

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	19/12/2018 17:49
Date Of Accident	18/12/2018 18:30
Exact Location Of Accident	ALONG SLE TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV7274X
Insured/Policyholder	
Name Of Registered Owner	RAYS INN AUTO
Co Reg No	53253976A
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93883026
Alternative Phone No	OFFICE-93883026

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5070966143-03
Cover Note Number	

Driver

Name of Driver	GABRIEL TEH ZHONG EN
NRIC No	S95061071
Date Of Birth	16/02/1995
Occupation	INDOOR
Date Of Driving Pass	13/11/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-93883026
Fax Number	
Contact Number	OTHERS-93883026
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 892A WOODLANDS DRIVE 50 #11-137
Postcode	730892
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : CHARMAINE TEH CGHAI HOON GENDER: : FEMALE
Passenger 2	NAME: : MIKELL NG HONG RUI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181218/2140

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT NOT WORKING
Was there any audio recorded?	NO

Details of Witness 1

Name	CHARLES
Phone Number	91218800
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ727S
Vehicle Make/Model/Colour	LORRY
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FONG FOO YIP
NRIC/Passport Number	S1656726D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHARMAINE TEH NGHAI HOON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJV7274X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MIKELL NG HONH RUI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJV7274X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

Vehicle No: _____
DOA: _____

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- 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (II) 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) involved in this accident and the Insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature
Date & Time

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

Witnessed by Reporting Center
Personnel

Sketch Plan

<p>Vehicle A: SJVT274X</p> <p>Vehicle B: 6ZT27S</p>		
<p>SLE towards BKE</p>		

Describe Circumstances of the Accident

Refer to the Police Report.
T/2018/218/2140

Declaration

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



Policyholder's Signature
Date & Time

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

19/12/2018
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20181218/2140

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 4

Report No: T/20181218/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2018 18:31		Vide Report No.:		Station Diary No.: 85	
Informant's Particulars					
Name of Informant: GABRIEL TEH ZHONG EN			Address: APT BLK 892A WOODLANDS DRIVE 50 #11-137 SINGAPORE 730892		
ID Type / ID No.: NRIC NO / S95061071			Contact No.: Home/Office: Mobile: 93883026		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 16/02/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name: sim
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2018 15:40	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY ALONG SLE TOWARDS BKE BEFORE THOMSON EXIT				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ727S	Lorry				No Damage	1
SJV7274X	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181218/2140

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20181218/2140

CONTINUATION OF REPORT

Driver			
Name	FONG FOO YIP	ID No.	S1656726D
Related Vehicle	GZ727S (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHARMAINE TEH NGHAI HOON	ID No.	S9208263F
Related Vehicle	SJV7274X (Car)	Contact No.	93361569
Hospital/Clinic	KK HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GABRIEL TEH ZHONG EN	ID No.	S9506107I
Related Vehicle	SJV7274X (Car)	Contact No.	93883026
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
Passenger			
Name	MIKELL NG HONG RUI	ID No.	T1833333Z
Related Vehicle	SJV7274X (Car)	Contact No.	NIL
Hospital/Clinic	KK HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20181218/2140

CONTINUATION OF REPORT

Brief Details.

On 18/12/2018 at about 1540hrs, I was driving a Singapore vehicle bearing registration plate number: SJV7274X along SLE towards BKE. I was driving on the first lane of the three lane road. I have 2 passengers in my vehicle namely: My elder sister and a 1 month old toddler. The traffic flow was slow moving. I noticed that there were space on the second lane and I filtered to the second lane after checking for the blind spots. After filtering, my vehicle was stationary for about 5-10 seconds as the vehicles in front were slowing down. I then felt an impact onto the rear of my vehicle. I then saw a lorry bearing registration plate number GZ727S at the rear of my vehicle. We then shifted to the road shoulder at the outer most left in order to avoid hogging up the traffic. We then exchanged our particulars however he did not give me any contact number as he informed that his company will contact me. Traffic police then came to attend to our scene and followed by paramedics. The paramedics made a check on me and I do not have any injuries. The paramedics then conveyed my sister and the toddler to KK hospital as my sister was suffering pain on her back and the toddler has a minor cut on the right side of his head. They were conscious when they were being conveyed to the hospital. No government properties damaged and nobody else were injured. A witness namely: Charles HP: 91218800 came to approach my vehicle and told me that he saw how the accident happened. I have in-car camera in the front of my vehicle however it is not working. My vehicle rear glass was shattered, the bumper and the boot were dented. Traffic police then advised me to lodge a police report vide F/20181218/0110 with in charge TP IO Sharul Nizam Contact: 65476904.



