NATIONAL Assessment Centre S	ervices (00% 1200003) MUAY(8/282/6
	b description Date & Time Completed Done by
00/2 1/00/20 - 1.1	SAS e-filing
	E-mail (within 8hrs, AVC 2hrs)
110000	i-Motor Claim Form - WM 101416-001 0310 2018
	i-Motor W/O (Within: OD 2hrs, TP 4hrs) /4 40
OD (1P-) Reporting Only	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: SS 8	579 U INC()/Non-INC()
Owner / Driver: (Tel:)
Policy No: () Period:	() Cover Type: ()
Confirmed by : (Date: Time:)
	-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]
	anty: YES()/NO()
Excess: (\$) Loading: \$1,000 ()/\$2,000()
General Remarks:-	
	ion strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case : to e-mail Insurer U	
Drive-In () / Towed-In (); Invoice: YI	S() / NO(); Towing Co: ()
Remarks:- (INC horline: 6788 6616)	Date&Time Completed Done by
Apply for Transport Allowance () / Court	esy Car ()
2) QC Check / Post Repair Inspection	()
3) Upload Resurvey Photo [Repair Cost > \$3000	()
Injury:	
Date/Time Actions	
THE STATE OF THE S	。
ati,	
NA180638)	Invoice Preparation Checklist Ant (5) Ant (3)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);
	2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45
Oriver/Owner:	4) FT : Follow-Through Survey \$:20 5) FT : Follow-Through Survey (Resurvey) \$30
Contact No:	For claiming against INC Only (wef 10 Jan 2005)
Damaged Portion:	6) TR: Re-inspection 375 7) N1: Idae DA + SMRT Survey \$160
3	8) NTUC Additional Services:-
QC Checked by (Engr-In-Charge):	*N5; Courtesy Car / Tpt Allowance \$5
A sydical of Consideration	*N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25
Auditors' Comments :-	*NS: DV / Collect Excess Coordination \$5 TP (N11): TP (N:n INC) against INC \$20
Cat. 1:	9) N12: Idae Mobile 30
2at. 2 / 3;	Involce dated Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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.				
THE RESIDENCE OF STREET	ACCIDENT STATEMENT			
Date Of Report	03/10/2018 12:31			
Date Of Accident	02/10/2018 07:35			
Exact Location Of Accident	ALONG BEDOK ROAD(NEAR TO BUS STOP B85061)			
Country/State of Loss	SINGAPORE			
Control of the second of the second	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLJ1186X			
Insured/Policyholder				
Name Of Registered Owner	KAREN LAI SUET MENG			
NRIC No	S7139481F			
Email Address	PAULCHIAM@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-98488567			
Alternative Phone No	OTHERS-93667810			

		 -	/	
Val	hiel	Part	ticus	lare

HONDA Manufacturer VEZEL-1.5 (A) Model

Exact Purpose for which vehicle was being used at

time of accident

CAR WAS PARKED

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5086484072-01 Policy Number

Cover Note Number

Driver

CHIAM SIONG HWEE Name of Driver

S7171193E NRIC No. 10/09/1971 Date Of Birth INDOOR Occupation 27/10/1992 Date Of Driving Pass

25 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98488567 Mobile Number

Fax Number

OTHERS-93667810 Contact Number

PAULCHIAM@GMAIL.COM EMail Address

Address

112 PUNGGOL WALK #14-27 TWIN WATERFALLS

Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181002/2173 AND NEW POLICE REPORT T/20181009/2022

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

SJS9579U

Vehicle Make/Model/Colour

MERCEDES BENZ

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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

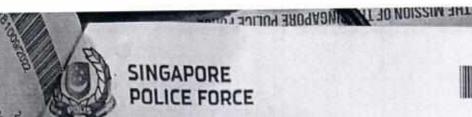
(If driver is not the palicyholder)

Date & Time:

Reporting Centre Pers

SKETCH PLAN	Along	BADOK	form (mul	HR TO R	us step		
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		ON	10/8	100	17) *	
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/0	77			L			
	4						
	/						
DECLARATION							
/We declare the fo	oregoing partic	ulars are true in	every respect.		41/	02/10/2011	д
Policyholder's Signa Date & Time:	ture	Driver's S (If driver Date & Ti	is not the policyholde	r)	Reporting Centre Name: NRIC/FIN No.:	Parsonnel's Fignat	tons.

NRIC/FIN No.: KOFM WWINDS





Report No. T/20181009/2022

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

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: Signature Of Informant: Staff Sgt CHIN YONG PEI, DESMOND Signature Of Interpreter: Date/Time: Not applicable 09/10/2018 09:59 Officer In Charge Of Case: Classification Of Case: TP / HRT / SINGAPORE Sr Staff Sgt ESTHER CHONG POLICE FORCE Contact No.: 65476368 Authentication Stamp NP168 SIGNATURE





Report No. T/20181009/2022

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

PEPORT	OF A	TRAFFIC	ACCIDENT
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Station Diary No.: Vide Report No .: Date/Time Report Made: T/20181002/2173 09/10/2018 09:59 Informant's articulars 112 PUNGGOL WALK #14-27 TWIN WATERFALLS Name of Informant: CHIAM SIONG HWEE SINGAPORE 828766 Contact No.: ID Type / ID No .: Mobile: 93667810 Home/Office: NRIC NO / S7171193E Email: Nationality: MALAYSIAN

Type of Informant: Date of Birth: Sex: Age: Driver 10/09/1971 Institution / School Name: Male Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,3 CONSULTANT

General Information of the Accident Type of Location: Date/Time of Drink Non-Injury Type of Accident: Drive: Hit and Run 02/10/2018 07:35 Accident: No

Location: Along Road 1 BEDOK ROAD

AT THE SMALL ROAD OF THE SHOP HOUSES ALONG BEDOK ROAD. (NEAR TO BUS STOP

B85061) Road Speed Limit: Road Surface: Weather: 19 Dry Sunny Traffic Volume: Traffic Control: Traffic Flow: Light Not Controlled One Way Anyone conveyed by Type of Collision: ambulance: Moving Vehicle Against - Parked Vehicle No

Details of V	The second secon	Make	Model	Color	Condition	No of Passe
Vehicle No.	Туре			Silver		0
SJS9579U	Car	MERCEDES BENZ		Silver		
SLJ1186X	Car	HONDA	VEZEL	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No.

Use of Pedestrian Crossing: NA & Dodestrians Injured NII



T/20181009/2022

Report No. T/20181009/2022

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver				ID No.		S7171193E
Name	CHIAM SIONG HWE	E		ID No.		
Related Vehicle	NIL	A PURPLE		Contac	t No.	93667810
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL	

Brief Details.

Reference to T/20181002/2173, I wish to state that the other party driver vehicle is SJS9579U instead of SJS8579U.





Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 3

Report No. T/20181002/2173

			LOCIDERIT
REPORT	OF A	TRAFFIC	ACCIDENT

	ate/Time Report Made: 2/10/2018 20:30		Vide Report No.: Station Diary No. 103				
Informa	nt's Particu	ulars					
Name of Informant: CHIAM SIONG HWEE			Address: 112 PUNGGOL WALK #14-27 TWIN WATERFALLS SINGAPORE 828766				
ID Type / ID No.: NRIC NO / S7171193E		93E	Contact No.: Home/Office: Mobile: 93667810				
National MALAYS	A CONTRACTOR OF THE PARTY OF TH		Email:				
Sex: Age: Date of Birth: Male 47 10/09/1971			Type of Informant: Driver				
Race: Chinese		n!	Language: English	Institution / School Name:			
The Control of the Co	Occupation:		Driving Licence Information:	Date of Expiry:			

General Inform	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	njury Drink Date/Tin		Type of Location Straight Road	
Location: Along Road 1 BEDOK ROA At the small r Weather:	D	es along Bedok Road (near to bus stop B8506	1) toad Speed Limit:	
34000000000000000000000000000000000000		Dry			
Traine From		Traffic Control: Not Controlled	100	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				inyone conveyed by imbulance: lo	

Details of Vehicle Involved						N (Danner
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJS8579U	Car	MERCEDES BENZ		Silver	L. ja	0
SLJ1186X	Car	HONDA	Vezel	Silver	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLJ1186X	NTUC Income Insurance Co-Operative Limited	5086484072-01	29/11/2017	28/11/2018		





Report No. T/20181002/2173

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Perso	n Involved		414 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Contract of the second
Any Pedestrian Ir	volved: No				_	
No. of Pedestrian	s Injured: NIL		Use of Per	destrian	Cross	ing: NA
Driver	A SECTION AND A SECTION AND ASSESSMENT	CONTRACT.				
Name	CHIAM SIONG HWEE			ID No		S7171193E
Related Vehicle	SLJ1186X (Car)			Contact No.		93667810
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 02/10/2018 at about 1200hrs after I parked my car one silver colour Honda Vezel bearing plate number SLJ1186X at the carpark of my home, I realized that there were scratches and dents on the rear right passenger side of my car near to the rear right tyre. However I do not know what had caused the dents as such I went to view the video footage from my in-car cameras (front and back).

After viewing the footages, I noticed that it was a hit and run accident that had caused the scratches and dents on my car. From the footage on 02/10/2018 at about 0736hrs, while my car was parked at the small road of the shop houses along Bedok Road (near to bus stop B85061), there was a silver Mercedes car which had collided to the rear right side of my car. The collision sound could be heard clearly from the video footage and there was also a slight movement of my car when the collision happened.

Thereafter, the Mercedes tried to reverse back however to no avail and it then drove past my car and left without leaving any particulars down. I managed to take down the car plate number of the Mercedes as SJS8579U from the video footage. This is the first time such incident had happened to me.





Report No. T/20181002/2173

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

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: F / Staff Sgt ANG PEI YING, AGNES	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2018 20:30
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	- A.

Authentication Stamp

Claim Handling

holicy No.	5686484072-01		VelVide No.	56111868		GST Repr	tration No.			
Certificate No.										
sktyholder Name	KAREN LAI SUET HENG					Palitryhold	er NAIC	571	39481F	
Foduct Code	PRIVATE CAR INSURANC	de	Cover Type	D'WO CLASSIC		Loading		0.5		
Contact No.(Mobile)	99488557		Curract No (Office)			Contact N	o.(Hisme)		-	
Email Address			Special Remark			eCode		No	*	
KFK:	+ No. Yes		TCA.	+ No Yes		eCode Re	9000			
NCD Protection	Yes		NCO Enotlement(%)	50		Private H	n.	No		
Report Date	83/10/2018 14:34		Accident Report Within 24 hrs	Yer		Acid dent	Type	1100	and run	
Dete of Acodenic	02/10/2018		Time of Accident tin mm	07:35		Country: 0	f Accident	500	garponic	
Reporting Centre			Orange Force			JCH No.				
Accident Location	ALONG BEDOK ROAD(N	EAR TO BUS STOP BE	5061)							
T Excess										
Own damage Excess		600,00	Additional Excess	90		Windstre	en Excess	190	2.00	
unnamed Driver Excess		500.00	Quiada Singapina OD Estiesa		800.00					
Hard Party Excess		81.0	Outside Singapore TP Excess		0.00					
Benefits ■										
▼ GST Registered Information	ion.									
ast Registered	No			GST Rug	stration Date					
GST Registration fin.				GST State	us vented		Yes			
Hedification History										
Policyholder Hailing Add			11518778927	Hutthe Deposition	171077/2	122527713		1921	Level and the second	
Address 1	113 PUNDGOL WALK		Address 2	#14-27 TWIN WA		Address 1			VEATORE \$187	66
Address 4			Altdress Type	Singapore addres	Ε	Post Cod	P))	3825	9766	
Unit Na.	14-27		Related Policy Number	50864B8072HIL						
♥ GI Driver Info	***************************************		Control of the Contro	to activity to the second						
Dyleer Name	Onnamed Oniver		Oriver Type	Linnamed Drivet		Driver D	100	440	/06/1921	
Unnersed dover Name	CHEAN STONG HWEE		Oriver NRIC	571711939 47			xperience	25		
Register Date of Driver Ulcense	27/10/1992		Crister Age	142			ig:(Plame)	-22		
Contact No.(Mobile)	98488567		Contact No.(Office) Address 2	#14-27 Twite Wa		Address		201	NSAPORE 8287	00
Address 4	112 PUNGGOL WALK		Address Type	Foreign address	TENTAL ST	Post Con			9766	
More No.	200.000		PROGRESS 1920	The eight address		1000,000			20,440	
Limit 190.	14-27			11.30		Donat le	Rurer Company	10		
Does he own a Singapore			Walter and Challed Street Walter			discussion for	where community	050	30	
Does he own a Singapore Registered car?	Yes = No		Driver Vehicle No.	\$DITEX						
Registered car?	Yes = No		Driver Vehicle No.	901110						
Registered cer? Destaration Breathalyser or Blood Test. Reading?	Yes a No		Criver Vehicle No. Any Injury?	Yes + Ro						
Does he over a lungapore Registered cer? Oestaration Breathalyser or Blood Test Reading? Mustification History Cleim 991. New Claim Tope * Connect No. (Mobile)				TERRO MILLON	DD-MS	v Insurativame Torriso No. IHome	65117922	E? MENG	Insured Natic Contact No. (Office)	5713
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Registered cer? Certaration Breathayaer or Blood Test Reading? Hadrication History Cleim 90 L Kew Staim Tope * Comact No. (Mobile)				TERRO MILLON	Бочиць6?	Contac Su, JHome OI Venice Numbe	BLITTHEK	e? MENG	Notic Contact No. (Office) TP Vehicle Number Name of Preferred	\$250
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ACCIDENT STATEMENT

