

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

NA19006595

Date In: 15/01/2019 10:27	Job description	Date & Time Completed	Done by
Ref No: N/A/INC 9006595/Y	SAS e-filing		
Veh No: SGW 9055 Y	E-mail (Within 3hrs, AIC 2hrs)		
D.O.A: 10/01/2019 18:10	I-Motor Claim Form	MT/05/83/001	15/01/2019
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11/11
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: Unknown CAR	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: ( )

Repairer: ( )	Complete: ( )	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

NA19006595	Invoice/Repairation/Claim/Details	Amount	Amount
Claimants Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
2/3:	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idan Mobile		
	Fee Charged		
	Invoice dated		
	Fee Charged		
	Invoice dated		



## 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	15/01/2019 10:27
Date Of Accident	10/01/2019 18:10
Exact Location Of Accident	ALONG ROCHOR ROAD BEFORE BEACH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9655Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW SEOW CHYE
NRIC No	S0350253H
Email Address	LSCCOCPA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97272181
Alternative Phone No	OTHERS-97272181

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5055062215-06
Cover Note Number	

### Driver

Name of Driver	LOW SEOW CHYE
NRIC No	S0350253H
Date Of Birth	26/10/1934
Occupation	INDOOR
Date Of Driving Pass	07/06/1956
Driving Experience	62 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97272181
Fax Number	
Contact Number	OTHERS-97272181
Email Address	LSCCOCPA@GMAIL.COM

Address	83 FABER GREEN
Postcode	0512
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	SIDE SWIPE
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)	1

#### 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 STATEMENT AND ATTACHMENT

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOI HAI POH
NRIC/Passport Number	
Contact Number	
Address	APT BLK 115 EDGEFIELD PLAINS #06-354
Postcode	820115
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	




## SKETCH PLAN

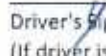
### IMPORTANT NOTICE

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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:

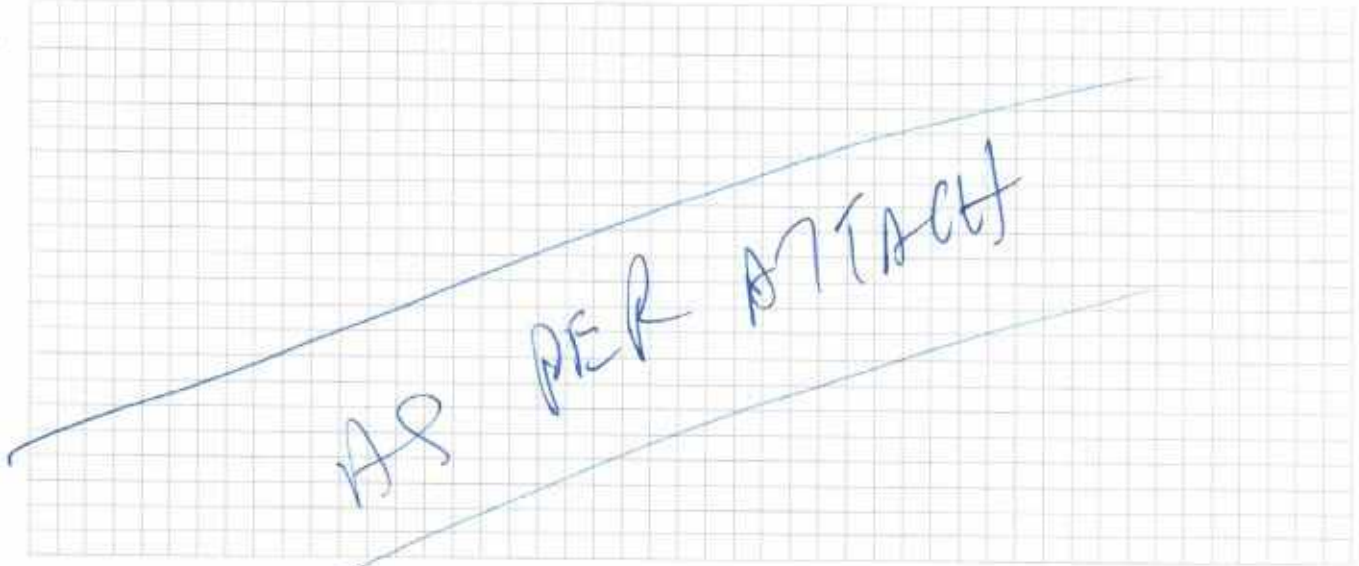
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

DECLARATION

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



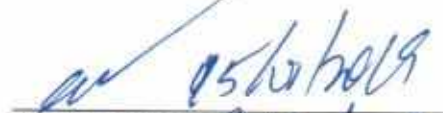
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### Motor Accident Report 10 January 2019

Vehicle Number: SGW9655Y

Driver: Low Seow Chye I/C: S0350253H

On 10 January 2019 (Thursday) at approximately 6.10pm, I was travelling along Rochor Road after exiting from the ECP towards Beach Road. The accident occurred along Rochor Road near the slip road to Temasek Boulevard, where the left lanes merge.

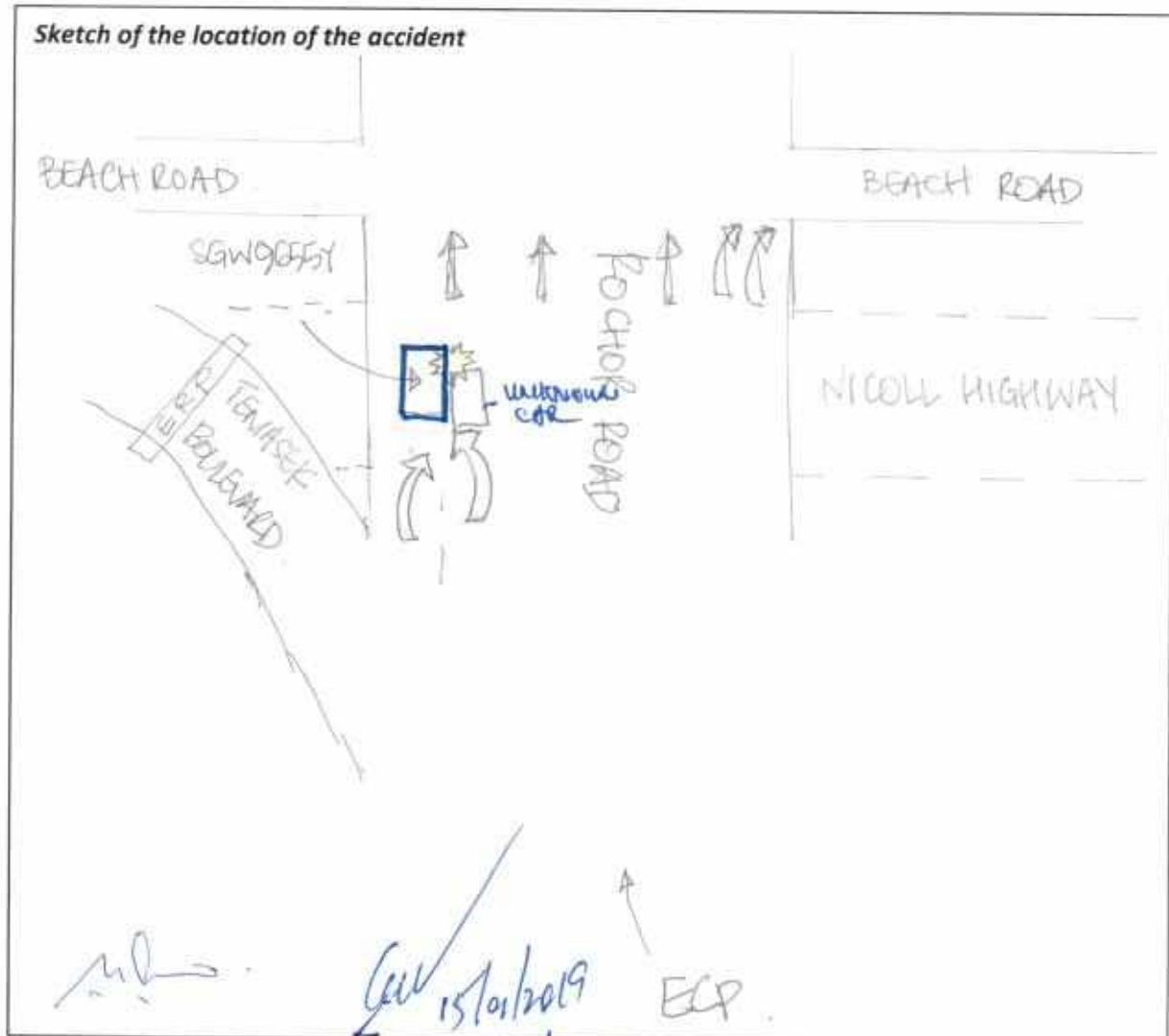
My vehicle was at the extreme left lane of Rochor Road. The traffic was heavy at the time. While I was in the merging lane, I had slowed down to give way to a vehicle changing lanes two cars ahead. A vehicle on the adjacent lane to the right of my vehicle continued moving forward grazing the right-hand side of my vehicle.

The driver of the vehicle provided his I/C with details as follows;

Loi Hai Pok S1221704H

Apt Blk 115 Edgefield Plains #06-354 S820115

#### Sketch of the location of the accident





## Claim Handling

Accident MT/1027837

Policy No.	5055062215-06	Vehicle No.	SGW9655Y	GST Registration No.	
Certificate No.					
Policyholder Name	LOW SEOW CHYE	Cover Type	drvo CLASSIC	Policyholder NRIC	50350253H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97272181	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
KPI	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	15/01/2019 11:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/01/2019	Time of Accident (hr:min)	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ECM No.	
Accident Location	ALONG BOCHOR ROAD BEFORE BEACH ROAD				

**Excess**

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	83 FABER GREEN	Address 2	FABER HILLS	Address 3	SINGAPORE 129304
Address 4		Address Type	Singapore address	Post Code	129304
Unit No.		Related Policy Number	5055062215-06		

