

# NATIONAL Assessment Centre Services

[wef 1 Jan 2013]

MA418134348

Date In: 16/09/2018 13:28	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/801873814	SAS e-filing		
Veh No: YP 28/A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 24/09/2018 14:05	i-Motor Claim Form	M1/10/5864-001	16/10/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:49
	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: GBB 6890Z	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

<p>11/9/2018 7:15</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p>	<p><b>Invoice Preparation Checklist</b></p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	<p>Amt (\$)</p> <p>In Bill</p> <p>Amt (\$)</p> <p>Add Bill</p>
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## 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	16/10/2018 13:28
Date Of Accident	24/09/2018 14:05
Exact Location Of Accident	LIANG COURT MEIDI-YA SUPERMARKET LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP281A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TECK KEE FRUITS LLP
Co Reg No	T09LL0068F
Email Address	ANNIEHO1785@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96787669
Alternative Phone No	OFFICE-67786913

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75L-5.2 D (M)
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	5085214978-02
Cover Note Number	

### Driver

Name of Driver	VIJENDRAN A/L KAVARAPPAN
NRIC No	F8414290P
Date Of Birth	17/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96787669
Fax Number	
Contact Number	OFFICE-67786913
EMail Address	ANNIEHO1785@GMAIL.COM



Address	BLK 18 WHOLESALE CTR #01-124
Postcode	110018
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	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	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)	0

#### 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	GBB6890Z
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 3/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

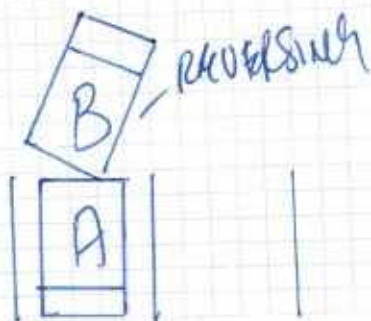
Name:

NRIC/FIN No.:



SKETCH PLAN

LIANG COURT MAUOI-YA SUPERMARKET LOADING BAY



B ) GHS 6890Z  
A ) YP281A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/09/2018 AT ABOUT 14:05HRS I WAS AT LIANG COURT MAUOI-YA SUPERMARKET LOADING BAY AFTER LOADING I WENT TO DELIVER ~~GOOD~~ WHEN I CAME BACK TO MY LORRY I SAW A VAN ALREADY BACK ON TO THE REAR OF MY LORRY

DECLARATION

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

Policyholder's Signature

Date & Time: 3/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Claim Handling

Accident HT/1015884

Policy No.	5085214978-02	Vehicle No.	YP281A	GST Registration No.	NA
Certificate No.					
Policyholder Name	TECK KEE FRUITS LLP			Policyholder NRIC	T08LL0056P
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96787668	Contact No.(Office)	67786913	Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	16/10/2018 13:42	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	24/09/2018	Time of Accident hh:mm	16:04	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LIANG COURT MEIDI-YR SUPERMARKET LOADING BAY				
<b>Excess</b>					
Own Damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration No.		GST Registration Date	01/01/2018
Modification History	NA	GST Status Verified			No
<b>Policyholder Mailing Address</b>					
Address 1	BLK 18 #01-124	Address 2	WHOLESALE CENTRE	Address 3	SINGAPORE 110018
Address 4		Address Type	Singapore address	Post Code	110018
Unit No.		Related Policy Number	5085214978-02		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/10/1988
Unnamed Driver Name	VISHWANATH A/L KAVARASWARI	Driver NRIC	F9414290P	Driving Experience	6
Register Date of Driver License	08/10/2011	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	96787668	Contact No.(Office)	67786913	Contact No.(Home)	
Address 1	BLK 18 #01-124	Address 2	WHOLESALE CENTRE	Address 3	PASIR PANJANG WHOLESALE
Address 4	SINGAPORE 110018	Address Type	Foreign address	Post Code	110018
Unit No.	01-124				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	YP281A	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	TECK KEE FRUITS LLP	Insured NRIC	T08LL0056P
Contact No.(Mobile)		Contact No.(Office)	67786913	Contact No.(Home)	
Email Address		TP	TP	Vehicle Number	Q6966
Claim Description	YP281A / CBBK090Z ON 24 Sept 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Consent No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/10/2018 13:48	Claim Close Date		Date Received	16/10/
Report Taken By	ROSLI WANAB				

