

NATIONAL Assessment Centre Services

Date In: 17/09/2018 15:39	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI18016911/K4	E-mail (within 3hrs, AIC 2hrs):		
Veh No: GBF 8819Y	i-Motor Claim Form		
DOA: 14/09/2018 18:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP: Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJC 3229D	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

NA 1805921	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Imaged Portion:	4) FT: Follow-Through Survey \$120			
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Suppliers' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idea DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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-on INC) against INC \$20			
	9) N12: Idea 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	17/09/2018 15:39
Date Of Accident	14/09/2018 18:00
Exact Location Of Accident	PIE EUNOS EXIT (FROM PAYA LEBAR)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF8819Y
Insured/Policyholder	
Name Of Registered Owner	M/S MYCOOL PTE LTD
Co Reg No	-
Email Address	MYCOOL7818@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82890716
Alternative Phone No	OFFICE-82890716
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3027081800
Cover Note Number	
Driver	
Name of Driver	SHAKE MD JAMAL
Passport No/FIN	G6509768R
Date Of Birth	28/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82890716
Fax Number	
Contact Number	OTHERS-82890716
Email Address	MYCOOL7818@HOTMAIL.COM

Address MYCOOL PTE LTD

Postcode

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 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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 SJC3229D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LAU NGANG KIM

NRIC/Passport Number S1249151D

Contact Number 96944644

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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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)**

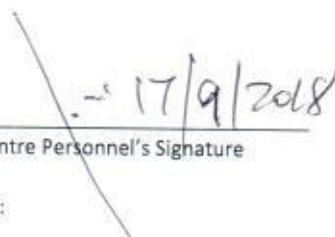
I understand, acknowledge, agree and consent that:

- (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.



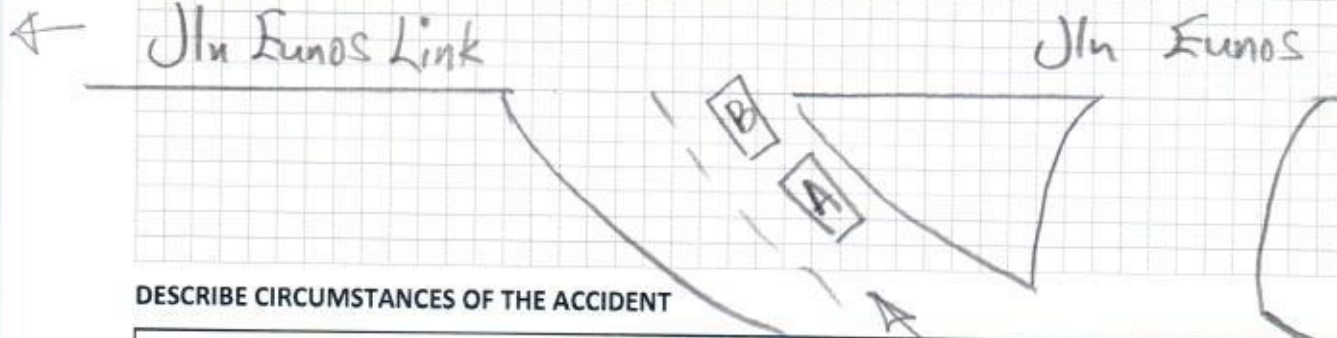
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A - GBF 8819Y
B - SJC 3229D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at PIE Eunos exit from Paya Lebar. When Vehicle B drive off and Vehicle A also drive forward but suddenly Vehicle B jam brake and Vehicle A slight hit on Vehicle B rear portion.

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.:

17/9/2018



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Tel: 6389 6111 Fax: 6222 1033

Website: www.sg.taiping.com

Co. Reg. No. 200208384E

Page 1 of 2

Agent/Broker: INDEX AGENCY PTE LTD

Agent/Broker Code: AN0397A

Policy No:

DMCVSN3027081800

Registration No.:

GBF8819Y

MOTOR INSURANCE PROPOSAL

Under Section 24(4) of the Insurance Act (Cap 142), you have to disclose to the insurer in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed; otherwise, the policy issued hereunder may be void.

IMPORTANT

1. The Liability of the Company does not commence in respect of this proposal until acceptance has been communicated by the Company to proposer or his agent or broker.
2. All questions in this Proposal Form must be answered before this Proposal can be considered. Any question not answered will be taken as answered in the negative.
3. All policies, renewal certificates, cover notes, endorsements for policies carry a Premium Warranty Clause which requires the premium to be paid in full within a specific period failing which would be no liability under the policy, renewal certificate, cover note, endorsement, etc.
4. All amendments and/or corrections are to be initial by the insured.

Proposer's Particulars

Name: M/S MYCOOL PTE LTD

Company Reg. No.: 201011880R

Address: BLK 3024 UBI ROAD 3

Contact No.: 82287818

KAMPONG UBI INDUSTRIAL ESTATE #02-93 SINGAPORE

Email Address:

Postal: 408652

Date of Birth: -

Claims Experience in past 3 years:

Occupation/Business: GENERAL CONTRACTORS

Apr 2017 - Mar 2018: NO CLAIMS WITH NCD

Nationality: Singaporean

Apr 2016 - Mar 2017: NO CLAIMS

Apr 2015 - Mar 2016: NO CLAIMS

Vehicle's Particulars

Vehicle Registration: COMPANYY

Driven by Insured: NO

Year of Make: 2016

Year of Registration: 2017

Engine No.: 1KD2612388

Date of Registration: 03-04-2017

Vehicle Tonnage: 1.62

Chassis No.: KDY2318024703

Usage for carriage of goods for hire or reward?: NO

Seating Capacity: 02

Type of Vehicle: LORRY

Vehicle Make/Model: TOYOTA DYNA 3.0 M

NCD Protector: YES

NCD: 20%

Market value at the time of loss: INCLUDE COE

Increase TPPD Coverage: STANDARD \$500K

Accessories: Air-con, Radio/Cassette, Sports Rim, CD Player

AutoSafe (Must attached Autosafe Scheme Form): YES

Hire Purchase Company/Employer's Loan: INDEX CREDIT PTE LTD

Coverage Required

Period of Cover: From 05-04-2018 to 04-04-2019 (To coincide with Road Tax expiry date if possible)

Type of Cover: Comprehensive

PREMIUM PAYABLE: \$1,263.95

EXCESS APPLICABLE: \$350.00

Vehicle Usage

- | | | |
|-----|----------------------------------------------|------|
| (a) | Will the vehicle be used for hire or reward? | NO |
| (b) | Any Business in West Malaysia? | NO |
| (c) | How often do you drive to West Malaysia? | NONE |

Unnamed Authorized Drivers

N.B. The following excess will be applicable for any accident, loss or damage. (Applicable to Comprehensive Commercial Vehicle only)

A flat excess of \$2,000 will be applied for Unnamed Driver(s) who is 66 years old & above.

An additional excess of \$3,000 is applicable for authorised driver who is below the age of 22 or possess a full driving licence for less than 1 year.

* Age / Driving Experience as at date of accident

PAID
04 APR 2018

BY: ocb - 001651

\$1,263.95



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No: 200208364E

Agent/Broker: INDEX AGENCY PTE LTD
Agent/Broker Code: AN0397A

Policy No: DMCVSN3027081800
Registration No.: GBF8819Y

Page

Windscreen Replacement

REPLACE @ AUTHORISED WORKSHOPS \$2,000.00

Automatic windscreen reinstatement subject to an Excess of S\$100.00

Benefits for Autosafe Scheme

1. Policyholder will enjoy Discount from Basic Premium as stated in the Policy;
2. 24-Hours towing hotline (for disabled mechanically propelled accident vehicle);
3. 6 months warranty repairs;
4. Our authorised workshop will assist in formulating any third party claim and provide advice on the merits of the case;
5. Windscreen Limit S\$500/-, subject to an Excess of S\$100/- with free automatic reinstatement (Applicable for Commercial Vehicle, Windscreen coverage can be increased Insured Option);
6. Unlimited windscreen cover, subject to an Excess of S\$100.00/- with automatic reinstatement (Applicable for Private / Parallel Imported Models Only);
7. One Time Waiver of Excess will apply to the Insured and Named Drivers in the event of own damage claim at our authorized workshops for each Policy year. (Subject to Policy terms and conditions).

Additional Information

1. Have you or any of the named drivers been involved in any motor accident in the past 3 years?
NO Details: N.A
2. Have you or any of the named drivers been convicted of or received notice of intended prosecution for any offence in connection with motor car?
NO Details: N.A
3. Are you now or have you ever been insured in respect of any motor vehicle?
YES Details as below

Present/Previous Insurer: NTUC INCOME
Policy No:

Vehicle No.: GBF8819Y
Expiry Date: 03-04-2018

PREMIUM PAYMENT WARRANTY (For Vehicles Registered Under Company's Name)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the period of insurance is 60 days or more, any premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the :-
(a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
(b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then
(a) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement shall be deemed to be cancelled immediately after the expiry of the said 60-day period
(b) the deemed cancellation of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
(c) the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$50.00.
3. If the period of insurance is less than 60 days any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance.

