

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MAY 18/16/17/19

Date In: 21/12/2018 14:50	Job description	Date & Time Completed	Done by
Ref No: N/A/INC18023355/4	SAS e-filing		
Vch No: SLJ 4451K	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 21/11/2018 13:55	1-Motor Claim Form	MT/1023622-002	31/12/2018 14:18
OD: TP (Reporting Only)	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wh3P		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Vch No: F90H	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 () / Non-INC ()	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>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>Ref 1:</p> <p>2/3</p>	<p>Invoice Item / Description / GL Code / Rate / Amount</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (over 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpl Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (Nil): TP (Non INC) against INC \$20</p> <p>9) NI: Idao Mobile \$0</p>
	<p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>

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	21/12/2018 14:50
Date Of Accident	21/11/2018 13:55
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4451K
Insured/Policyholder	
Name Of Registered Owner	JADE
Co Reg No	53350942D
Email Address	DEONLEE7781@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90277457
Alternative Phone No	OFFICE-90277457

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088431060-01
Cover Note Number	

Driver

Name of Driver	LEE CHONG CHUAN (LI ZONGCHUAN)
NRIC No	S7715578C
Date Of Birth	11/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90277457
Fax Number	
Contact Number	OTHERS-90277457
Email Address	DEONLEE7781@GMAIL.COM

Address	BLK 172C EDGEDALE PLAINS #04-472
Postcode	823172
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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	F90H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

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

I understand, acknowledge, agree and consent that:

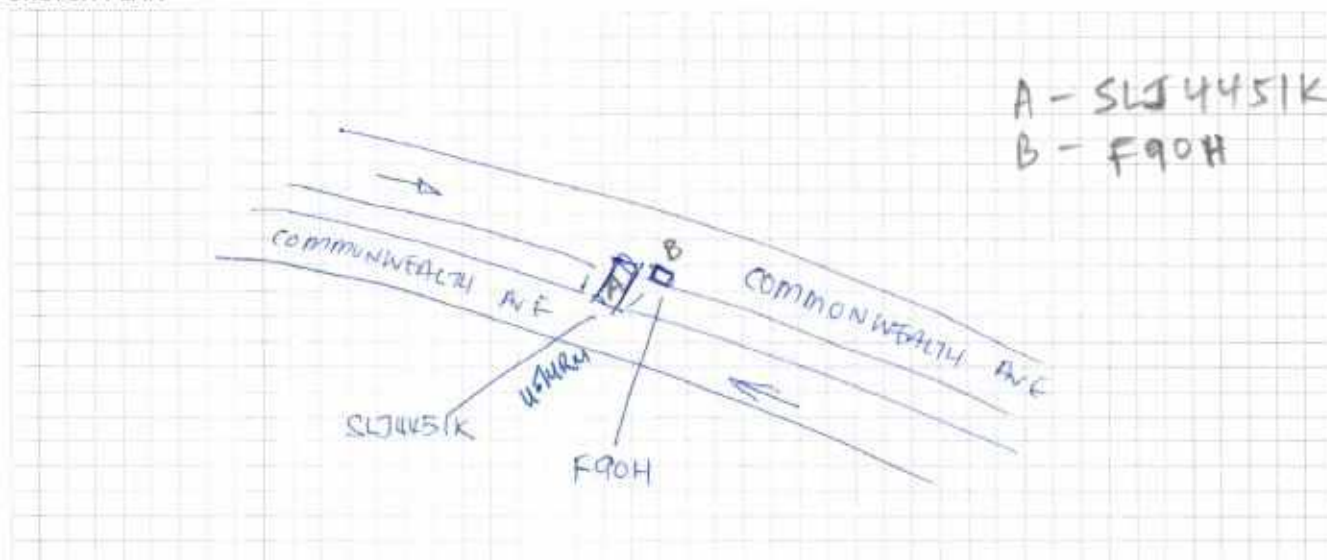
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/12/2018 (1454408)

Reporting Centre Personnel's Signature
Name: Rashid Hussain
NRIC/FIN No.: 9201 1234 5678

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21/11/2015 ABOUT 1355HRS, AS I WAS MAKING A U-TURN ALONG
 COMMONWEALTH AVE, BIKE NO F90H WAS UNDER MY BLIND SPOT VIEW AND
 I FAIL TO NOTICE HIS PRESENCE. AS I TURN, I HIT THE SIDE OF THE BIKE
 BUT THE RIDER MANAGED TO HOLD HIS BIKE BUT HE STILL HAVE TO LET GO
 OFF THE BIKE AND LET IT FALL TO GROUND. I IMMEDIATELY ALIGN MY
 CAR AND ASSIST HIM TO MAKE SURE HE'S WELL. AS IT WAS A U-TURN
 POINT, WE DROVE AND PARK ALONG COMMONWEALTH AVE. THE RIDER OF BIKE
 TOOK DOWN MY PARTICULARS AND I ASK HIM FOR PRIVATE SETTLEMENT.
 SUBSEQUENTLY, HE TOLD ME THAT HE WILL CLAIM INSURANCE AND I REPORT
 ACCORDINGLY AS NOW.