**SINGAPORE
POLICE FORCE**



T/20181218/2140

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20181218/2140

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:

L /

Sgt 2 JOHNSON SONG ZHI HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/12/2018 18:31

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1024499

Policy No.	5070966143-03	Vehicle No.		GST Registration No.	
Certificate No.					
Policyholder Name	RAVS INN AUTO			Policyholder NRIC	S3251976A
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Leading	C
Motor Trade Plate No.	SJV7274X	Motor Trade Driver Name	GABRIEL TEH ZHONG EN	Motor Trade Driver NRIC	S99061071
Contact No. (Mobile)	93863026	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No *
KPK	<input type="radio"/> No <input type="radio"/> Yes	YCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	19/12/2018 17:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/12/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ALONG SLE TOWARDS KBE				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore 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	No
Modification History			

Policyholder Mailing Address

Address 1	15 COMMONWEALTH LANE	Address 2	#LQT-11	Address 3	SINGAPORE 149554
Address 4		Address Type	Singapore address	Post Code	149554
Unit No.	LQT-11	Related Policy Number	5070966143-03		

OT Driver Info

Driver Name	GABRIEL TEH ZHONG EN	Driver Type	Named Driver	Driver DOB	16/02/1995
Unnamed driver Name		Driver NRIC	S99061071	Driving Experience	8
Register Date of Driver License	13/11/2014	Driver Age	23	Contact No. (Home)	
Contact No. (Mobile)	93863026	Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJV7274X	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification history

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	RAVS INN AUTO	Insured NRIC	S3251976A
Contact No. (Mobile)	93863026	Contact No. (Home)		Contact No. (Office)	6474
Email Address		OT		TP Vehicle Number	027
Claim Description	SJV7274X / SZ7275 ON 18 Dec 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Sanction No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered		Q&A report	Received		
Report Taken By		Claim Close Date	19/12/2018 18:16	Date Received	19/12
		Workshop Repairer	RDSLI WAHAB	Total Loss But Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1024499	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2018 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
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Thumbnail	File Name	Folder Date	Uploaded By/Date	Source
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 18:09	SAS	Normal	SAS 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 18:09	NAIC/ Driving License	Normal	NAIC/ Driving License 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 18:09	Photos	Normal	Photos 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 18:09	Photos	Normal	Photos 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:49	Photos	Normal	Photos 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:49	Photos	Normal	Photos 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:49	Photos	Normal	Photos 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:49	Photos	Normal	Photos 2018-12-19
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:48	Photos	Normal	Photos 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:48	Photos	Normal	Photos 2018-12-19
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:48	Photos	Normal	Photos 2018-12-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:48	Photos	Normal	Photos 2018-12-19

[Video List](#)

PERSONAL PARTICULARS

Date of Accident: 18/12/2018

Time of Accident: 18:31 (24Hrs)

Vehicle No: SJV 7274 X

Vehicle Make/Model: Toyota wish (1987cc)

Exact Location of Accident: Along SLE Toward BKE

Owner's Name/NRIC: Rays Inn. Auto - 53253976/A

Driver's Name/NRIC: Gabriel Teh Zhong En I/C No: 99506107/1

Driver's Contact: 9388 3026

Insurance Co & Policy No: NTUC Ins. 5070966143-03

Driver's Email Address: hancorrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? Woodland West N.P.C

The Other Party (Vehicle B) Details

Driver's Name/IC: Fong Too Yip I/C No 31656726/D Vehicle No: G2 727 S

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S95061071**
 Name
GABRIEL TEH ZHONG EN

Birth Date **16 Feb 1995**
 Issue Date **13 Nov 2014**



002365806F

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

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$

EFFECTIVE DATE

13 Nov 2014

NP 42BA



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S95061071**



Name

GABRIEL TEH ZHONG EN

郑 仲 恩

Race

CHINESE

Date of birth

16-02-1995

Sex

M

S95061071

Country of birth

SINGAPORE



4614923

NPIC No: **S95061071**



Date of issue

06-08-2010

Address

**APT BLK 892A WOODLANDS DRIVE 50
 #11-137
 SINGAPORE 730892**

THE SCHEDULE

Motor Trade 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	: 5070966143-03
The Policyholder	: RAYS INN AUTO 15 COMMONWEALTH LANE #LOT-11 SINGAPORE 149554

Period of Insurance	: 08 Apr 2018 To 07 Apr 2019
Sum Insured	: N/A
Premium (inclusive GST)	: S\$962.98

Interest Insured

Cover Type	: Third Party
Type of Trade/Business	: Car Dealers
Total Number of Authorised Driver(s)	: 2
Detail of Authorised Driver(s)	: Refer to List Attached
NCD Entitlement	: 20%
Loyalty Discount	: 5%
Excess (Section I)	: N/A
Excess (Section II)	: N/A

Memo A: This Policy covers business operating hours from 7am to 10pm.

Endorsement Operative: MT1

Agency	: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue	: 03 Apr 2018 17:03 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

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5070966143-03"/>	Date of Accident	<input type="text" value="18/12/2018 16:44"/>
Vehicle No. (For Motor)	<input type="text"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5070966143-03		RAYS INN AUTO	53253976A	GMT	Third Party		TEH HAN CHENG/S1573479E_GABRIEL TEH ZHONG EN/S9506107I	08/04/2018	07/04/2019
<input type="button" value="Continue"/>										

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418163430 Vehicle Registration No: SJV7274X

Name (as shown in NRIC) : GABRIEL TEH ZHONG EN NRIC/FIN/Passport No : S9506107 I

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 93883026

Email Address : _____

Date of Accident : 18/12/2018 Time of Accident : 18:30

Place of Accident : ALONG SUE TOWARDS BRE

Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure SKRATCH Puan Wind Glass Stamp

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid Wafar
NRIC/FIN No.: 2012/2018
Date: