

# NATIONAL Assessment Centre Services

(Ref: Jan 07)

MMAT/8113670

Date In: 03/09/2008 09:57	Job description	Date & Time Completed	Done by
Ref No. NBA/INC/0015977/Y	SAS e-filing		
Veh No. GX1771 J	E-mail (within 3hrs, A/C 2hrs)		
D.O.A. 3008/2008 15:35	i-Motor Claim Form	mm/1009715-001	03/09/2008 10:24
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:

SHB 80694

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:

Cal. 1:

Cal. 2 / 3:

## Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	In Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$40)		
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:		
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'n INC) against INC \$20		
9) N12: Idac Mobile 30		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA/805625

11-11



## 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	03/09/2018 09:57
Date Of Accident	31/08/2018 15:35
Exact Location Of Accident	ALONG UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GX1271T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RUNDA TRADING PTE LTD
Co Reg No	201301313Z
Email Address	HKSIAH81@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81173214
Alternative Phone No	OFFICE-81173214
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	LITEACE-2.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5077979933-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG KEE WEE
Passport No/FIN	G8538519X
Date Of Birth	24/05/1997
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81173214
Fax Number	
Contact Number	OTHERS-81173214
EMail Address	HKSIAH81@GMAIL.COM

Address	BLK 420 CANBERRA ROAD #03-411
Postcode	750420
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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	SHB8069U
Vehicle Make/Model/Colour	HYUNDAI I30
Details Of Properties	
Vehicle Category	TAXI
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.



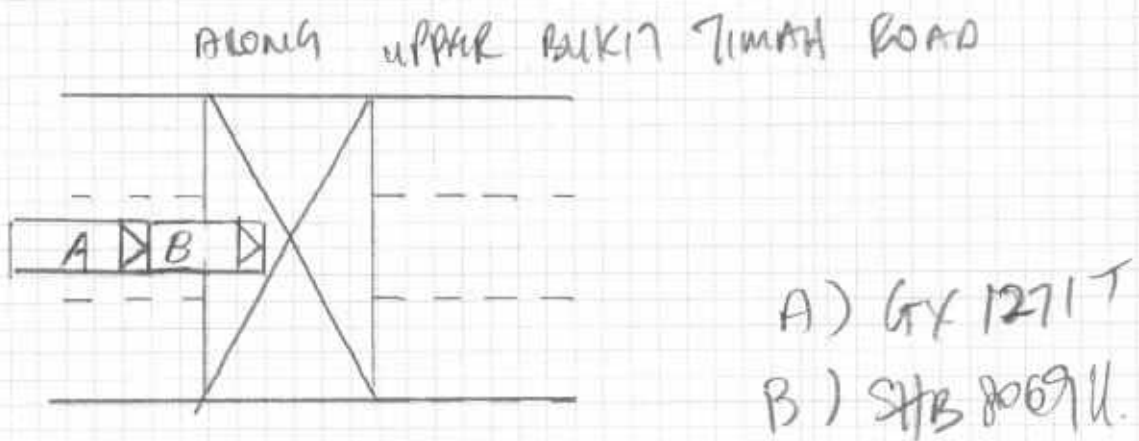
Policyholder's Signature  
Date & Time:

3/9/18  
1000Ar  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

8/09/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/8/18 afternoon 335pm I was driving along upper Bukit Timah Road towards Puncu Lrt.

I'm in the middle lane, it was raining and the road was wet. The car in front of me suddenly brake.

I tried to brake too but due to heavy goods in my Van, the Van Surge forward even when I applied brakes.

And I banged into a silver taxi SHB 8069U in front of me.

## DECLARATION

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



Policyholder's Signature

Date & Time:

3/9/18  
1000 AM

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/09/2018  
Resli Wafiq

## Claim Handling

Accident MT/1009775

Policy No.	5077919933-02	Vehicle No.	GX1271T	GST Registration No.	2013013132
Certificate No.					
Policyholder Name	BUNDA TRADING PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	2013013132
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81173214	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KPI	+ No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	03/09/2018 10:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2018	Time of Accident hh:mm	15:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UPPER BUKIT TIMAH ROAD				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	16/11/2017		
GST Registration No.	2013013132	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	887 BUKIT TIMAH ROAD	Address 2	#02-35 CORONATION PLAZA	Address 3	SINGAPORE 269707
Address 4		Address Type	Singapore address	Post Code	269707
Unit No.	02-35	Related Policy Number	SD93855018-01		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/05/1997
Unnamed driver Name	NG KEE WEE	Driver NRIC	G8538519X	Driving Experience	2
Register Date of Driver License	23/05/2018	Driver Age	21	Contact No.(Home)	
Contact No.(Mobile)	81173214	Contact No.(Office)		Address 3	SINGAPORE 758420
Address 1	BLK 420 #03-411	Address 2	CARBERIA ROAD	Post Code	758420
Address 4		Address Type	Foreign address		
Unit No.	03-411	Driver Vehicle No.	GX1271T	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No				
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUNDA TRADING PTE LTD	Insured NRIC	2013	
Contact No.(Mobile)	86201220	Contact No. (Home)		Contact No. (Office)		
Email Address		DI Vehicle Number	GX1271T	TP Vehicle Number	SHB	
Claim Description	GX1271T / SHB069U ON 31 Aug 2018				Name of Preferred Workshop	
Preferred Workshop Selected for Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received	
Date Registered	03/09/2018 10:17	Claim Close Date		Date Received	03/09	
Report Taken By	ACSLI WAHAB	Workshop Repairer		Total Loss but Repaired		
Print AK letter						