Print All letters

Save Submit

## Attachment

Accident No.	HT/1015884	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/10/2018 13:48
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read		Clear	Normal
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:49		Photos	Normal
		Description	Hi
		Photos 2018-10-16	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:49	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:49	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:49	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:48	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:48	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:48	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:48	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:48	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 13:48	Photos	Normal	Photos 2018-10-16

Video List

Uploaded By/Date	Folder Data	File Name	?	Source
		Display in new Window	Scan and uploading	



# ACCIDENT STATEMENT

ACCIDENT DATE: 24/09/2018 (DD/MM/YYYY), TIME: 14:05 (HH:MM)

LOCATION: UNION COURT MEIDI-YA SUPERMARKET (OPPOSITE PAV)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 281A  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5085214978-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: ISUZU / NPR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: TACK KEE FRANS LP (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: VIGEINDRAM A/L KAVARAPPAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: B1C18701-124 CONTACT: 96787669  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 17/10/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/10/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) (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: GRB 6890Z MODEL: Toyota Hiace  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

EMAIL = amiehol785@gmail.com

VIDEO =



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

Employer:  
**TECK KEE FRUITS LLP**

Name:  
**VIJEENDRAN A/L KAVARAPPAN**

Work Permit No.:  
**4 00443238**

Sector:  
**SERVICE**

 **K0702669**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License No: **F8414290P**

Name:  
**VIJEENDRAN A/L KAVARAPPAN**

Birth Date: **17 Oct 1980**

Issue Date: **16 Nov 2016**

Valid Till: **07/10/2021**

 **002629556C**

**VISIT PASS**  
Immigration Regulations

Name:  
**VIJEENDRAN A/L KAVARAPPAN**

PN:  
**F8414290P**

Date of Birth:  
**17-10-1980**

Sex:  
**M**

Nationality:  
**MALAYSIAN**

Download 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 LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

Class 2B	Motorcycles <= 200 CC	08 Oct 2011	1
Class 3	Motor cars <= 3000 kg, with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	08 Oct 2011	1
Class 4	Heavy motor cars and motor tractors > 2500 kg	08 Oct 2011	6

**Teck Kee Fruits**

S / No. 9000258777

PN414290P

 Licence No: F8414290P

NP 428A

## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5085214978-02  
The Policyholder : TECK KEE FRUITS LLP  
BLK 18 #01-124  
WHOLESALE CENTRE  
SINGAPORE 110018

Period of Insurance : 01 Sep 2018 To 31 Aug 2019  
Sum Insured : Market Value of Insured Vehicle at Time of Loss  
Premium (Inclusive GST) : S\$1,901.08

#### Interest Insured

Cover Type	: Comprehensive	Number of Seater	: 2
Make/Model	: ISUZU/NPR	Registration Date	: 25 Nov 2015
Capacity	: 5.4 ton(s)	Insure with COE	: Yes
Registration Number	: YP281A	NCD Entitlement	: 20%
Chassis Number	: JAANPR75HF7105836		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Hire Purchase Company	: N/A		

Memo A : N/A

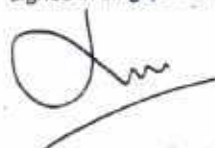
Endorsement Operative : N/A

Agency : NEO SIN TEE GENERAL INSURANCE AGENCY (00000591593)  
Date of Issue : 02 Aug 2018 11:46 hrs  
Reprint : 02 Aug 2018 11:47 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