**OT Driver Info**

Driver Name	LOW SEOW CHYE	Driver Type	Main Driver	Driver DOB	26/10/1934
Unnamed driver Name		Driver NRIC	50350253H	Driving Experience	47
Register Date of Driver License	01/01/1972	Driver Age	84	Contact No.(Home)	
Contact No.(Mobile)	97272181	Contact No.(Office)		Contact No.(Home)	
Address 1	83 FABER GREEN	Address 2	FABER HILLS	Address 3	SINGAPORE 129304
Address 4		Address Type	Singapore address	Post Code	129304
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SGW9655Y	Driver Insurer Company	NTUC

**Declaration**

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

Claim 001 **New**

Claim Type *	OG-MR	Insured Name	LOW SEOW CHYE	Insured NRIC	50350253H	
Contact No.(Mobile)	97272181	Contact No.(Home)	87740269	Contact No.(Office)	633351	
Email Address		OT Vehicle Number	SGW9655Y	TP Vehicle Number	50430C	
Claim Description	SGW9655Y / UNDOWN CAR ON 10 Jan 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Repair Option	<input checked="" type="checkbox"/> Preferred <input type="checkbox"/> Repair Option	Preferred Workshop, Name unknown				
Date Registered	15/01/2019 11:11	Claim Close Date		Date Received	15/01/2019	
Report Taken By	BOSLI WAHAB					

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1027837	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/01/2019 11:11

Path \*

Category *	Confidential	Urgency *	Desc
Choose File No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Choose File No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Choose File No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Choose File No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Choose File No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Choose File No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Choose File No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_806676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 11:11		Photos	Normal	Photos 2019-1-15	M



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	Photos	Normal	Photos 2019-1-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	Photos	Normal	Photos 2019-1-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	Photos	Normal	Photos 2019-1-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	Photos	Normal	Photos 2019-1-15
NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	Photos	Normal	Photos 2019-1-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	Photos	Normal	Photos 2019-1-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	Photos	Normal	Photos 2019-1-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 11:11	SAS	Normal	SAS 2019-1-15

[Video List](#)

Uploaded By/Date	Folder Date	File Name	?	Source
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### Display in New Window

### Scan and uploading



SINGAPORE AIRLINES ECONOMY CLASS

ECONOMY CLASS

LOW SEOW CHYE

LOW SEOW CHYE

Flight SQ 975 From BKK To SIN Date 14 JAN 19  
Terminal Gate Boarding time Seat Boarding Group  
D3 11:15 AM 35H 6  
14 JAN 19

From BANGKOK  
To SINGAPORE

Flight SQ 975 Seat 35H  
Date 14 JAN 19

SSOI PAX AT APT

00046 ETNo 618242617441802

00046 ETNo 618242617441802

A STAR ALLIANCE MEMBER

SINGAPORE AIRLINES ECONOMY CLASS

ECONOMY CLASS

LOW SEOW CHYE MR

LOW SEOW CHYE MR

Flight SQ 972 From SIN To BKK Date 11 JAN 19  
Terminal Gate Boarding time Seat Boarding Group  
2 E26 08:45 AM 44H 5  
11 JAN 19

From SINGAPORE  
To BANGKOK

Flight SQ 972 44H  
Date 11 JAN 19

GATE CLOSING 10 MINS BEFORE DEPARTURE

00058 ETNo 618242617441801

00058 ETNo 618242617441801

A STAR ALLIANCE MEMBER

# ACCIDENT STATEMENT

ACCIDENT DATE: (10/01/2019) (DD/MM/YYYY). TIME: (18:10) (HH:MM)

LOCATION: Along Kuching Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGW 96557  
b) INSURANCE COMPANY: ADAC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Camry  
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: Low Siew Chik (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0302574 CONTACT: 97272181  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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: UNKNOWN CAR 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 = LSECOCPA@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0350253H




Name  
**LOW SEOW CHYE**

Race  
**CHINESE**

Date of Birth  
**26-10-1934**

Sex  
**M**

Country of Birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0350253H**

Name  
**LOW SEOW CHYE**

Birth Date **26 Oct 1934**

Issue Date **13 Oct 2003**




1858002




NRIC No. **S0350253H**

Blood Group **B+** Date of issue **05-04-1994**


Address  
**83 FABER GREEN  
SINGAPORE 0512**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jun 1956

NP 425A

Licence No: **S0350253H**





Accident Person 10012019



## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder 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	: 5055062215-06
The Policyholder	: LOW SEOW CHYE 83 FABER GREEN FABER HILLS SINGAPORE 129304

Period of Insurance	: 06 Aug 2018 To 05 Aug 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$1,325.70

#### Interest Insured

Cover Type	: drive CLASSIC		
Primary Driver	: LOW SEOW CHYE		
Named Driver (1)	: LIM KHOON BOCK		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/CAMRY	Capacity	: 2000cc
Registration Number	: SGW9655Y	Registration Year	: 2007
Chassis Number	: MR053BK4107014750	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: PANG YEW CHYE (00000537093)
Date of Issue	: 03 Jul 2018 21:00 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