Save Submit

## Attachment

Accident No.	MT/1009775	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	03/09/2018 10:24	
Path *				
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Message Read		Clear	Please Select	
<b>Attachment List</b>				
Attachment	Uploaded By/Date	Category	Urgency	Description

9/3/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:14	SAS	Normal	SAS 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 10:17	Photos	Normal	Photos 2018-9-3
Video List				
Uploaded By/Date		Folder Data	File Name	Source
			Display in New Window	Scan and uploading

## ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 08 / 2018 (DD/MM/YYYY), TIME: 15 : 35 (HH:MM)

LOCATION: Upper Bukit Timah

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX1271T  
b) INSURANCE COMPANY: Income  
c) POLICY NUMBER: 5077979933-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Liteace  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
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: Runda Trading Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: 587 Bukit Timah Road #02-35 Corporation Plaza  
Singapore 289707

\* CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: NG KEE WEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G18538519 CONTACT: 81173214  
c) ADDRESS: BK 420, Canberra Road #03-411  
Singapore 750420

\* d) DATE OF BIRTH: 24 / 05 / 1997 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/05/2016

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: SHB8069U MODEL: Hyundai i30  
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 = hksiah81@gmail.com

VIDEO =





LESEN MEMANDU  
DRIVING LICENCE



MALAYSIA

NG KEE WEE

Matriculation / Identification No. / No. Pendaftaran / Identiti No.  
MALAYSIA 970524085875

Kelas / Class  
B2 D

Tempoh / Validity  
23/05/2016 - 24/05/2021

Alamat / Address  
NO 185  
JALAN DURIAN  
REGROUPING AREA  
31200 CHEMOR  
PERAK



WORK PERMIT  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
RUNDA TRADING PTE. LTD.

Sector: SERVICE

Name  
NG KEE WEE  
Occupation  
DELIVERY MAN

Work Permit No.  
4 06197441

Date of Application  
31-07-2017

Date of Issue  
15-08-2017

Date of Expiry  
14-08-2019



L8239613

JPJL6

- A. Kenderaan Bersekat (Motorcycle) STM tidak melebihi 450 kg  
Kenderaan Bersekat (Motorcycle) STM tidak melebihi 450 kg
- A1. Kenderaan Bersekat (Motorcycle) STM tidak melebihi 350 kg  
Kenderaan Bersekat (Motorcycle) STM tidak melebihi 350 kg
- B. Motor Cycle melebihi 350 cc  
Motor Cycle melebihi 350 cc
- B1. Motor Cycle melebihi 350 cc  
Motor Cycle melebihi 350 cc
- B2. Motor Cycle melebihi 350 cc  
Motor Cycle melebihi 350 cc
- C. Motor Cycle melebihi 350 cc  
Motor Cycle melebihi 350 cc
- D. Motor Cycle melebihi 350 cc  
Motor Cycle melebihi 350 cc
- D1. Motor Cycle melebihi 350 cc  
Motor Cycle melebihi 350 cc
- D2. Motor Cycle melebihi 350 cc  
Motor Cycle melebihi 350 cc

- F. Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg  
Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg
- G. Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg  
Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg
- H. Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg  
Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg
- I. Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg  
Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg
- J. Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg  
Traktor/Jenis Bersekat Ringkas Bersekat STM tidak melebihi 5000 kg

0109011 Fp0NqJEs

Kesua Pengarah Pengangkutan Jalan



VISIT PASS  
Immigration Regulations

Name  
NG KEE WEE



Date of Birth 24-05-1997 Sex M Nationality MALAYSIAN  
FIN G6538519X Date of Issue 15-08-2017 Date of Expiry 14-08-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



## 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 : 5077979933-02  
The Policyholder : RUNDA TRADING PTE LTD  
587 BUKIT TIMAH ROAD  
#02-35 CORONATION PLAZA  
SINGAPORE 269707

Period of Insurance : 01 Mar 2018 To 28 Feb 2019  
Sum Insured : Market Value of Insured Vehicle at Time of Loss  
Premium (Inclusive GST) : S\$1,121.45

*paid 2 Feb 2018*

#### Interest Insured

Cover Type	: Third Party, Fire & Theft	Number of Seater	: 2
Make/Model	: TOYOTA/LITEACE 2.2	Registration Date	: 12 Feb 2004
Capacity	: 0.85 ton(s)	Insure with COE	: Yes
Registration Number	: GX1271T	NCD Entitlement	: 10%
Chassis Number	: CR425007685	Loyalty Discount	: 5%
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : M2

Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)  
Date of Issue : 02 Feb 2018 16:38 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