

NATIONAL Assessment Centre Services

Ref: 249793 **MAA41812608**

Date In: 24/09/2018 21:01	Job description	Date & Time Completed	Done by
Ref No: NBA/ANCI/8073754	SAS e-filing		
Veh No: XE 2757B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/09/2018 18:10	i-Motor Claim Form	nr1102847-001	25/09/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		09:32
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SFK 2313E** 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

MA1806115

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:			1st Bill	Add Bill
Contact No:	1) AR: Accident Reporting (\$30),			
Damaged Portion:	2) DA: Damage Assessment (\$100),	INC (\$80)		
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee	\$40/\$45		
Auditors' Comments :-	4) FT: Follow-Through Survey	\$120		
Date 1:	5) FT: Follow-Through Survey (Resurvey)	\$30		
Date 2/3:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) N1: Idnc DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idnc Mobile	\$0		
	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	24/09/2018 21:01
Date Of Accident	21/09/2018 14:10
Exact Location Of Accident	CLEMENTI AVENUE 6 NEAR LAMP POST 40F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2757B
Insured/Policyholder	
Name Of Registered Owner	SKV BUILDERS PTE LTD
Co Reg No	201502171H
Email Address	SKV-LINGAN2005@YAHOO.COM
Mobile Phone No	(LOCAL) +65-84453991
Alternative Phone No	OFFICE-63415944
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089043582-02
Cover Note Number	
Driver	
Name of Driver	ADAICKALAM SAHAYARAJ
Passport No/FIN	F7742125N
Date Of Birth	05/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84453991
Fax Number	
Contact Number	OFFICE-63415944
Email Address	SKV-LINGAN2005@YAHOO.COM

Address	83 JURONG WEST STREET 41 #04-57
Postcode	649413
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	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	SFK2313E
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HONG GUOWEN
NRIC/Passport Number	S8114944E
Contact Number	98002766
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**.
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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:

A. Sabharwal

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

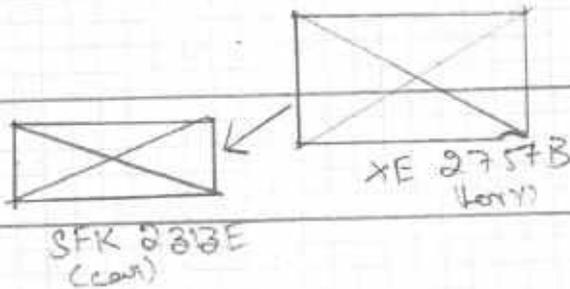
A. Sabharwal

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

24/09/2018
Rashid Wathani

SKETCH PLAN

clementi ave - 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I going to AYE (CIE) to clementi ave-6 take
 Lamp post NO:- 40 F going 1st track. Working
 I 2nd track to 3rd track change
 I when going Front Car Suddenly stop
 traffic Signal red ^{color} change ready. My lorry
 This car back Side touch ready
 SFK 2313E CHYundai car NO damage
 Paint only scratch ready.

DECLARATION

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



Policyholder's Signature
 Date & Time:

A. Saly...

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

20/08/2010
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident MY/1012847

Policy No.	5089043582-02	Vehicle No.	XE2757B	GST Registration No.	
Certificate No.		Cover Type	Comprehensive	Policyholder NRIC	201502173H
Policyholder Name	SKV BUILDERS PTE LTD	Contact No.(Office)	63415944	Loading	0
Product Code	FLEET INSURANCE	Special Remark		Contact No.(Home)	
Contact No.(Mobile)	84433991	TCA	- No Yes	eCode	[No ▼]
Email Address		NCD Endorsement(%)	0	eCode Reason	
KPI	- No Yes			Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	25/09/2018 09:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/09/2018	Time of Accident (h:min)	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVENUE 6 NEAR LAMP POST 40E				
Excess					
Own Damage Excess	1,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification history					
Policyholder Mailing Address					
Address 1	33 JURONG WEST STREET 43	Address 2	#04-57 THE LAKESHORE	Address 3	SINGAPORE 649413
Address 4		Address Type	Singapore address	Post Code	649413
Unit No.	04-57	Related Policy Number	5089043582-02		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/03/1968
Unnamed Driver Name	ADAJIYULAH SAMYARA2	Driver NRIC	F7743125N	Driving Experience	3
Register Date of Driver License	05/05/2016	Driver Age	50	Contact No.(Home)	
Contact No.(Mobile)	84433991	Contact No.(Office)	63415944	Address 3	SINGAPORE 649413
Address 1	33 JURONG WEST STREET 43	Address 2	#04-57 THE LAKESHORE	Post Code	649413
Address 4		Address Type	Foreign address		
Unit No.	04-57	Driver Vehicle No.	XE2757B	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 **NEW**

Claim Type *	DD-MX	Insured Name	SKV BUILDERS PTE LTD	Insured NRIC	201502173H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		TP Vehicle Number	XE2757B	Vehicle Number	5FK23
Claim Description	XE2757B / SPK2118 ON 21 Sept 2018				
Preferred Workshop		Insured Liability	Fullly at Fault	GIA report	Received
Formal No. Finalisation	Yes	Order/Repair Option	Preferred Workshop, Name Unknown	Claim Date	25/09/2018 09:32
Date Registered				Date Received	25/09/2018
Report Taken By	ROSLI WAHAB				

Save Submit

Attachment

Accident No.	MY/1012847	Claim No.	001																																													
Last Doc. Received	Yes No	Upload Date	25/09/2018 09:32																																													
<table border="1"> <thead> <tr> <th>Attachment</th> <th>Uploaded By/Date</th> <th>Category</th> <th>Urgency</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Choose File No file chosen</td> <td></td> <td>Photo</td> <td>Normal</td> <td>Photo 2018-9-25</td> </tr> <tr> <td>Choose File No file chosen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Choose File No file chosen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Choose File No file chosen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Choose File No file chosen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Choose File No file chosen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Choose File No file chosen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Message Read</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Attachment	Uploaded By/Date	Category	Urgency	Description	Choose File No file chosen		Photo	Normal	Photo 2018-9-25	Choose File No file chosen					Choose File No file chosen					Choose File No file chosen					Choose File No file chosen					Choose File No file chosen					Choose File No file chosen					Message Read				
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Attachment: NAC_BUKET_NCHAH_808676(NATIONAL ASSESSMENT CENTRE SERVICE) Category: Photo Urgency: Normal Description: Photo 2018-9-25

S (BUKIT MERAH)) on 25 Sep 2018 09:32



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	Photos	Normal	Photos 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	SAS	Normal	SAS 2018-9-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:32	NAC/ Driving License	Normal	NAC/ Driving License 2018-9-25

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 09 / 18 (DD/MM/YYYY), TIME: 02:10PM (HH:MM)

LOCATION: Cementi ave - b way to P&F Lampost no: - 40F

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XF 2757B
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5089043582-02
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: 2.10 PM
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SKV BUILDERS. PTE LTD (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 63415944
C) ADDRESS: 33, Jurong West St 41, #04-57
THE LAKESHORE Singapore 649413
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ADAICKALAM SAHAYRAJ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: E7742125N CONTACT: 84453991
c) ADDRESS: 33 Jurong West St 41, #04-57
THE LAKESHORE Singapore 649413
*d) DATE OF BIRTH: 05/03/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (YES)
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: SFK2313E MODEL: Hyundai car
b) DRIVER'S NAME: HONG GAIHORN
c) NRIC/FIN/PASSPORT: S08114944E CONTACT: 98002766

9. THIRD PARTY VEHICLE

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

No. of passengers
(including driver)
()

No. of passengers
(including driver)
()

No. of passengers
(including driver)
()

EMAIL = SKV-lingan 2005@Yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **F7742125N**
 Name: **ADAICKALAM SAHAYARAJ**

Birth Date: **05 Mar 1968**
 Issue Date: **08 Apr 2015**
 Valid Till: **12 Apr 2020**

002415316K



SG 50

S PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **SKV CONSTRUCTION & TRANSPORT PTE. LTD.**
 Sector: **CONSTRUCTION**



Name: **ADAICKALAM SAHAYARAJ**
 Occupation: **DRIVER**

S-Pass No.: **0 3102644-**
 Date of Application: **13-11-2017**
 Date of Issue: **02-01-2018**
 Date of Expiry: **28-02-2020**



L8545081

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

Class	Description	Issue Date
Class 1	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	02 Jun 1996
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2000 KILOGRAMS	21 Mar 1996
Class 5	MOTOR VEHICLES WHICH ARE NOT CONSTRUCTED THEMSELVES TO CARRY ANY LOAD AND THE WEIGHT OF WHICH UNLADEN EXCEEDS 750 KILOGRAMS	05 Jun 2016

F7742125N S / No. 9000243848

Licence No: F7742125N



NP 439A

VISIT PASS
 Immigration Regulations

Name: **ADAICKALAM SAHAYARAJ**



Date of Birth: **05-03-1968** Sex: **M** Nationality: **INDIAN**

FIN: **F7742125N** Date of Issue: **02-01-2018** Date of Expiry: **28-02-2020**

MULTIPLE JOURNEY VISA ISSUED

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



Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/09/2018 21:00"/>
Vehicle No.(For Motor)	<input type="text" value="XE2757B"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089043582-02		SKY BUILDERS PTE LTD	201502171H	GFT	Comprehensive	XE2757B	XE2757B	07/09/2018	

Continue

▼ Policy Information

Policy No.	5089043582-02	Policyholder Name	SKV BUILDERS PTE LTD	Policyholder NRIC	201502171H
Certificate No.					
Address	33 JURONG WEST STREET 41 #04-57 THE LAKESHORE SINGAPORE 649413				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/09/2018	Effective Date	07/09/2018 00:00	Expiry Date	06/09/2019 23:59
Third Party Excess	0	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	8499.99		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	AWG INSURANCE BROKERS PTE	Agent Tel.	62946688	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	33 JURONG WEST STREET 41	Address 2	#04-57 THE LAKESHORE	Address 3	SINGAPORE 649413
Address 4		Address Type	Singapore address	Post Code	649413
Unit No.	04-57	Related Policy Number	5089043582-02		

▶ Insured Object: XE2757B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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