

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA 18130604

Date In: 08/10/2008 17:00	Job description	Date & Time Completed	Done by
Ref No: NA 18130604/1	SAS e-filing		
Veh No: PA 84207	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/10/2008 19:30	i-Motor Claim Form	MT/10/08/00	08/10/2008 13:50
OD: 18 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: PHOK8RIAN	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 1806426	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Pat 1:	9) N12: Idac Mobile \$10		
Pat 2 / 3:	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 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. 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	08/10/2018 17:46
Date Of Accident	06/10/2018 19:30
Exact Location Of Accident	JUNCTION OF JALAN LEMBAH BEDOK/BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8420Z
Insured/Policyholder	
Name Of Registered Owner	HIN HUP BUS SERVICE LLP
Co Reg No	T09LL0775D
Email Address	HUPHIN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90210749
Alternative Phone No	OFFICE-90210749

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071565373-03
Cover Note Number	

Driver

Name of Driver	LEE YIN LIANG
NRIC No	S1464436I
Date Of Birth	11/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90210749
Fax Number	
Contact Number	OFFICE-90210749
Email Address	HUPHIN@SINGNET.COM.SG

Address	BLK 881 TAMPINES STREET 84 #09-94
Postcode	520881
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181006/2162 (VEHICLE IS AT TRAFFIC POLICE COMPOUND)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

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.

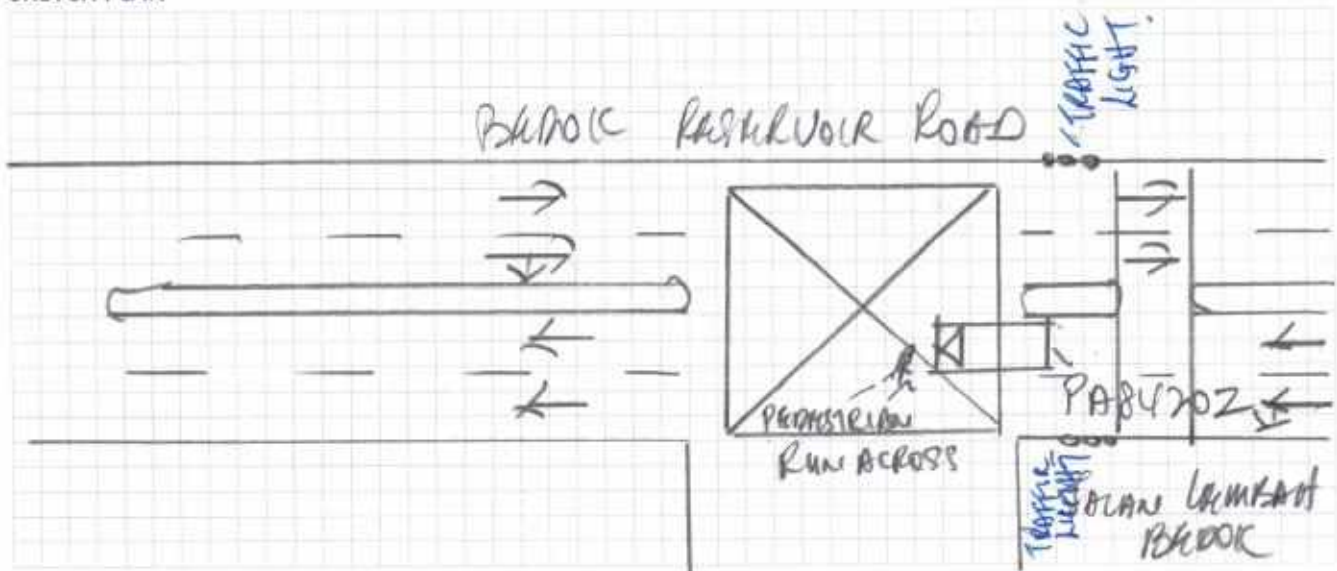


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: BUS RUN TO POLICE REPORT 7/2018/006/2062

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: *Polki*
NRIC/FIN No.: *281012018*



SINGAPORE POLICE FORCE



T/20181006/2162

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/20181006/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2018 23:14	Vide Report No.:	Station Diary No.: 121
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Informant's Particulars

