

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

MT/1042517-001

Date In: 30/04/2019 17:41	Job description	Date & Time Completed	Done by
Ref No: NIA/INC/90076847	SAS e-filing		
Veh No: SLU 223C	E-mail (Vehicle 3hrs, A/C 3hrs)		
D.O.A: 06/04/2019 09:45	I-Motor Claim Form	MT/1042517-001	02/05/2019
OID / TP Reporting Only	I-Motor W/O (Without OD 2hrs, TP 4hrs)		10/04
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reprior.	
() 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/Time:
Location:
Accident:
Witness:
Police:
Insurance:
Other:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$10/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idao Mobile	
	10) NI: Idao Mobile	
	11) NI: Idao Mobile	
	12) NI: Idao Mobile	
	13) NI: Idao Mobile	
	14) NI: Idao Mobile	
	15) NI: Idao Mobile	
	16) NI: Idao Mobile	
	17) NI: Idao Mobile	
	18) NI: Idao Mobile	
	19) NI: Idao Mobile	
	20) NI: Idao Mobile	
	21) NI: Idao Mobile	
	22) NI: Idao Mobile	
	23) NI: Idao Mobile	
	24) NI: Idao Mobile	
	25) NI: Idao Mobile	
	26) NI: Idao Mobile	
	27) NI: Idao Mobile	
	28) NI: Idao Mobile	
	29) NI: Idao Mobile	
	30) NI: Idao Mobile	
	31) NI: Idao Mobile	
	32) NI: Idao Mobile	
	33) NI: Idao Mobile	
	34) NI: Idao Mobile	
	35) NI: Idao Mobile	
	36) NI: Idao Mobile	
	37) NI: Idao Mobile	
	38) NI: Idao Mobile	
	39) NI: Idao Mobile	
	40) NI: Idao Mobile	
	41) NI: Idao Mobile	
	42) NI: Idao Mobile	
	43) NI: Idao Mobile	
	44) NI: Idao Mobile	
	45) NI: Idao Mobile	
	46) NI: Idao Mobile	
	47) NI: Idao Mobile	
	48) NI: Idao Mobile	
	49) NI: Idao Mobile	
	50) NI: Idao Mobile	
	51) NI: Idao Mobile	
	52) NI: Idao Mobile	
	53) NI: Idao Mobile	
	54) NI: Idao Mobile	
	55) NI: Idao Mobile	
	56) NI: Idao Mobile	
	57) NI: Idao Mobile	
	58) NI: Idao Mobile	
	59) NI: Idao Mobile	
	60) NI: Idao Mobile	
	61) NI: Idao Mobile	
	62) NI: Idao Mobile	
	63) NI: Idao Mobile	
	64) NI: Idao Mobile	
	65) NI: Idao Mobile	
	66) NI: Idao Mobile	
	67) NI: Idao Mobile	
	68) NI: Idao Mobile	
	69) NI: Idao Mobile	
	70) NI: Idao Mobile	
	71) NI: Idao Mobile	
	72) NI: Idao Mobile	
	73) NI: Idao Mobile	
	74) NI: Idao Mobile	
	75) NI: Idao Mobile	
	76) NI: Idao Mobile	
	77) NI: Idao Mobile	
	78) NI: Idao Mobile	
	79) NI: Idao Mobile	
	80) NI: Idao Mobile	
	81) NI: Idao Mobile	
	82) NI: Idao Mobile	
	83) NI: Idao Mobile	
	84) NI: Idao Mobile	
	85) NI: Idao Mobile	
	86) NI: Idao Mobile	
	87) NI: Idao Mobile	
	88) NI: Idao Mobile	
	89) NI: Idao Mobile	
	90) NI: Idao Mobile	
	91) NI: Idao Mobile	
	92) NI: Idao Mobile	
	93) NI: Idao Mobile	
	94) NI: Idao Mobile	
	95) NI: Idao Mobile	
	96) NI: Idao Mobile	
	97) NI: Idao Mobile	
	98) NI: Idao Mobile	
	99) NI: Idao Mobile	
	100) NI: Idao Mobile	

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	30/04/2019 17:41
Date Of Accident	06/04/2019 09:45
Exact Location Of Accident	AMOY STREET FOOD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2323C
Insured/Policyholder	
Name Of Registered Owner	GAN CHYE GIM (YAN CAIJIN)
NRIC No	S7442762F
Email Address	GAN_LOUIS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96823236
Alternative Phone No	OTHERS-96823236

Vehicle Particulars

Manufacturer	BMW
Model	520D
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5097528889-01
Cover Note Number	

Driver

Name of Driver	GAN CHYE GIM (YAN CAIJIN)
NRIC No	S7442762F
Date Of Birth	24/12/1974
Occupation	INDOOR
Date Of Driving Pass	16/08/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96823236
Fax Number	
Contact Number	OTHERS-96823236
Email Address	GAN_LOUIS@HOTMAIL.COM

Address	79 LENGKONG DUA
Postcode	417734
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190407/2065

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:

30/4/19

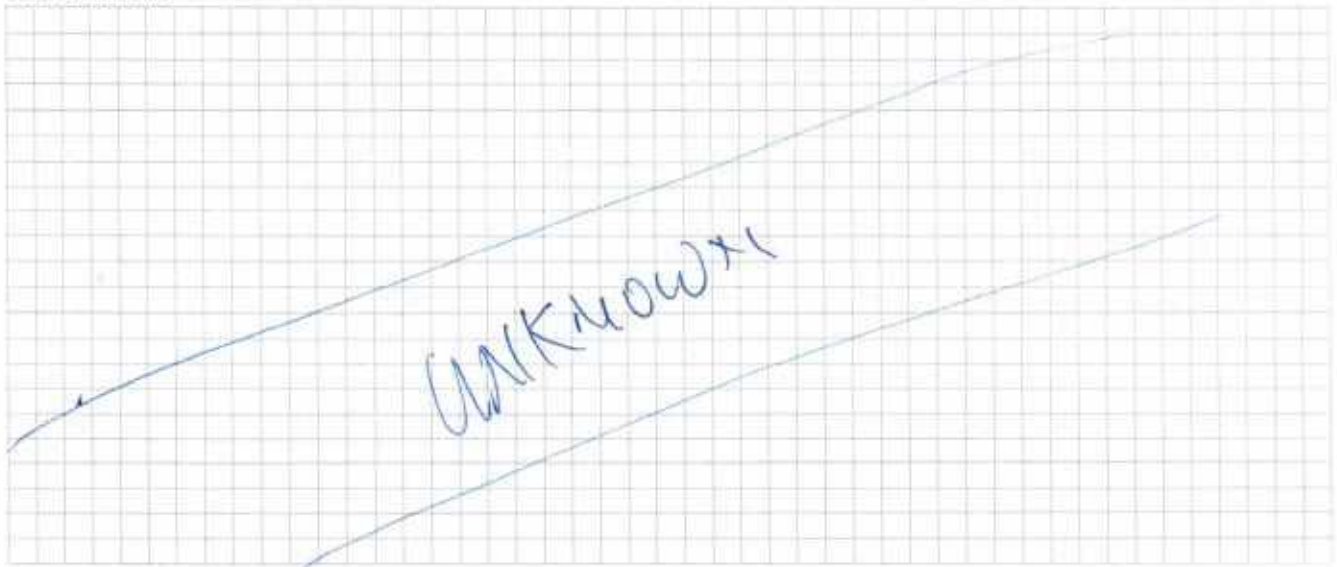
Driver's Signature
(If driver is not the policyholder)
Date & Time:

30/4/19

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

01/05/2019
Keshi Lian Hui

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in blue ink: "PLS REFER TO POLICE REPORT T/20190607/2065"

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]

30/4/19

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

[Signature]

30/4/19

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

[Signature] 02/05/2019



SINGAPORE POLICE FORCE



T/20190407/2065

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

1 of 3

Report No. T/20190407/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
07/04/2019 14:25

Vide Report No.:

Station Diary No.:
8

Informant's Particulars

Name of Informant: GAN CHYE GIM		Address: 79 LENGKONG DUA SINGAPORE 417734	
ID Type / ID No.: NRIC NO / S7442762F		Contact No.: Home/Office: Mobile: 96823236	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 24/12/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Self Employed		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/04/2019 10:20	Type of Location: Car Park
Location: Along Road 1 Traveling Toward Road 2 TELOK AYER STREET AMOY STREET Open space parallel parking along Telok Ayer St towards Amoy St. opposite "THE CLIFT" building				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU2323C	Car	BMW	520D M-SPORT AUTO	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU2323C	NTUC Income Insurance Co-Operative Limited	5097528889-01	24/01/2019	23/01/2020



Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20190407/2065

CONTINUATION OF REPORT

Brief Details.

On 06.04.2019 at about 0945hrs, I drove and parked my vehicle, a white colour BMW of Reg Plate number; SLU2323C along the open space parallel parking lots between Amoy Street Food Centre and a building known as "THE CLIFT". After successfully parked my said vehicle inside a parking lot number: 80, I secured my vehicle and walked over to the said food center for my breakfast.

On the same day at about 1020hrs, I returned to my said parked vehicle and discovered damages found on the front portion of my vehicle's bumper area. Shortly later, I realized that my front registration plate was cracked and my vehicle's sensory system which includes the Cruise Control system and Front-end Collision Warning system was faulty which I believe cause by the impact at the front portion of my vehicle.

My said vehicle is installed with In-Car CCTV recording system however at that moment I realized that my SD card memory is full and unable to record the footage of the incident. I noticed that there are a few Police Polcam cameras located at the vicinities of the said Amoy Street Food Centre of Address No: 7 Maxwell Road S(069111) which I believed may have captured the whole incident. The distance of the said Polcams to my parked vehicle was around 30-40 meters away. No eye-witness had approached me at scene. There is no note left behind on my vehicle's front windscreen.

At this point of time, an anonymous vehicle had collided to my vehicle's front portion area. I do not know the cost of damage of my vehicle. I am lodging this report for Traffic Police follow-up action.





**SINGAPORE
POLICE FORCE**



T/20190407/2065

3 of 3

Report No. T/20190407/2065

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

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:

G /
SI RASHIDI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/04/2019 14:25

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

The premium on this policy has not been collected.
Accident MT/1042517

Policy No.	5092528889-01	Vehicle No.	BLU2323C	GST Registration No.	
Certificate No.					
Policyholder Name	DAN CHYE GIM (YAN CAIZH)			Policyholder NRIC	S7442762F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Leading	0
Contact No.(Mobile)	96823236	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
EPK	+ No - Yes	TCA	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	02/05/2019 09:57	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	30/04/2019	Time of Accident(hh:mm)	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMOI STREET FOOD CENTRE				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	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	79 LENGKONG DUA	Address 2	SINGAPORE 417734	Address 3	
Address 4		Address Type	Singapore address	Post Code	417734
Unit No.		Related Policy Number	5092528889-01		

Q1 Driver Info

Driver Name	DAN CHYE GIM (YAN CAIZH)	Driver Type	Main Driver	Driver DOB	24/12/1974
Uninsured Driver Name		Driver NRIC	S7442762F	Driving Experience	25
Register Date of Driver License	01/01/1994	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	96823236	Contact No.(Office)		Contact No.(Home)	
Address 1	79 LENGKONG DUA	Address 2	SINGAPORE 417734	Address 3	
Address 4		Address Type	Singapore address	Post Code	417734
Unit No.					
Does he own a Singapore Registered Car?	Yes + No	Driver Vehicle No.	BLU2323C	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	DAN CHYE GIM (YAN CAIZH)	Insured NRIC	S7442762F
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		Vehicle Number	BLU2323C	TP Vehicle Number	UNKNOWN
Claim Description	BLU2323C / UNKNOWN ON 30 Apr 2019			Name of Insured Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Yes	Preferred Workshop Name unknown		Claim Close Date	02/05/2019 10:03
Date Registered				Date Received	02/05/2019 00:00
Report Taken By	ROSLI WANAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1042517	Claim No.	001
Last Doc. Received	R: Yes No	Upload Date	02/05/2019 10:04
Path *		Category *	Confidential
Choose File / No file chosen		Urgency *	Normal
Choose File / No file chosen		Description *	
Choose File / No file chosen			
Choose File / No file chosen			
Choose File / No file chosen			
Choose File / No file chosen			
Choose File / No file chosen			
Message Read			

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (GO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos 2019-5-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos 2019-5-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 10:04	Photos	Normal	Photos 2019-5-2	

ACCIDENT STATEMENT

ACCIDENT DATE: (06/04/2019) (DD/MM/YYYY), TIME: (09:45) (HH:MM)

LOCATION: AMOY STREET FOOD CENTRE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU2323C
 b) INSURANCE COMPANY: NTVG
 c) POLICY NUMBER: 509752889-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 520D
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKING
 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: GAN CHIE GIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7442762F CONTACT: 96823236
 c) ADDRESS: 79 LENGKONG DUA S' 419734

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GAN CHIE GIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7442762F CONTACT: 96823236
 c) ADDRESS: 79 LENGKONG DUA S' 419734

* d) DATE OF BIRTH: (24/12/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01 JUL 2003

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

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: KEM 8712924

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MYKAL0524 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)
 ()

Email = gan.louis@HOTMAIL.COM

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7442762F



Name

GAN CHYE GIM
(YAN CAIJIN)

顏才錦

Race

CHINESE

Date of birth

24-12-1974

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7442762F

GAN CHYE GIM
(YAN CAIJIN)

Birth Date: 24 Dec 1974

Issue Date: 01 Jul 2003



4783940

NRIC No: S7442762F



Date of issue

30-09-2011

Address

79 LENGKONG DUA
SINGAPORE 417734

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms
Class 4 Heavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kilograms

16 Aug 1993

17 May 1996



Licence No: S7442762F

NP 428A

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 : 5097528889-01
The Policyholder : GAN CHYE GIM (YAN CAIJIN)
79 LENGKONG DUA
SINGAPORE 417734

Period of Insurance : 24 Jan 2019 To 23 Jan 2020
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$3,410.06

Interest Insured

Cover Type	: drive PREMIUM	Capacity	: 2000cc
Primary Driver	: GAN CHYE GIM (YAN CAIJIN)	Registration Year	: 2018
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: BMW/520D	NCD Entitlement	: 20%
Registration Number	: SLU2323C	NCD Protection	: No
Chassis Number	: WBAJC32050WB94502		
Repair at Owner's Preferred Workshop	: Yes		
Excess (Section 1)	: S\$2,000		
Excess (Section 2)	: S\$1,500		
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 : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : M7

Agency : PANA HARRISON (ASIA) PTE LTD (00000690533)
Date of Issue : 21 Dec 2018 11:48 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