

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

MAY 19 06 53 43

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/05/2009 14:20 | Job description | Date & Time Completed | Done by |
| Ref No: N819008744 | SAS e-filing | | |
| Veh No: SR 1992T | E-mail (Within 2hrs, AIC 2hrs) | | |
| DOA: 20/05/2009 17:00 | I-Motor Claim Form | 21/05/2009 19:14 | |
| OID: (1) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whar | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SR 730K | 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: () | | |
| 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: | |

| | | |
|--|--|----------------------------|
| Claimant's Signature: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Date: | 1) AL: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100) INC (\$10) 3) TP: Towing Fee \$40/\$45 4) PT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (ver 10 Jan 2003) 6) TR: Re-inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services: DI: *N5: Courtesy Car / Tpt Allowance \$3 *N6: Repairs Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$3 TP (Nil): TP (Non INC) against INC \$20 *N12: Idao Mobile \$0 Invoice dated Invoice dated | Fee Charged 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 | 21/05/2019 14:20 |
| Date Of Accident | 20/05/2019 17:00 |
| Exact Location Of Accident | SECOND LINK EXPRESSWAY(TOLL ROAD)TOWARDS S'PORE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLR1992T |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM KIM WAH (LIN JIN HUA) |
| NRIC No | S8425076G |
| Email Address | KIMWAH.LIM@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-94778214 |
| Alternative Phone No | OTHERS-94778214 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | MAZDA |
| Model | MAZDA3 SEDAN 1.5 AT EU6 |
| 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 | 5101763905 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | LIM KIM WAH (LIN JIN HUA) |
| NRIC No | S8425076G |
| Date Of Birth | 25/08/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/06/2004 |
| Driving Experience | 14 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94778214 |
| Fax Number | |
| Contact Number | OTHERS-94778214 |
| Email Address | KIMWAH.LIM@HOTMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 663A PUNGGOL DRIVE #08-256 |
| Postcode | 821663 |
| 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 | COLLISION - HEAD TO REAR |
| 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) | 2 |
| Passenger 1 | NAME: : PASSENGER 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 | SKR7370K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GAN SHEE WEN |
| NRIC/Passport Number | S7838239B |
| Contact Number | 96356377 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |


SKETCH PLAN


IMPORTANT NOTICE

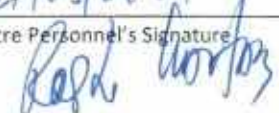
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:


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


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

SKETCH PLAN

Second LNK Expy (Toll Road) to Singapore

Vehicle A: SLR199DT

Vehicle B: SKR737OK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Second LNK Expy (Toll Road) to Singapore on 20/05/19 at about 5:00pm.

Traffic was heavy and slow moving. The vehicles in front stopped so I followed and came to a stop.

Suddenly, Vehicle B came from behind and hit onto me at the rear.

DECLARATION

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

Li Kian Wei

Policyholder's Signature

Date & Time: 21st MAY 2019
12:10 PM

Li Kian Wei

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Li Kian Wei

Li Kian Wei

Claim Handling

Accident NT/1045273

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-----------|
| Policy No. | 5101763905 | Vehicle No. | SLR1992T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LIM KIM WAH (LIN JIN HUA) | | | Policyholder NRIC | S8425076G |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Drive CLASSIC | Leading | 0 |
| Contact No.(Mobile) | 94778214 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | #Code | No * |
| EFK | <input type="checkbox"/> No <input type="checkbox"/> Yes | TCA | <input type="checkbox"/> No <input type="checkbox"/> Yes | #Code Reason | |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 21/05/2019 14:38 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 20/05/2019 | Time of Accident hh:mm | 17:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | SECOND LINK EXPRESSWAY(TOLL ROAD)TOWARDS SPORE | | | | |

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own Damage Excess | 500.00 | 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 | BLK 663A #08-256 | Address 2 | PUNGGOL DRIVE | Address 3 | WATERWAY SUNBEAM |
| Address 4 | SINGAPORE 831663 | Address Type | Singapore address | Post Code | 831663 |
| Unit No. | 08-256 | Related Policy Number | 5101763905 | | |

OI Driver Info

| | | | | | |
|---|--|---------------------|-------------------|------------------------|------------------|
| Driver Name | Lim Kim Wah | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S8425076G | Driver DOB | 25/08/1964 |
| Register Date of Driver License | 14/06/2004 | Driver Age | 34 | Driving Experience | 14 |
| Contact No.(Mobile) | 94778214 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 663A #08-256 | Address 2 | PUNGGOL DRIVE | Address 3 | WATERWAY SUNBEAM |
| Address 4 | SINGAPORE 831663 | Address Type | Singapore address | Post Code | 831663 |
| Unit No. | 08-256 | | | | |
| Does he own a Singapore Registered car? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Driver Vehicle No. | SLR1992T | Driver Insurer Company | NTUC |

| | | | | | |
|-------------------------------------|------|-------------|--|--|--|
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Modification History