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LC	OCATIO	ON: ALONG BEDOK R	OAD (near to bus	STOP BESON
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		e)MAKE & MODEL:	DRUPH VECEL	
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		JARE YOU CLAIMING UNDER YOUR O	WN INSURANCE (XES MO)	
		IF NO, PLEASE STATE THIRD PARTY CI	AIM / REPORTING ONLY)	48f
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		ANAME: KAREH LAT SUET	MENG MALEY	488567 93667810
		DINRIC/FIN/PASSPORT: S71394	OL WALK, #14-3	7 5(828766)
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1.0	over j	BINRIC/FIN/PASSPORT: 37171198	CONTACT: 92	(828766)
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	6.	WAS ANYBODY INJURED (YES/NO)		
	7.	a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE	DUNGGAL	N.P.C
		IF YES, PLEASE STATE WHICH POLICE	STATION: 10 TIGIT	
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: EMAIL = paulchiance gmail.com VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7171193E





CHIAM SIONG HWEE

詹祥晖

Face CHINESE

Country of Birth KELANTAN

Date of Beth 10-09-1971

57 12 C19 D1









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

mber : 5086484072-01

The Policyholder KAREN LAI SUET MENG

112 PUNGGOL WALK #14-27 TWIN WATERFALLS SINGAPORE 828766

Period of Insurance : 29 Nov 2017 To 28 Nov 2018

Sum Insured : Market Value of Insured Vehicle at Time of Loss

Premium (Inclusive GST) : 5\$635.26

Interest Insured

Cover Type : drivo CLASSIC

Primary Driver : KAREN LAI SUET MENG

Named Driver (1) N/A
Named Driver (2) N/A

Make/Model : HONDA/VEZEL Capacity : 1500cc
Registration Number : SLI1186X Registration Year : 2016
Chassis Number : RU11204298 Off-peak Car : No
Registration Year : No
Insure with COF : Yes

Additional Excess : N/A

Unnamed Driver Excess : Please refer to Terms and Conditions

Hire Purchase Company : MAYBANK

Optional Cover

Transport Allowance No Excess Waiver : No

Memo A : N/A

Endorsement Operative : M4

Agency : FINANCIAL ALLIANCE PTE LTD (00000583200)

Date of Issue : 28 Nov 2017 15:09 hrs Regript : 28 Nov 2017 15:09 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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raifles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fex (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: 5665500300 / GST Rep. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM .
)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Official Report No.
	Name (as shown in NRIC): all NAM Signs HWMM NRIC/FIN/Passport No : 5.771193E
	(*Vehicle Drivers Vehicle Owner) Please delete as appropriate
	Address :Singapore()
	Contact (Tel) -:
	Email Address :
	Date of Accident : 02 ho 24 d Time of Accident: 07:35
	Place of Accident: House Brook Porto (NUMBR & Bal 84 B8061)
	Insurance Company :
	ADDITIONALINFORMATION /AMENDMENTS:
	Third Party Value Lumber 2 SJS 9579 4
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	(m/ oglio/2018
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FINNO. KOLU WORKS