

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 09/02/19	Jcb description	Date & Time Completed	Done by
Ref No: NA/EQJ190003302/13	SAS e-filing		
Veh No: 5JE52499	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/02/19 1100	i-Motor Claim Form		
<input checked="" type="radio"/> OD <input type="radio"/> TP <small>Reporting Only</small>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKT5612R	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

NA1901191	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	Invoice dated	Fee Charged	

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	09/02/2019 09:30
Date Of Accident	05/02/2019 11:00
Exact Location Of Accident	CTE AFTER AMK AVE 1 B4 BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE5249Y
Insured/Policyholder	
Name Of Registered Owner	AW QIN YI
NRIC No	S8501239H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92355095
Alternative Phone No	OTHERS-92355095

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-002769
Cover Note Number	

Driver

Name of Driver	AW QIN YI
NRIC No	S8501239H
Date Of Birth	18/01/1985
Occupation	INDOOR
Date Of Driving Pass	19/03/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92355095
Fax Number	
Contact Number	OTHERS-92355095
Email Address	NOEMAIL

Address	56 CHOA CHU KANG NORTH 6 #03-36
Postcode	689577
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
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: : YEW GUO PENG GENDER: : MALE

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/20190205/7003

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT5612R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJB6807X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJS7723H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEW GUO PENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJE5249Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

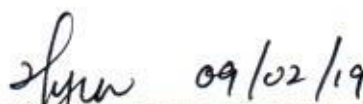
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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



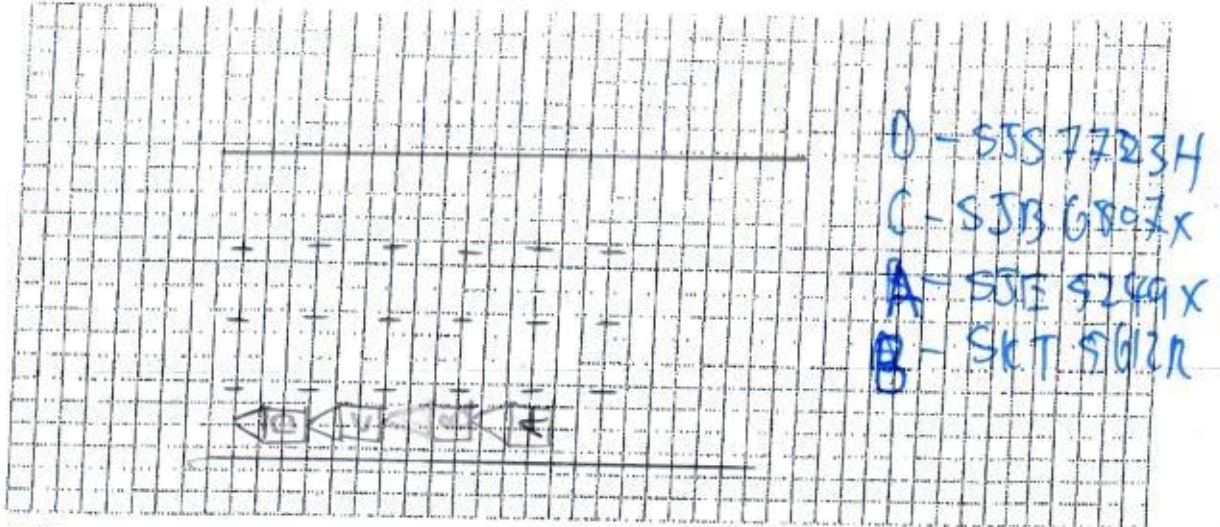
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 09/02/19

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

CTE Towards AYE Before Pie Changni EXIT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190205/7003

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 09/02/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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 : MNA119017938 Vehicle Registration No: SJE 5249Y
Name (as shown in NRIC) : AW QIN YI NRIC/FIN/Passport No : S8501239H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 56 CHOA CHU KANG NORTH 6 #03-36 689577 Singapore ()
Contact (Tel) : _____ Mobile No.: 92355095
Email Address : _____
Date of Accident : 05/02/19 Time of Accident : 11:00
Place of Accident : CTE ART AMK AVE / B4 BRADDELL EXIT
Insurance Company: EQ

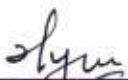
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

Change from Reporting Only to Claim Own Damage



Policyholder / Driver's Signature
Date:

 12/02/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 12/02/19



SINGAPORE POLICE FORCE



T/20190205/7003

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

1 of 3

Report No. T/20190205/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2019 12:33			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: AW QIN YI			Address: 56 CHOA CHU KANG NORTH 6 #03-36 SINGAPORE 689577		
ID Type / ID No.: NRIC NO / S8501239H			Contact No.: Home/Office: Mobile: 92355095		
Nationality: SINGAPORE CITIZEN			Email: qinyiaw@gmail.com		
Sex: Female	Age: 34	Date of Birth: 18/01/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Teacher			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2019 11:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE5249Y	Car	HONDA	FIT 1.3G A	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE5249Y	EQ INSURANCE COMPANY LTD.	DMPPHQ18-002769	03/05/2018	02/05/2019



**SINGAPORE
POLICE FORCE**



T/20190205/7003

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

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Report No. T/20190205/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Yew Guo Peng	ID No.	S8901972I
Related Vehicle	SJE5249Y (Car)	Contact No.	94511120
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	AW QIN YI	ID No.	S8501239H
Related Vehicle	SJE5249Y (Car)	Contact No.	92355095
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling from CTE towards AYE on 5 February 2019, at about 11am, in lane 4. My car vehicle number SJE 5249Y hit into the front vehicle SKT 5612R. The traffic was quite heavy. The road was dry (i.e. no rain). A passenger was in the car, Yew Guo Peng S8901972I, and he had some pain after the crash.



**SINGAPORE
POLICE FORCE**



T/20190205/7003

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

3 of 3

Report No. T/20190205/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
05/02/2019 12:33

Classification Of Case:

General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and insured: _____	
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	(1) (Inclusive of driver)

Passenger 1

Name	Yew Guo Peng
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

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

Passenger 3

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

Passenger 4

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

Passenger 5

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

Passenger 6

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

Other Information

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

Details of police action

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

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: <u>5/02/2014</u> (DD/MM/YY) Time: <u>11:00</u> (HH:MM)
Exact location of accident	<u>CTE AFTER AMK Ave 1 Before Braddell Ext</u>

Details of vehicle

Vehicle registration number	<u>SSE 5249 Y</u>
Vehicle make and model	<u>Nonda</u>
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input 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 checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	<u>Eg Insurance</u>
Policy number	
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	<u>Arvin Yi</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	<u>S650123914</u>	
Contact	<u>9235 5095</u>	
Address	<u>56 Choa Chu Kang North 6 #03-301</u>	

Driver

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

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

Third party vehicle 1

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

Third party vehicle 2

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

Third party vehicle 3

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

Third party vehicle 4

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

Third party vehicle 5

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

Third party vehicle 6

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

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Yen Guo Ping	
Injuries sustained		
Which vehicle person in?	STE 5249 Y	
Were seat belts worn?	Yes <input checked="" 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		
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		
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		
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"/>

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

AW QIN YI

Birth Date: 18 Jan 1985
Issue Date: 19 Mar 2015

002407447B

SG 20

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8501239H

Name: AW QIN YI

Race: 胡沁怡

CHINESE

Date of birth: 18-01-1985

Country/Place of birth: SINGAPORE

Sex: F

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

EFFECTIVE DATE 19 Mar 2015

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

NP 428A

Licence No: S8501239H

5439767

NPIC No: S8501239H

Date of issue: 19-03-2015

56 CHOA CHU KANG NORTH 6 #03-36
SINGAPORE 689577

NPIC No: S8501239H Date: 22/04/2015

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N



PRIVATE CAR SCHEDULE

Page 1 of 9

Agency	A000033	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ18-002769
Account	A000033	Issued on	03/05/2018 in Singapore		
Client	0120234	Acceptance Date	03/05/2018		

Period of insurance from 1044 hours on 03/05/2018 to 2400 hours on 02/05/2019

Insured's Name AW QIN YI
 Address BLK/HOUSE NO. 56 #03-36
 CHOA CHU KANG NORTH 6
 SINGAPORE 689577

Business/Occupn Teacher

Premium	Basic Annual Premium	SGD887.86	Premium Due	SGD887.86
	Premium after NCD	SGD887.86	Premium GST	SGD62.15
			Total Due	SGD950.01

Risk No. 001	PRIVATE CAR	Make/Model	HONDA FIT 1.3	Hatchback	1339cc
1. Registration	SJE5249Y	No. of seats	5	Body Type	Hatchback
Type of Cover	Comprehensive	Capacity cc	1339	Yr of Manuf/Regn	2008/2008
Engine No.	L13A4043747			NCB%	20.00
Chassis No.	GE61038929			Certificate Ref.	MX2
Sum Insured: Market Value at the time of loss			SGD0.00		
Insured/Named Drivers			SGD500.00		
Unnamed Drivers			SGD1,000.00		
YEID		Additional	SGD3,000.00		
Named Drivers Insured					

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 8)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have
 to refund us the amount of the Excess.

Continued on page 2

