

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA181487

Date In: 8/11/15	Job description	Date & Time Completed	Done by
Ref No: NA/UP 18-20 273724	SAS e-filing		
Veh No: UK262004	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 5/11/18-23:15	i-Motor Claim Form		
OD: TP 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: YM2372K

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: ()

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

NA1807301	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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	08/11/2018 19:15
Date Of Accident	05/11/2018 23:15
Exact Location Of Accident	BLK 346 BUKIT BATOK ST 34 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6200H
Insured/Policyholder	
Name Of Registered Owner	THARMAN ARUMUGAM
NRIC No	S6983852I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97117180
Alternative Phone No	OFFICE-97117180

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V13427/VPC2/R00
Cover Note Number	

Driver

Name of Driver	THARMAN ARUMUGAM
NRIC No	S6983852I
Date Of Birth	30/05/1969
Occupation	INDOOR
Date Of Driving Pass	14/11/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97117180
Fax Number	
Contact Number	OFFICE-97117180
EMail Address	NOEMAIL

Address	3 BUKIT BATOK STREET 25 #06-04
Postcode	658881
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	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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181106/2012.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM2377K
Vehicle Make/Model/Colour	
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)

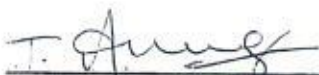
SKETCH PLAN

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 rescind 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.



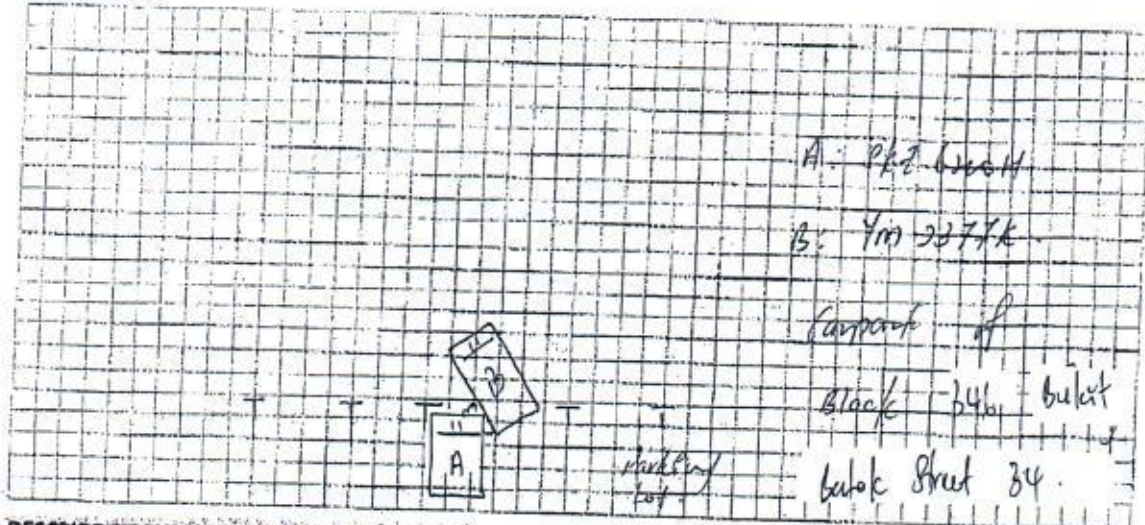
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report : T / 20181106 / 2012.

I wish to add on that my vehicle was parked at the parking lot when the accident happened. I left my car and went to my relative's house. When I went back to my car, the carport was very dark and hence, I didn't notice the damages. It was only when I was climbing to Block 354 Juvon East Avenue 1, I heard scratching sound. Hence after I park my vehicle, I noticed that my vehicle front portion was damaged. I proceed to check my vehicle in-car camera and reviewed the accident.