Claim 001

New

| | | | | | |
|---------------------|------------------------------------|----------------------------------|---------------------------|----------------------|------------------|
| Claim Type * | OD-MK | Insured Name | LIM KIM WAH (LIN JIN HUA) | Insured NRIC | S8425076G |
| Contact No.(Mobile) | 92099811 | Contact No. (Home) | 63644715 | Contact No. (Office) | |
| Email Address | kimwah.lim@hotmail.com | Vehicle Number | SLR1992T | Vehicle Number | SKR7370K |
| Claim Description | SLR1992T / SKR7370K ON 20 May 2019 | | | | |
| Preferred Workshop | | Insured Liability | Not at Fault | GTA report | Received |
| Contract No. | | Repaired | | | |
| Finalisation | Yes | Preferred Workshop, Name unknown | | | |
| Date Registered | | Claim Date | 21/05/2019 14:43 | Date Received | 21/05/2019 00:00 |
| Report Taken By | ROSLI WANAS | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | NT/1045273 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 21/05/2019 14:44 |
| Path * | | | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Message Read | | Clear | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent (CO) | # |
|------------|--|----------|---------|------------------|---------------|---|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:44 | Photos | Normal | Photos 2019-5-21 | | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:44 | Photos | Normal | Photos 2019-5-21 | | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:44 | Photos | Normal | Photos 2019-5-21 | | |

| | | | | |
|---|--|-----------------------|--------|---------------------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:44 | Photos | Normal | Photos 2019-5-21 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:43 | Photos | Normal | Photos 2019-5-21 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:43 | Photos | Normal | Photos 2019-5-21 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:43 | Photos | Normal | Photos 2019-5-21 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:43 | Photos | Normal | Photos 2019-5-21 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:43 | SAS | Normal | SAS 2019-5-21 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 May 2019 14:43 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-5-21 |

Video List

| Uploaded By/Date | Folder Date | File Name | ? | Source | Action |
|------------------|-------------|-----------------------|--------------------|--------|--------|
| | | Display in new window | Scan and uploading | | |

PERSONAL PARTICULARS

① driver
① passengers

Date of Accident: 20/5/2019

Time of Accident: 5:00 pm (24Hrs)

Vehicle No: SLR1992T

Vehicle Make/Model: Mazda

Exact Location of Accident: Second link Expy (Toll Road) to Singapore

Owner's Name/NRIC: Lim Kim Wah I/C No: S8425076/G

Driver's Name/NRIC: Lim Kim Wah I/C No: S8425076/G

Driver's Contact: 94778214

Insurance Co & Policy No: NTUC 5101763905

Driver's Email Address: hancarrepairs@gmail.com / Kimwah.lim@hotmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details: I/C No: S7828237/B

Driver's Name/IC: Gan Shee Wen

Vehicle No: 3KR 7370 K

Insurance Company: _____

Driver's Contact: 96356377

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8425076G



Name
LIM KIM WAH
(LIN JINHUA)
林 金 华
Race
CHINESE
Date of birth
25-08-1984
Country/Place of birth
SINGAPORE

Sex
M

S8425076G

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8425076G

Name
LIM KIM WAH
(LIN JINHUA)

Net Date 25 Aug 1984
Issue Date 14 Jun 2004



001238064J



NRIC No. S8425076G



Date of issue
03-09-2014

APT BLK 663A PUNGGOL DRIVE #06-250
SINGAPORE 821863

NRIC No: S8425076G

Date: 31/01/2016

3349001

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles ≤ 200 CC
Class 3 Motor cars ≤ 3500 kg with ≤ 7 passengers, exclusive of the driver; and motor tractor/vehicles ≤ 2500 kg

PASS DATE
47 Jun 2007
14 Jun 2004

S8425076G

S / No. 9000058359

NP 428A



License No. S8425076G

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 | : S101763905 | | |
| The Policyholder | : LIM KIM WAH | | |
| | BLK 663A #D8-256 | | |
| | PUNGGOL DRIVE | | |
| | WATERWAY SUNBEAM | | |
| | SINGAPORE 821663 | | |
| Period of Insurance | : 02 Aug 2018 To 01 Aug 2019 | | |
| Sum Insured | : Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss | | |
| Premium (inclusive GST) | : S\$1,471.88 | | |
| Interest Insured | | | |
| Cover Type | : drive CLASSIC | | |
| Primary Driver | : Lim Kim Wah | | |
| Named Driver (1) | : Shiem Shan Shan | | |
| Named Driver (2) | : N/A | | |
| Make/Model | : MAZDA/3 | Capacity | : 1500cc |
| Registration Number | : SLR1992T | Registration Year | : 2017 |
| Chassis Number | : JM6BN22A8H0165669 | Off-peak Car | : No |
| Repair at Owner's Preferred Workshop | : No | Insure with COE | : No |
| Excess (Section 1) | : S\$600 | NCD Entitlement | : 10% |
| Excess (Section 2) | : N/A | NCD Protection | : No |
| Windscreen Excess | : S\$100 | | |
| Additional Excess | : N/A | | |
| Unnamed Driver Excess | : Please refer to Terms and Conditions | | |
| Hire Purchase Company | : UNITED OVERSEAS BANK LIMITED | | |
| Optional Cover | | | |
| Transport Allowance | : No | | |
| Excess Waiver | : No | | |

Memo A : N/A

Endorsement Operative : M3

Agency : EE SHIRLEY (00000517881)
Date of Issue : 10 Jul 2018 16:05 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