DECLARATION

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


 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21/12/15 (1454 HRS)


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

Claim Handling

Accident MT/1023622

Policy No.	5088431060-01	Vehicle No.	SLJ4451K	GST Registration No.	
Certificate No.					
Policyholder Name	JADE			Policyholder NRIC	53350942D
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	12/12/2018 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	21/11/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ALONG COMMONWEALTH ROAD				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	113 LIDYANG VIEW	Address 2	SINGAPORE 507178	Address 3	
Address 4		Address Type	Singapore address	Post Code	507178
Unit No.	02-27	Related Policy Number	5087654358-01		

▼ O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	DO-MX	Insured Name	JADE	Insured NRIC	53350942D
Contact No.(Mobile)		Contact No.		Contact No.(Office)	
Email Address		O1 Vehicle Number	SLJ4451K	TP Vehicle Number	P90H
Claim Description	SLJ4451K / P90H ON 21 Nov 2018				
Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received
Preferred Workshop No. Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered		Claim Close Date	31/12/2018 14:13	Done Received	31/12/2018
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print Axi letter					

Attachment

Accident No.	MT/1023622	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	31/12/2018 14:18
Path *			
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Message Read"/>	<input type="button" value="Clear"/> Please Select <input type="button" value="Clear"/> Please Select <input type="button" value="Clear"/> Please Select <input type="button" value="Clear"/> Please Select <input type="button" value="Clear"/> Please Select <input type="button" value="Clear"/> Please Select <input type="button" value="Clear"/> Please Select	Confidential <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES Urgency * <input type="checkbox"/> Normal <input checked="" type="checkbox"/> High <input type="checkbox"/> Normal <input checked="" type="checkbox"/> High <input type="checkbox"/> Normal <input checked="" type="checkbox"/> High <input type="checkbox"/> Normal <input checked="" type="checkbox"/> High <input type="checkbox"/> Normal <input checked="" type="checkbox"/> High <input type="checkbox"/> Normal <input checked="" type="checkbox"/> High	Description Photos 2018-12-31 Photos 2018-12-31

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Pl
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:18	Photos	Normal	Photos 2018-12-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:18	Photos	Normal	Photos 2018-12-31	

12/31/2018

Claim Handling(Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:18	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:18	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:17	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:17	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:17	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:17	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:17	SAS	Normal	SAS 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-31

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 11 / '18) (DD/MM/YYYY), TIME: (13 : 55) (HH:MM)

LOCATION: COMMONWEALTH AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ4451K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5088431060-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA VEZEL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: JADE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 533509420 CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE CHONG CHUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 87715578C CONTACT: 9037 7457
c) ADDRESS: 172C EDGEHILL PLAINS #04-472
SINGAPORE 823172

* d) DATE OF BIRTH: (11 / 06 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08/05/15

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIREE

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: F90H MODEL: _____
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 = deonlee7781@gmail.com

VIDEO Kaydenkoh@gmail.com

Waiting for Company Chap?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7715578C



Name
LEE CHONG CHUAN
(LI ZONGCHUAN)

李 宗 川

Race
CHINESE

Date of birth
11-06-1977

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7715578C



LEE CHONG CHUAN
(LI ZONGCHUAN)

Birth Date: 11 Jun 1977

Issue Date: 08 May 2015

002424937J



SG 50

4243509



NRIC No. S7715578C



Date of issue
04-07-2008

APT BLK 172C EDGE DALE PLAINS #04-472
SINGAPORE 823172

NRIC No: S7715578C

Date: 25/02/2018

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg 08 May 2015

Licence No: S7715578C



NP 428A

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/11/2018 14:46"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ4451K"/>	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 type="radio"/>	5088431060-01		JADE	53350942D	GFT	drive CLASSIC	SLJ4451K	SLJ4451K	25/09/2018	

Policy Information

Policy No.	5088431060-01	Policyholder Name	JADE	Policyholder NRIC	53350942D
Certificate No.					
Address	113 LOYANG VIEW SINGAPORE 507178				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	19/01/2018	Effective Date	20/01/2018 00:00	Expiry Date	19/01/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	MY INSURANCE AGENCY PTE. LT	Agent Tel.	63467588	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1	113 LOYANG VIEW	Address 2	SINGAPORE 507178	Address 3	
Address 4		Address Type	Singapore address	Post Code	507178
Unit No.	02-27	Related Policy Number	5087656358-01		

Insured Object: SLJ4451K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/06/2018 00:00	Basic Information Endorsement	000001286834623	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. NHP1707122185 07-06-2018 \$1,207.79 In view of this amendment, an additional premium of \$1,207.79 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	11/06/2018 00:00	Basic Information Endorsement	000001286836998	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Vehicle Numbers are amended as follows: VEHICLE REGISTRATION NUMBER: SMA5040S, SJB68T
3	11/06/2018 00:00	Basic Information Endorsement	000001286836691	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. NHP1707122562 11-06-2018 \$1,186.51 In view of this amendment, an additional premium of \$1,186.51 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your