Name of Informant: LEE YIN LIANG			Address: APT BLK 881 TAMPINES STREET 84 #09-94 SINGAPORE 520881		
ID Type / ID No.: NRIC NO / S14644361			Contact No.: Home/Office: Mobile: 90210749		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 20/11/1961	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/10/2018 19:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 JALAN LEMBAH BEDOK BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA8420Z	Bus/Coach/Mi nibus	TOYOTA		White	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Used



**SINGAPORE
POLICE FORCE**



T/20181006/2162

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20181006/2162

CONTINUATION OF REPORT

Driver			
Name	LEE YIN LIANG	ID No.	S1464436I
Related Vehicle	PA8420Z (Bus/Coach/Minibus)	Contact No.	90210749
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TEO SOH KIM	ID No.	S1767137E
Related Vehicle	PA8420Z (Bus/Coach/Minibus)	Contact No.	98244507
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/10/2018, I was driving PA8420Z along Bedok Reservoir Road towards Bedok North in the right lane. Near to the junction of Jalan Lembah Bedok, at the yellow box, there was an old man crossing the road (without using the controlled pedestrian crossing). I only realized that there was an old man there at the last minute. I had applied my brakes immediately, but I still could not stop in time, and as a result I collided into him. I then immediately went down from my minibus to assist him.

There were other people who came over to help. Other road users assisted to call for the ambulance. The ambulance conveyed him to the hospital and soon Traffic Police also arrived.

I was advised by Traffic Police to come and lodge a report with regards to the matter. I wish to state that the Traffic Police officer had taken over my in-vehicle memory card at the scene and was given a form in return for it.

I wish to state that my wife and I were not injured.



**SINGAPORE
POLICE FORCE**



T/20181006/2162

3 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No: T/20181006/2162

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:
G /
Sr Staff Sgt NURUL HUDA BINTE HASHIM

Signature Of Interpreter:
Not applicable

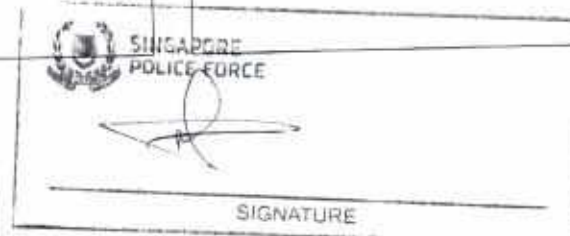
Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/10/2018 23:14

Classification Of Case:



Claim Handling

Accident HT/1014886

Policy No.	5071565371-03	Vehicle No.	PA8420Z	GST Registration No.	
Certificate No.				Policyholder NRIC	T09LL07750
Policyholder Name	HIN HUP BUS SERVICE LLP	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	BUS INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	90310749	Spectral Remark		eCode	No *
Email Address		TCA	+ No Yes	eCode Reason	
RTK	+ No Yes	NCD Endorserment(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	09/10/2018 13:43	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	06/10/2018	Time of Accident (h:mm)	19:30	Country of Accident	Singapore
Reporting Centre		Orange Fines		ICM No.	
Accident Location	JUNCTION OF JALAN LEMBAH BEDOK/BEDOK RESERVOIR RD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	1 QUEENSWAY	Address 2	#05-83 QUEENSWAY SHOPPING	Address 3	SINGAPORE 149053
Address 4		Address Type	Singapore address	Post Code	149053
Unit No.	05-83	Related Policy Number	5073940767-03		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/10/1961
Unnamed driver Name	LEE YIN LIANG	Driver NRIC	S14644361	Driving Experience	39
Register Date of Driver License	01/10/1978	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	TAMPINES SPRING
Address 1	BLK B01 #09-04	Address 2	TAMPINES STREET 84	Post Code	520881
Address 4	SINGAPORE 520881	Address Type	Foreign address		
Unit No.	09-04				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	PA8420Z	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 **NEW**

Claim Type *	OO-MR	Insured Name	HIN HUP BUS SERVICE LLP	Insured NRIC	T09LL07750
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	67882
Email Address		OT		TA	
Claim Description		Vehicle Number	PA8420Z	Vehicle Number	PEDES
Preferred Workshop		Name of Preferred Workshop			
Insured Liability	Not at Fault				
Endorsed Repair Option	Preferred Workshop, Name unknown	GIA Report	Pending		
Date Registered	09/10/2018 13:50	Claim Close Date		Date Received	09/10/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1014886	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	09/10/2018 13:55
Page *		Category *	Confidential
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 *
Choose File	No file chosen	Clear	Please Select *
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_006761 (NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 09 Oct 2018 13:50		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Oct 2018 13:50

