

NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

MMAY 18/4/1831

Date In: 01/11/2018 15:07	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/8019878/Y	SAS e-filing		
Veh No: FBL 8419L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 30/10/2018 13:20	I-Motor Claim Form	MT108080-001	01/11/2018 15:37
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: SFV5241B

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%. P: 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: ()

Reminders:

INC () / Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

Invoice/Repairation Charges

1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/145	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repairs Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idao 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 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	01/11/2018 15:07
Date Of Accident	30/10/2018 13:20
Exact Location Of Accident	ALONG HENDERSON RD TOWARDS JLN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8419L
Insured/Policyholder	
Name Of Registered Owner	KEE BOON TECK
NRIC No	S1252469B
Email Address	THOMASKEE66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87544198
Alternative Phone No	OTHERS-87544198

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	MOTORCYCLE

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	5099772027
Cover Note Number	

Driver

Name of Driver	KEE BOON TECK
NRIC No	S1252469B
Date Of Birth	06/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1978
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87544198
Fax Number	
Contact Number	OTHERS-87544198
Email Address	THOMASKEE66@GMAIL.COM

Address	BLK 3 JALAN BUKIT MERAH #11-5102
Postcode	150003
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	CLOUDY
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181101/2053

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	SFV5241B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM MEI CHOO
NRIC/Passport Number	S7211154J
Contact Number	92391868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KEE BOON TECK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL8419L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE

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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**.
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:

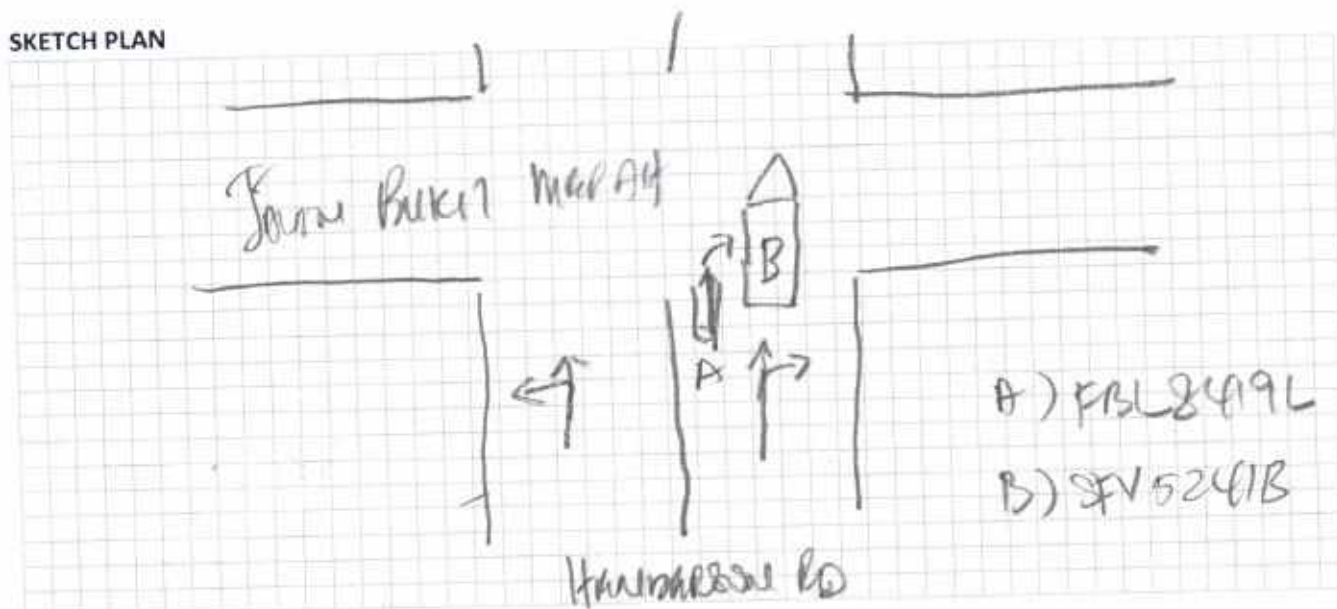
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

