

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/01/2019 10:25	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19000197/K4	SAS e-filing		
Veh No: SJT 9195M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/07/2017 13:45	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: PEDESTRIAN	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( )	(Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1900163	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
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	04/01/2019 10:25
Date Of Accident	25/07/2017 13:45
Exact Location Of Accident	JUNC OF TAMPINES AVE 8 / TAMPINES ST 83
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9195M
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	TAN POH LIN ( CHEN BAOLIN )
NRIC No	S8208088J
Email Address	POHLINBB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94517645
Alternative Phone No	OTHERS-94517645

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3077491600
Cover Note Number	

#### Driver

Name of Driver	TAN POH LIN ( CHEN BAOLIN )
NRIC No	S8208088J
Date Of Birth	09/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94517645
Fax Number	
Contact Number	OTHERS-94517645
Email Address	POHLINBB@GMAIL.COM

Address	BLK 684C EDGEDALE PLAINS #09-641
Postcode	823684
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20170725/2112

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO



## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

3/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

3/1/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

- 4/1/2019

**SKETCH PLAN**

Junc of Tampines Ave 8/  
Tampines Street 83

A - SJT 9195M

B - Pedestrian

A

B

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

pls Refer to the Police Reports -  
T/2017 0725 / 2112

**DECLARATION**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 3/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/1/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

4/1/2019





# SINGAPORE POLICE FORCE



T/20170725/2112

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20170725/2112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/07/2017 16:01		Vide Report No.: G/20170725/0148		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN POH LIN			Address: APT BLK 224D COMPASSVALE WALK #06-601 HDB- KANGKAR SINGAPORE 544224		
ID Type / ID No.: NRIC NO / S8208088J			Contact No.: Home/Office: Mobile: 94517645		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 09/03/1982	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: After sales adviser/Client account service executive			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/07/2017 13:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 8 TAMPINES STREET 83				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT9195M		TOYOTA	WISH 1.8X A	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT9195M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30774916 00	08/08/2016	05/11/2017



**SINGAPORE  
POLICE FORCE**



T/20170725/2112

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20170725/2112

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Used	
<b>Driver</b>			
Name	TAN POH LIN	ID No.	S8208088J
Related Vehicle	SJT9195M	Contact No.	94517645
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS TRAVELING ALONG TAMPINES AVE 3 > TAMPINES AVE 8 ON THE FIRST OF 2 LANES. WHILE APPROACHING THE SAID JUNCTION, THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR, AND SO I CARRIED ON CROSSING IT. SUDDENLY, A OLD LADY DASHED OUT FROM MY LEFT TO RIGHT, I APPLIED MY BRAKES IMMEDIATELY. BUT UNFORCUNATELY, I COLLIDED ONTO HER. SUBSEQUENTLY, I PARKED MY CAR AND CAME DOWN TO ASSIST HER. THAT'S ALL.





**SINGAPORE  
POLICE FORCE**



T/20170725/2112

3 of 3

Report No. T/20170725/2112

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**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:  
TP /  
TAN WEI MING

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
25/07/2017 16:01

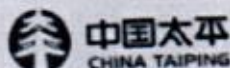
Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Asset Road #18-00 Springhill Tower Singapore 078008  
Tel: 6769-8111 Fax: 6777-1083  
Website: www.sg.cntaiping.com  
Cin Reg No: 2000087840

Our Reference: **SNM18D05677**

Date: **06 DECEMBER 2018**



**TAN POH LIN (CHEN BAOLIN)**  
**BLK 878 TAMPINES AVENUE 8**  
**#05-306**  
**SINGAPORE 520878**

Dear Sir/Madam

**RE: ACCIDENT INVOLVING YOUR VEHICLE NOS. SJT9195M & PEDESTRIAN ON 25 JULY 2017**  
**POLICY: DMPCSN3077491600**

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us **IMMEDIATELY** through our designated Accident Reporting Centres, which are also our authorised workshops. You may log onto our website **[www.sg.cntaiping.com](http://www.sg.cntaiping.com)** for location of the respective centres/workshops.