Declaration

1. I/We hereby declare and agree to insure my Motor Vehicle with CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and I/We agree to accept the Company's Policy subject to the provisions and conditions of the policy. I/We hereby declare that the above mentioned Motor Vehicle is and will be kept in good condition. I/We hereby warrant that all the answers given in this proposal are true and correct, that this proposal and Declaration shall form part of the contract between the Company and myself. Otherwise, I/We understand that the policy issued may be rendered void.
2. I/We hereby undertake to reimburse the Company on any difference on Premium due to different NCD percentage stated herein from the NCD percentage declared by my/our previous insurer and also difference on Premium due to non-declaration of accidents from my/our previous insurance company.

05-04-2018 10:19 AM

Date

Signature of Proposer / Company Stamp



This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdlic.org.sg).

*

Reported on 17/9/2018
@ 1525Hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 14/9/2018 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: PIE Ennos exit (from Paya Lebar)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 8819Y
- b) INSURANCE COMPANY: _____
- 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: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 82890716
- c) ADDRESS: _____
- *d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: _____

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: SJC 3229D MODEL: _____
- b) DRIVER'S NAME: Lau Ngang Kim
- c) NRIC/FIN/PASSPORT: S1249151D CONTACT: 96944644

9. THIRD PARTY VEHICLE

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

mycool 7818 @ hotmail.com

mycool 7818 @ hotmail.com

Email = ~~mycool@hat~~

fax =

VIDEO =

(CTI)

Waiting for Certificate?

* No. of passengers
(Including driver)
(1)

* No. of passengers
(Including driver)
()

* No. of passengers
(Including driver)
()




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


Employer
MYCOOL PTE. LTD.

Name
SHAKE MD JAMAL

Work Permit No.
D 63068942

Sector
CONSTRUCTION



 **K0170791**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number
G6509768R

Name
SHAKE MD JAMAL

Birth Date: **28 Oct 1982**
Issue Date: **07 Oct 2016**
Valid Till **06/10/2021**

 **002617450E**

VISIT PASS
Immigration Regulations

07-03-2019

Name
SHAKE MD JAMAL

82890716

FIN
G6509768R

Date of Birth
28-10-1982

Sex
M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED



load SGWorkPass App to check status

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

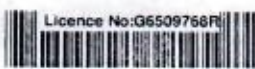


YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE
07 Oct 2016

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

NP 428A

 Licence No: G6509768R

ORIGINAL

THE SCHEDULE

Agency	AN0397A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	..... DMCVSN3027081800
Account	AN0397A	Issued on	..... 05/04/2018 in SINGAPORE		
Client	3224863	Acceptance Date	05/04/2018		

Period of insurance from 1019 hours on 05/04/2018 to 2400 hours on 04/04/2019

Insured's Name....	MYCOOL PTE LTD
Address.	BLK 3024 UBI ROAD 3 #02-93 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408652

Business/Occupn...	GENERAL CONTRACTORS
Financial interest	INDEX CREDIT PTE LTD AS HP OWNER

Premium	Base Annual Premium.....	S\$1,867.96		
	Less 80th Anniversary Discount.....	S\$80.00-		
	Less 30% AutoSafe Scheme.....	S\$536.39-		
	No Claim Discount .....20.00%	S\$250.31-		
	Windscreen @ \$2,000.-	S\$100.00		
	NCD Protector.....	S\$80.00		
	Total Annual Premium	S\$1,181.26	Premium Due	S\$1,181.2
			Premium GST	S\$82.6
			Total Due	S\$1,263.9

Risk No. 001	MOTOR COMMERCIAL VEHICLE		
	ORIGINAL REGISTRATION DATE:	03-04-2017	
1. Registration	GBF8819Y	Make/Model ..	TOYOTA DYNA 3.0 M
Type of Cover	Comprehensive	No. of seats	2
Engine No. ..	1KD2612388	Capacity cc's	0
Chassis No...	KDY2318024703		
	Tonnage	1.62	Certificate Ref. MZ300/C
Sum Insured..	Market value at the time of loss		
Excess Sect I		S\$350.00	
EX ON WINDSCREEN		S\$100.00	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident)

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

Continued on page 2