 07/11/18
Policyholder's Signature
Date & Time:

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

 01/11/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Report

7/2018 1101/2053

DECLARATION

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

[Signature] 01/11/18
Policyholder's Signature
Date & Time:

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

[Signature] 01/11/2018
Reporting Centre Personnel's Signature
Name: *Kelly Watson*
NRIC/FIN No.:



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181101/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2018 12:34		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: KEE BOON TECK			Address: APT BLK 3 JALAN BUKIT MERAH #11-5102 SINGAPORE 150003		
ID Type / ID No.: NRIC NO / S1252469B			Contact No.: Home/Office: Mobile: 87544198		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 06/07/1957	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2018 13:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 HENDERSON ROAD				
Henderson Road towards Jalan Bukit Merah				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8419L	Motorcycle	YAMAHA	JUPITER MX (HC)	White	Slightly Damaged	0
SFV5241B	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8419L	NTUC Income Insurance Co-Operative Limited	5099772027	16/04/2018	15/04/2019



**SINGAPORE
POLICE FORCE**



T/20181101/2053

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20181101/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KEE BOON TECK	ID No.	S1252469B
Related Vehicle	FBL8419L (Motorcycle)	Contact No.	87544198
Hospital/Clinic	KL NG MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Person 2			
Name	LIM MEI CHOO	ID No.	S721154J
Related Vehicle	SFV5241B (Car)	Contact No.	92391868
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 30/10/2018 at about 1320hrs, I was travelling along Henderson Road and I was on the right lane which can turn right or straight. As I thought the vehicle (SFV5241B) was turning right instead of straight, I turned right and collided to the vehicle left door as she was travelling straight instead. My Motorcycle gear was dented and the vehicle left door was dented due to the collision. Traffic police and Ambulance was at scene however no one was convey. I went to the clinic on the same day as I wanted to do a insurance claim. I was given 3 days Medical Certificate. There is CCTV around the vicinity.



**SINGAPORE
POLICE FORCE**



T/20181101/2053

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181101/2053

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:

D /

Sgt 1 LIM TIAN WEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Signature Of Informant:

Date/Time:

01/11/2018 12:34

Classification Of Case:

SN 47

Authentication Stamp

NP168



Claim Handling

Accident MT/1018080

Policy No.	5099772027	Vehicle No.	FBL8419L	GST Registration No.	
Certificate No.				Policyholder NRIC	S1252469B
Policyholder Name	KEE BOON TECK	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	87544198	Special Remark		eCode	No
Email Address		TCA	Yes	eCode Reason	
WFL	Yes	ICD Entitlement(%)	10	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	01/11/2018 15:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/10/2018	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HENDERSON RD TOWARDS JLN BUKIT MERAH				

Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed driver Excess		Outside Singapore's OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 3 #11-5102	Address 2	JALAN BUKIT MERAH	Address 3	SINGAPORE 150003
Address 4		Address Type	Singapore address	Post Code	150003
Unit No.		Related Policy Number	5099772027		

O1 Driver Info

Driver Name	KEE BOON TECK	Driver Type	Main Driver	Driver DOB	06/07/1957
Unnamed driver Name		Driver NRIC	S1252469B	Driving Experience	40
Register Date of Driver License	15/08/1978	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	87544198	Contact No.(Office)		Address 3	SINGAPORE 150003
Address 1	BLK 3 #11-5102	Address 2	JALAN BUKIT MERAH	Post Code	150003
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FBL8419L	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes / No				

Declaration

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

Claim 001

New

Claim Type *	OO-MX	Insured Name	KEE BOON TECK	Insured NRIC	S1252469B
Contact No.(Mobile)	86211977	Contact No.(Home)		Contact No.(Office)	
Email Address	THOMASKEE66@GMAIL.COM	OT Vehicle Number	FBL8419L	TP Vehicle Number	SPV12
Claim Description	FBL8419L / SPV5241A ON 31 Oct 2018				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at fault	GSA report	Received
Repaired by	Yes	Repaired Repair Option	Preferred Workshop, Name unknown	Claim Close Date	01/11/2018 15:37
Date Registered		Report Taken By	K/SLI WANAB	Date Received	01/11/2018

Print AK letter

Save Submit

Attachment

Accident No.	MT/1018080	Claim No.	001
Last Doc. Received	Yes / No	Upload Date	01/11/2018 15:37
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Nov 2018 15:37		Photos	Normal
Description			
Photos 1018-11-1			



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Nov 2018 15:37	Photos	Normal	Photos 2018-11-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Nov 2018 15:37	Photos	Normal	Photos 2018-11-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Nov 2018 15:37	Photos	Normal	Photos 2018-11-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Nov 2018 15:37	Photos	Normal	Photos 2018-11-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Nov 2018 15:37	Photos	Normal	Photos 2018-11-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Nov 2018 15:37	Photos	Normal	Photos 2018-11-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Nov 2018 15:37	SAS	Normal	SAS 2018-11-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Nov 2018 15:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-1

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: (30/10/2018) (DD/MM/YYYY), TIME: (13:20) (HH:MM)

LOCATION: Hampden Road towards Town BT1 7AA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 8449L
 b) INSURANCE COMPANY: N200
 c) POLICY NUMBER: 5099772027
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha Tropic 135
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going for lunch
 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: Kean Brown Jack (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 87544698
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AL BRIDGMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (06/07/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING PASS 14/08/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Cloudy

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: DUNKINSON

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFV 5241B MODEL:
 b) DRIVER'S NAME: Lim Mei Choo
 c) NRIC/FIN/PASSPORT: 921154 CONTACT: 92391868

9. THIRD PARTY VEHICLE

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

email = thomaskee66@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1252469B



Name
KEE BOON TECK

Race
CHINESE

Date of birth
06-07-1957

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1252469B**

Name
KEE BOON TECK

Birth Date **06 Jul 1957**

Issue Date **01 Mar 2013**





4950243



MVIC No. **S1252469B**



Date of issue
28-02-2013

Address
**APT BLK 3 JALAN BUKIT MERAH
#11-5102
SINGAPORE 150003**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	14 Aug 1978
Class 2A Motorcycles between 201 cc and 400 cc	14 Aug 1978
Class 2 Motorcycles > 400 cc	14 Aug 1978
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	13 May 1975

NP 428A

License No: **S1252469B**



THE SCHEDULE

Motorcycle 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 : 5099772027
 The Policyholder : KEE BOON TECK
 BLK 3 #11-5102
 JALAN BUKIT MERAH
 SINGAPORE 150003

Period of Insurance : 16 Apr 2018 To 15 Apr 2019
 Sum Insured : Market Value of Insured Vehicle at Time of Loss
 Premium (inclusive GST) : S\$234.56

Interest Insured

Cover Type	: Third Party, Fire & Theft	
Named Driver (1)	: KEE BOON TECK	
Named Driver (2)	: N/A	
Make/Model	: YAMAHA/JUPITER MX (HC)	
Capacity	: 135cc	Number of Seater : 2
Registration Number	: FBL8419L	Registration Year : 2015
Chassis Number	: MH350C006EK739058	Insure with COE : YES
Excess (Section 1)	: N/A	NCD Entitlement : 10%
Excess (Section 2)	: N/A	
Hire Purchase Company	: YEW HENG CREDIT ENTERPRISE PTE LTD	

Memo A: Engine Capacity : 134 cc

Endorsement Operative: M2

Agency : TELESales-DIRECT MARKETING (00000601661)
 Date of Issue : 10 Apr 2018 12:38 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