SAS

Normal

SAS 2018-10-9

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S14644361



Name
LEE YIN LIANG



李 猷 龍
Race
CHINESE
Date of Birth
20-11-1961 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S14644361
Name
LEE YIN LIANG



Birth Date 20 Nov 1961
Issue Date 18 Aug 2003

000752158B

3152585



NRIC No. S14644361



Blood Group Date of issue
A+ 08-05-2000

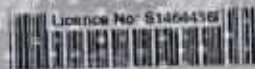
Address
APT BLK 881 TAMPINES STREET 84 #09-94
SINGAPORE 520881
NRIC No. S14644361 Date: 08-09-2000 No: 3863861

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

	PASS DATE
Class 2(i) Motorcycles not exceeding 200 cc	14 May 1984
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Oct 1979
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	13 Jun 1993

NP 423A

Licence No. S14644361



Text size +

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company
Cert No.: T09LL0775D

Owner ID Type: Limited Liability Partnership

Owner Name: HIN HUP BUS SERVICE LLP

Registered Address: 1 QUEENSWAY #05-63 QUEENSWAY SHOPPING CENTRE SINGAPORE 149053

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: PA8420Z

Previous Vehicle No.: -

Effective Date of
Ownership: 15 Jun 2009

Original Regn Date: 30 Mar 2009

Registration Date: 30 Mar 2009

Year of Manufacture: 2008

Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme: Public Service Vehicle (Others)

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: TOYOTA

Vehicle Model: HIACE 3.0DX A

Primary Colour: White

Secondary Colour: -

Passenger Capacity: 14

Chassis No.: KDH2210003607

Engine No.: 1KD1843825

Engine Capacity/Power
Rating: 2982 cc / -

Maximum Power Output: -

Propellant: Diesel

Max Unladen Weight: 2120 kg

Maximum Laden Weight: 3155 kg

Open Market Value: \$38,540.00

PARF Eligibility: No

PARF Eligibility Expiry
Date: -

Minimum PARF Benefit: -

No. of Transfers: 1

IU Label No.: 1550230460

COE No.: 2009040105000453R

COE Expiry Date: 29 Mar 2019
COE Category: C - Goods Vehicle & Bus
COE Registration Category: C - Goods Vehicle & Bus
Quota Premium (QP) /
Prevailing Quota Premium: \$5,600.00 / -
Actual QP Paid: \$5,600.00
QP (Regn Cat): \$5,600.00
OPC Cash Rebate Eligibility: No
QP during COE Bidding Exercise: \$5,600.00
Additional Registration Fee Rate: 5.00 %
Actual ARF Paid: \$1,927.00
Vehicle Lifespan Expiry Date: 29 Mar 2029
CO2 Emission: -

Message: To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.

OK



Please read through the Privacy Statement, Terms of Use and Disclaimer.
Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.
Best viewed with IE 6.0 SP3 and above, 1024 X 768 resolution
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THE SCHEDULE

Private Bus 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 : 5071565373-03
 The Policyholder : HIN HUP BUS SERVICE LLP
 1 QUEENSWAY
 #05-63 QUEENSWAY SHOPPING CENTRE/QUEENSWAY TOWER
 SINGAPORE 149053

Period of Insurance : 13 Jun 2018 To 12 Jun 2019
 Sum Insured : Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss
 Premium (Inclusive GST) : S\$1,472.88

Interest Insured

Cover Type	: Third Party, Fire & Theft		
Make/Model	: TOYOTA/HIACE		
Capacity	: 1.04 ton(s)	Number of Seater	: 13
Registration Number	: PA8420Z	Registration Date	: 30 Mar 2009
Chassis Number	: KDH2210003607	Insure with COE	: No
Excess (Section I)	: N/A	NCD Entitlement	: 0%
Excess (Section II)	: S\$1,500	Loyalty Discount	: 5%
Geographical Limit	: WITHIN THE REPUBLIC OF SINGAPORE ONLY		
Hire Purchase Company	: N/A		

Memo A : NCD is not applicable

Endorsement Operative : M2, M3

Agency : NLE INSURANCE AGENCIES PTE LTD (00000614580)
 Date of Issue : 25 May 2018 10:48 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