DECLARATION

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

T. Juvon
 Policyholder's Signature
 Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 05 NOV 2018 (DD/MM/YY) Time: 23:15 (HH:MM)
Exact location of accident	INSIDE BLOCK 346 BUKIT BATOK STREET 34 CARPARK

Details of vehicle

Vehicle registration number	SKZ6200H
Vehicle make and model	HONDA ODYSSEY
Type of vehicle	Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	PRIVATE
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	LIBERTY INSURANCE PTE LTD
Policy number	SD17V13427 / VPC2 / R00
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	THARMAN ARUMUGAM	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S6983852I	
Contact	9711 7180	
Address	BLOCK 3 BUKIT BATOK STREET 25 #06-04 SINGAPORE 658881	

Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	30 MAY 1969	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass		

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	0 (Inclusive of driver)

Passenger 1

Name	NIL
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	NIL
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	NIL
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	NIL
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	NIL
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	NIL
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	BUKIT BATOK NPC

Third party vehicle 1 (VEHICLE B)

Name	YM2377K
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 2

Name	NIL
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	NIL
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	NIL
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	NIL
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	NIL
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	NIL
------	-----

Witness 2

Name	NIL
------	-----

Injured person 1

Name	NIL
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 2

Name	NIL
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	NIL
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	NIL
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



T/20181106/2012

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20181106/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2018 05:11	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: THARMAN ARUMUGAM			Address: 3 BUKIT BATOK STREET 25 #06-04 SINGAPORE 658881		
ID Type / ID No.: NRIC NO / S6983852I			Contact No.: Home/Office: Mobile: 97117180		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 30/05/1969	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/11/2018 23:15	Type of Location: Car Park
Location: Along Road 1 BUKIT BATOK STREET 34 BLK 346 BUKIT BATOK STREET 34 CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ6200H	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181106/2012

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20181106/2012

CONTINUATION OF REPORT

Driver			
Name	THARMAN ARUMUGAM	ID No.	S6983852I
Related Vehicle	SKZ6200H (Car)	Contact No.	97117180
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/11/2018 at 0030hrs, while I was driving my car (Reg no: SKZ6200H) at Blk 354 Jurong East Avenue 1, I heard some minor scratching sound from my car. After parking my car, I made a check, I realised the front bumper of my car to be damaged.

I viewed my in-car camera and realised that on 05/11/2018 at 2315hrs, at Blk 346 Bukit Batok Street 34, there was a white lorry which came out from the parking lot beside by car, hit onto my right side of the vehicle. After the collision, the lorry drove off. While viewing the footage, I managed to capture a mobile number (Hp: 96516818) which was written on the lorry. No one was injured at that point of time.



**SINGAPORE
POLICE FORCE**



T/20181106/2012

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20181106/2012

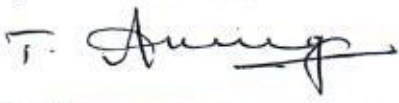
CONTINUATION OF REPORT

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: J / Sgt 3 MUHAMMAD ASHRAF BIN RAHUMAN SHAH
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902

Signature Of Informant: 
Date/Time: 06/11/2018 05:11
Classification Of Case:

Authentication Stamp
NP168

SN 114

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

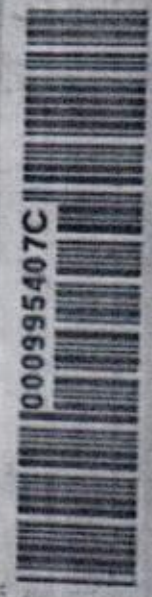
Licence Number: S 69838521

Name:

THARMAN ARUMUGAM

Birth Date: 30 May 1969

Issue Date: 14 Nov 2003



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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kg

NP 428A

License No: SA0333521



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S69838521



Name

THARMAN ARUMUGAM

Race

INDIAN

Date of birth

30-05-1969

Sex

M

Country/Place of birth

INDIA



5168938



NRIC No. S69838521



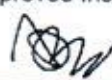
Date of issue
07-05-2013

Address

3 BUKIT BATOK STREET 25
#06-04
SINGAPORE 658881

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD17V13427 /NPC2 /R00
Form	MX1
Date of Issue	07-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SKZ6200H
2.Chassis number of Vehicle:	JHMRC1890FC201354
3.Name of Policyholder:	THARMAN ARUMUGAM
4.Effective date of Commencement of Insurance for the purposes of the Act:	28-JAN-2018 00:00 AM
5.Date of Expiry of Insurance:	27-JAN-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.The Policy does not cover:	
A) Use for hire or reward.	
B) Use for racing, pace-making, reliability trials or speed-testing.	
C) Use for the carriage of goods (other than samples) in connection with any trade or business.	
D) Use for any purpose in connection with the Motor Trade.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, NCD Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$1000, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	OVERSEA-CHINESE BANKING CORPORATION LTD
PRODUCER NAME:	KAH MOTOR COMPANY SDN BERHAD

PLMJ/PLMJ/11-DEC-17

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11-DEC-17