Please take note that your **NO CLAIM DISCOUNT** will be penalized upon renewal of your policy if you fail to comply with this condition.

Regards

This is an auto-generated letter from the Motor Division of Claims Department.

CC: (AN0166A)

LQ BUSINESS PTE LTD  
180B BENCOOLEN STREET  
#04-02 THE BENCOLLEN  
SINGAPORE 189648



Reported on 3/1/2019  
@ 10 AM

## ACCIDENT STATEMENT

ACCIDENT DATE: (25/07/2017) (DD/MM/YYYY), TIME: (13:45) (HH:MM)

LOCATION: Junction Tampines Ave 8 / Tampines St 83

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT9195M  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 94517645  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (YES)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Pedestrian 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: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* Call Driver  
on 4/1/2019  
@ 10:25 AM  
No Response.

Email = PohLinbb@gmail.com

fax = PohLinbb@gmail.com

VIDEO =

(CTI)  
Waiting for Certificate?



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8208088J



Name  
TAN POH LIN  
(CHEN BAOLIN)  
陈宝玲

Race  
CHINESE

Date of birth 09-03-1982 Sex F

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8208088J

Name  
TAN POH LIN  
(CHEN BAOLIN)

Birth Date 09 Mar 1982  
Issue Date 08 Jun 2011



1001971667D

4063978



NRIC No. S8208088J



Date of Issue  
06-06-2007

APT BLK 684C EDGEDALE PLAINS #09-641  
SINGAPORE 823664

NRIC No: S8208088J Date: 07/10/2017

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

EFFECTIVE DATE 08 Jun 2011

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

NP 428A

Licence No: S8208088J



CLAIMS

COPY 1

THE SCHEDULE

Agency	AN0166A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	..... DMPCSN3077491701
Account	AN0166A	Issued on	..... 08/11/2017 in SINGAPORE	Replacing Policy no.	DMPCSN3077491600
Client	3196601	Acceptance Date	07/11/2017		

Period of insurance from 0959 hours on 07/11/2017 to 2400 hours on 06/11/2018

RENEWAL

Insured's Name.... TAN POH LIN (CHEN BAOLIN)  
Address..... BLK 878 TAMPINES AVENUE 8  
#05-306  
SINGAPORE 520878

04. 10/21 PD DIR HQ  
OR Y3583138  
10/21 DA G644

Business/Occupn... SALES EXECUTIVE (OUTDOOR)  
Financial interest... CREDIT PTE LTD AS A MP OWNER

Premium .....	Base Annual Premium.....	\$S1,689.60	
	Less 5% Loyalty Discount.....	\$S84.48-	
	Less 35% Autosafe Scheme.....	\$S561.79-	
	No Claim Discount .....10.00%	\$S104.33-	
	Promotion Discount.....	\$S200.00-	
	Total Annual Premium .....	\$S739.00	Premium Due \$S739.00
			Premium GST \$S51.73
			Total Due \$S790.73

Risk No. 001 MOTOR PRIVATE CAR  
ORIGINAL REGISTRATION DATE: 06-11-2009

1. Registration	SJT9195M	Make/Model ..	TOYOTA WISH 1.8X (A)
Type of Cover	Comprehensive	No. of seats	7
Engine No. ..	22R0473475	Capacity cc's	1797
Chassis No...	3GE200025827		

Body Type ..... MPV  
Yr of Manuf/Regn 2009/2009

Certificate Ref. MX1WF

Sum Insured..Market value at the time of loss

Named Drivers Ex Sect. I .....	\$S750.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25.....	\$S3,000.00
Ex Sect. I - Age >= 26.....	\$S500.00
* Age as at date of accident	
EX ON WINDSCREEN .....	\$S100.00

Named Drivers THE INSURED

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).  
AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorized workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00  
Notwithstanding anything contained to the contrary, we will waive up to the first \$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year