:	WOON TAT HONG										
4.Effective date of Commencement of Insurance for the purposes of the Act:	29-APR-2018 00:00 AM										
5.Date of Expiry of Insurance:	28-APR-2019 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	WOON TAT HONG										
<p>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.</p> <p>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.</p>											
<p>7.Limitations as to use*:</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p>											
<p>8.The Policy does not cover:</p> <p>A) Use for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing. C) Use for the carriage of goods (other than samples) in connection with any trade or business. D) Use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>											
<p>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).</p> <p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> Authorized Signature</p>											
<p>For information only:</p> <table><tr><td>COVERAGE :</td><td>Comprehensive, Unlimited Windscreen, Ncd Protection</td></tr><tr><td>SUM INSURED:</td><td>S\$138000</td></tr><tr><td>EXCESS:</td><td>Section I - Named Drivers - Singapore S\$3000 / Outside Singapore S\$6000, Section I - Unnamed Drivers (Driver Must Be Between 25 To 69 Years Old With At Least 3 Years Driving Experience) - Singapore S\$4000 / Outside Singapore S\$8000, Windscreen Excess S\$500</td></tr><tr><td>FINANCE COMPANY:</td><td>SWEE SENG CREDIT P/L</td></tr><tr><td>PRODUCER NAME:</td><td>NITA AGENCIES PTE LTD</td></tr></table>		COVERAGE :	Comprehensive, Unlimited Windscreen, Ncd Protection	SUM INSURED:	S\$138000	EXCESS:	Section I - Named Drivers - Singapore S\$3000 / Outside Singapore S\$6000, Section I - Unnamed Drivers (Driver Must Be Between 25 To 69 Years Old With At Least 3 Years Driving Experience) - Singapore S\$4000 / Outside Singapore S\$8000, Windscreen Excess S\$500	FINANCE COMPANY:	SWEE SENG CREDIT P/L	PRODUCER NAME:	NITA AGENCIES PTE LTD
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SUM INSURED:	S\$138000										
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FINANCE COMPANY:	SWEE SENG CREDIT P/L										
PRODUCER NAME:	NITA AGENCIES PTE LTD										

PLYW/PLYW/09-MAR-18

SI_CI_T1_T3_OE_Template2-Ver1.

09-MAR-18