

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MA41905512

Date In: 21/04/2019 19:16	Job description	Date & Time Completed	Done by
Ref No: NGA/MC190075374	SAS e-filing		
Veh No: SSS 6684 P	E-mail (Adjust 2hrs, AIC 2hrs)		
D.O.A: 26/04/2019 22:50	I-Motor Claim Form	ml1042255-001	29/04/2019 19:12
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SH 8943J	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: ()
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date of Incident:	
Location:	
Weather:	
Time of Day:	
Witnesses:	
Police Report No:	
Insurance Claim No:	

MA41903095	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: Towing Fee	\$10/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NI: Idas Mobile	\$30
QC Checked by (Engi-In-Charge):	10) NI: Idas Mobile	\$30
	11) NI: Idas Mobile	\$30
	12) NI: Idas Mobile	\$30
	13) NI: Idas Mobile	\$30
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	99) NI: Idas Mobile	\$30
	100) NI: Idas Mobile	\$30

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	29/04/2019 18:42
Date Of Accident	26/04/2019 22:50
Exact Location Of Accident	TANJONG RHU BRIDGE (TANJONG RHU ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6694P
Insured/Policyholder	
Name Of Registered Owner	PNG KIA LENG
NRIC No	S7002602C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91189055
Alternative Phone No	OTHERS-91189055

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 L (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	THIRD PARTY
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	5102296618
Cover Note Number	

Driver

Name of Driver	PNG KIA LENG
NRIC No	S7002602C
Date Of Birth	31/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1993
Driving Experience	25 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91189055
Fax Number	
Contact Number	OTHERS-91189055
Email Address	NOEMAIL

Address	BLK 149 TAMPINES STREET 12 #02-72
Postcode	5211492
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	3
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)	2
Passenger 1	NAME: : TAN MAN PING ,JOANNE 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	SH8943J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AHMAD SUDIRMAN BIN OTHMAN
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 SMD3829G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG AH LONG
NRIC/Passport Number S1440606I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLX5080S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver WONG WUIWENG
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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:

Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.: 9084 123456

SKETCH PLAN

Tg Rhu Bridge

R1X | R1X

R1X R1A R1B R1C R1D

① SJS8694P

② SH8943J

③ SMJ3829G

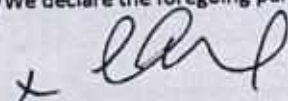
④ SLX5080S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, my vehicle was stopped and stationary at the said location as the traffic was heavy and jammed at that point of time. Suddenly I felt a great impact from the rear of my vehicle when I got down from my vehicle, I then realise it was a 4 vehicle chain collision.

DECLARATION

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

x 

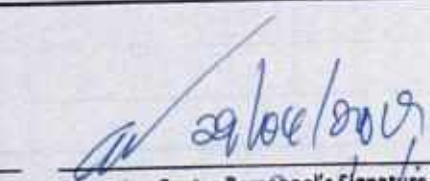
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1042255

Policy No.	5102256618	Vehicle No.	S156694P	GST Registration No.	
Certificate No.				Policyholder NRIC	S7002602C
Policyholder Name	PNG KIA LENG	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91189055	Special Remark		eCode	No *
Email Address		TCA	Yes	eCode Reason	
KPK	Yes	NCD Endorsement(%)	50	Private Hire	No
NCD Protection	Yes				

Accident Details

Report Date	29/04/2019 19:03	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/04/2019	Time of Accident (h:mm)	22:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG RHU BRIDGE (TANJONG RHU ROAD)				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
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.					
Notification History					

Policyholder Mailing Address

Address 1	BLK 149 #02-72	Address 2	TAMPINES STREET 12	Address 3	SINGAPORE 521149
Address 4		Address Type	Singapore address	Post Code	521149
Unit No.		Related Policy Number	5102256618		

Q1 Driver Info

Driver Name	PNG KIA LENG	Driver Type	Main Driver	Driver DOB	31/01/1978
Unnamed driver Name		Driver NRIC	S7002602C	Driving Experience	11
Regular Date of Driver License	31/01/2008	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	91189055	Contact No.(Office)		Address 3	SINGAPORE 521149
Address 1	BLK 149 #02-72	Address 2	TAMPINES STREET 12	Post Code	521149
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	S156694P		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes	No	
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Notification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	PNG KIA LENG	Insured NRIC	S7002602C
Contact No.(Mobile)	91189055	Contact No.(Home)		Contact No.(Office)	
Email Address	samarthapng@gmail.com	Q1 Vehicle Number	S156694P	TP Vehicle Number	S109431
Claim Description	S156694P / S109431 On 26 Apr 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop, Name unknown		Preferred Workshop, Name unknown		Claim Close Date	29/04/2019 19:06
Date Registered				Date Received	29/04/2019 00:00
Report Taken By					

Print Ack letter

Save Submit

Attachment

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:12		NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-29	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:12		SAS	Normal	SAS 2019-4-29	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:12		Photos	Normal	Photos 2019-4-29	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:12		NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-29	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:12		SAS	Normal	SAS 2019-4-29	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:12		Photos	Normal	Photos 2019-4-29	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:12	Photos	Normal	Photos 2019-4-29
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:06	Photos	Normal	Photos 2019-4-29
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:06	Photos	Normal	Photos 2019-4-29
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:06	Photos	Normal	Photos 2019-4-29
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:06	Photos	Normal	Photos 2019-4-29
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:06	Photos	Normal	Photos 2019-4-29
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 19:06	Photos	Normal	Photos 2019-4-29

Video List

Uploads By/Date	Folder Date	File Name	Source	Action
		Display in new window	Scan and uploading	

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26/04/2019 (dd/mm/yy) Time of Accident: 22:50 (24-HR-FORMAT)

Vehicle No.: 55S6694P Vehicle Make & Model: Honda Civic 1-6

Exact location of Accident: Tanjong Rhu Bridge (Tg Rhu Rd).

Policyholder's Name / IC No.: Png Koa Leng / S7612602 C

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 91189055 Company Contact No (Company Veh Only): _____

Driver's Address: B1k 149 Tampines SE 12 #02-72 S (521149)

Email address: _____ Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job): ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: daughter Tan Man Ping, Joanne.

Gender: Male / ☒ Female
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Ahmad Sudoman B. othman / Vehicle No: (B) SH8943J.

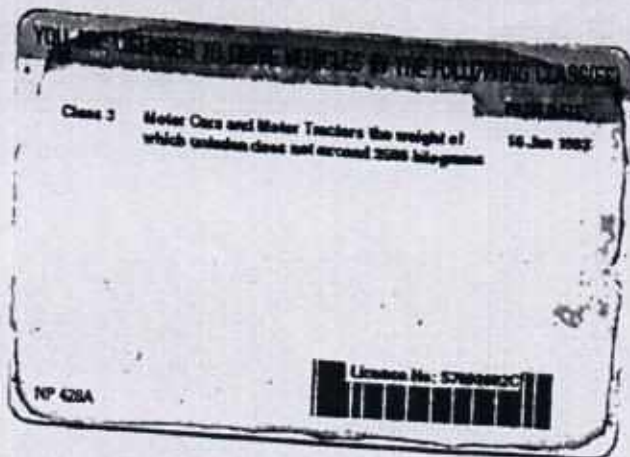
Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): Ng Ah Leng / S1440606 I Vehicle No: (C) SMD3829G1

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): Wong NurWang Contact No: (D) SLX5080S.

Preferred Workshop Name: _____ Contact No: _____



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	: 5102296618
The Policyholder	: PNG KIA LENG BLK 149 #02-72 TAMPINES STREET 12 SINGAPORE 521149

Period of Insurance	: 27 Aug 2018 To 26 Aug 2019		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (Inclusive GST)	: S\$851.65		
Interest Insured			
Cover Type	: drive CLASSIC		
Primary Driver	: PNG KIA LENG		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HONDA/CIVIC	Capacity	: 1600cc
Registration Number	: SJS6694P	Registration Year	: 2009
Chassis Number	: JHMFD46209S200396	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes
Windscreen Excess	: S\$100		
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

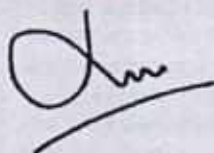
Endorsement Operative : M4

Agency	: SUMMIT PLANNERS GI PTE. LTD. (00000573812)
Date of Issue	: 25 Jul 2018 17:11 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



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 : 1 MAY 19055512 Vehicle Registration No: SJS 6694P

Name (as shown in NRIC) : Ang Kio Lian NRIC/FIN/Passport No : S7002602

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

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 9118 9055

Email Address : _____

Date of Accident : 26/04/2019 Time of Accident : 22:50

Place of Accident : Tanjong Pagar Bridge

Insurance Company : NMC

(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:

THIRD PARTY VEHICLE NUMBER TO SH8943J

Policyholder / Driver's Signature
Date:

Car 29/04/2019
Reporting Centre Personnel's Signature
Name: Ang Kio Lian
NRIC/FIN No.:
Date: