NATIONAL Assessment Centre Services. [wef 1 Jan'08] . MNA4190710S6

		Job description	Date & Time Completed	Done by
Date In: 31/05/2019 14:35		SAS e-filling		
Ref No: NBA/INC190096814		E-mail (Mobile 8hrs, AIC 2hrs)		
Veh No: SLU 9977T		I-Motor Claim Form	MM/104/905/001.	31/05/2019 15:19
D.O.A 31/05/2019 00:05		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP: Reporting Only		I-Photo Uploaded		
TP Insurer:		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SJQ 1395X . 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: ( )

Contact Customer Collection	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	Action

NB190401O

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Information Collection		Amount	Audit
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($30)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2008)			
6) TR : Re-inspection	$75		
7) N1 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
*NS: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idao Mobile	30		
Invoice dated	*Fee Charged*		
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 witholding 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	31/05/2019 14:35
Date Of Accident	31/05/2019 00:05
Exact Location Of Accident	PETRONAS FUEL STATION RIGHT A/F MSIA CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9917T
Insured/Policyholder	
Name Of Registered Owner	NG CHIN GUAN (HUANG JINGYUAN)
NRIC No	S9716227A
Email Address	KEN_NBK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-86669917
Alternative Phone No	OTHERS-86669917
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108159034
Cover Note Number	
Driver	
Name of Driver	NG BOON KIAN
NRIC No	S7119427B
Date Of Birth	14/06/1971
Occupation	INDOOR
Date Of Driving Pass	11/05/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86669917
Fax Number	
Contact Number	OTHERS-86669917
EMail Address	KEN_NBK@YAHOO.COM

Address	BLK 890A TAMPINES AVENUE 1 #14-311
Postcode	521890
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 231 LORONG 8 TOA PAYOH , **POSTCODE:** 310231 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2529999 - **FAX NO**: 63554311
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20190531/2037 (TP REVERSE AND HIT INSURED)

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	SJQ1395X
Vehicle Make/Model/Colour	HONDA
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)

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.

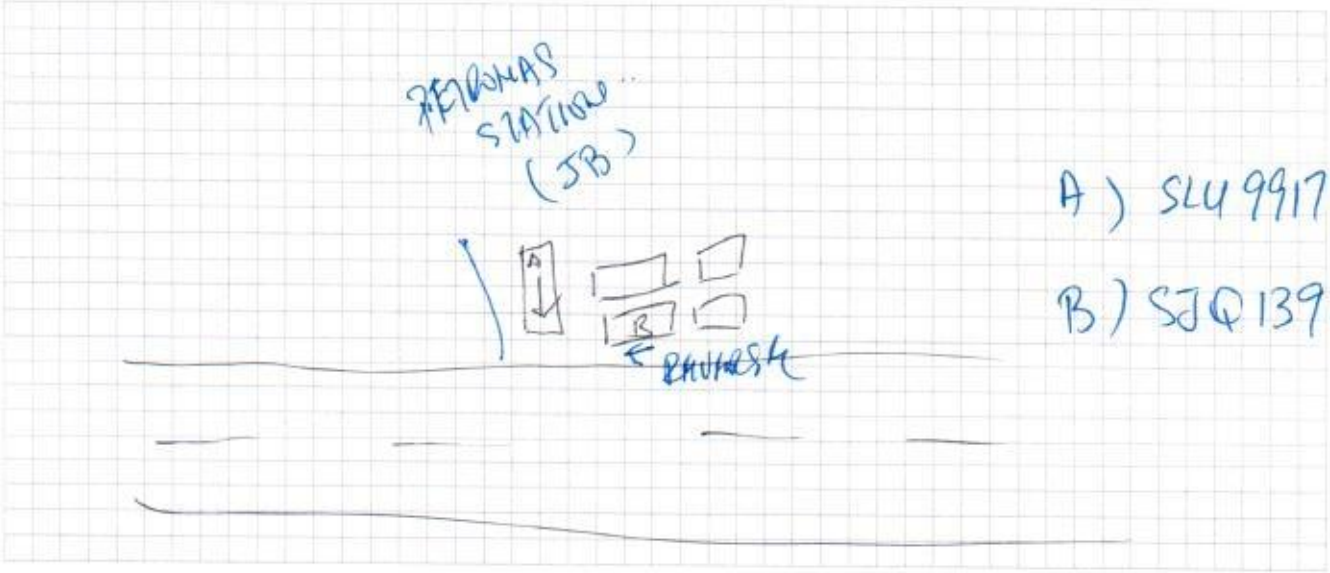
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 31/5/19 1423	Reporting Centre Personnel's Signature 31/05/2019 Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

He reverse.

PLS REFER TO POLICE REPORT
E/20190531/2037

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 31/5/19 1420	Reporting Centre Personnel's Signature 31/05/2019 Name: Rosli Mohdors NRIC/FIN No.:

SINGAPORE POLICE FORCE

E/20190531/2037

POLICE REPORT (NP299)

Report No. E/20190531/2037

Police Station Of Origin
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Date/Time Report Made	Vide Report No.	Station Diary No.
31/05/2019 13:24		5

Name Of Informant NG BOON KIAN	Address APT BLK 890A TAMPINES AVENUE 1 #14-311 SINGAPORE 521890			
ID Type / ID No. NRIC NO / S7119427B	Contact No. Home/Office	Mobile 86669917		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation GRAB DRIVER	Sex Male	Age 47	Date of Birth 14/06/1971	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 31/05/2019 00:00	Location Of Incident At the Petronas fuel station right after Checkpoint MALAYSIA			

Brief details.

On 31/05/2019 at about 0000hrs, I had just finished changing money at the Petronas fuel station at the station right after Woodlands Checkpoint. As I was driving my vehicle (SLU9917T) and about to exit the station, I felt a sudden bump on the passenger seat of my car.

I made a check and discovered that another car (SJQ1395X) had bumped into my car with his rear. Subsequently, I alighted my vehicle and discovered that the passenger side of my car suffered slight

Signature Of Officer Recording The Report: E / Sgt 2 MUHAMMAD NOOR HAIKAL BIN MUHAMMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2019 13:24
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / SSI SUHAILAH BINTE MOHAMED Contact No.: 63910000	Classification Of Case:

Authentication Stamp

scratches. The other party's right rear bumper and spoiler was also damaged. The both of us then agreed to settle the matter with our respective insurance companies and left the scene. No particulars were exchanged. I do have any footage of the incident, however the other party claimed that he has camera footage of the incident. No assault or threat had taken place.

I am lodging this report for insurance claiming purposes.

Signature Of Officer Recording The Report: E / Sgt 2 MUHAMMAD NOOR HAIKAL BIN MUHAMMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2019 13:24
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / SSI SUHAILAH BINTE MOHAMED Contact No.: 63910000	Classification Of Case:

Authentication Stamp

Claim Handling

Accident MT/1047057

Policy No.	S108159034	Vehicle No.	SLU9917T	GST Registration No.	
Certificate No.					
Policyholder Name	NG CHIN GUAN (HUANG JINGYUAN)				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S9716227A
Contact No.(Mobile)	86669917	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No

Accident Details

Report Date	31/05/2019 15:14	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	31/05/2019	Time of Accident hh:mm	00:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PETRONAS FUEL STATION RIGHT A/T MSIA CHECKPOINT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIEO OD Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	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	BLK 890A #14-311	Address 2	TAMPINES AVENUE 1	Address 3	TAMPINES GREENTERRACE
Address 4	SINGAPORE 521890	Address Type	Singapore address	Post Code	521890
Unit No.	14-311	Related Policy Number	S108159034		

OI Driver Info

Driver Name	NG BOON KIAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7119427B	Driver DOB	14/06/1971
Register Date of Driver License	11/05/1992	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	86669917	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLU9917T	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG CHIN GUAN (HUANG JINGYU	Insured NRIC	S9716227A
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SLU9917T	TP Vehicle Number	SJQ1395X
Claim Description	SLU9917T / SJQ1395X ON 31 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Remark No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/05/2019 15:18	Claim Close Date		Date Received	31/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1047057	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/05/2019 15:19

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:19	Photos	Normal	Photos 2019-5-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:19	Photos	Normal	Photos 2019-5-31	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:19	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:18	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:18	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:18	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:18	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:18	SAS	Normal	SAS 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 15:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 05 / 2019) (DD/MM/YYYY), TIME: (00 : 05) (HH:MM)

LOCATION: J.B

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SLU 9917 T
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5108159034
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Vellfire
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: For going J.B
   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: Ng Schin Guan (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9716227A CONTACT: 86669917
   c) ADDRESS: 890A Tampines Ave 1 #14-311 S(521890)

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

* No of passenger (including driver) (1)

3. **DRIVER**
   a) NAME: Ng Boon Kiang (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7119427B CONTACT: 86669917
   c) ADDRESS: 890A Tampines Ave 1 / 14-311 S(521890)
   *d) DATE OF BIRTH: (14 / 06 / 1971) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 11/May/92
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father
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: Kim Keat NPP
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SJQ 1395 X MODEL: Honda
   b) DRIVER'S NAME: ____
   c) NRIC/FIN/PASSPORT: ____ CONTACT: ____

* No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: ____ MODEL: ____
   e) DRIVER'S NAME: ____
   f) NRIC/FIN/PASSPORT: ____ CONTACT: ____

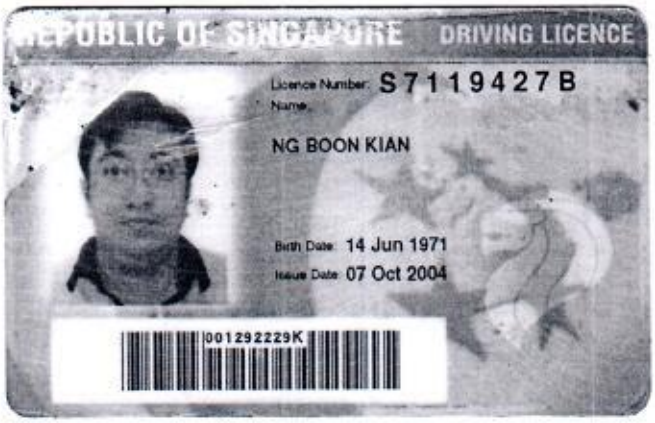
* No of passenger (including driver) (__)

email = ken_NBK@Yahoo.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7119427B

Name
NG BOON KIAN
黄 文 健
Race
CHINESE
Date of Birth
14-06-1971
Sex
M
Country of Birth
SINGAPORE
S7119427B



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7119427B
Name
NG BOON KIAN
Birth Date 14 Jun 1971
Issue Date 07 Oct 2004
001292229K

For LKK/NAC Use Only

A0072088
NRIC No. S7119427B
Blood Group
B+
Date of Issue
23-10-2001
Address
APT BLK 890A TAMPINES AVENUE 1 #14-311
SINGAPORE 521890
NRIC No: S7119427B
Date: 09/01/2015

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

		PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg	11 May 1992

Licence No: S7119427B
NP 426A

income
made different

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	:	5108159034
The Policyholder	:	NG CHIN GUAN (HUANG JINGYUAN) BLK 890A #14-311 TAMPINES AVENUE 1 TAMPINES GREENTERRACE SINGAPORE 521890
Period of Insurance	:	13 Mar 2019 To 12 Mar 2020
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	:	S$2,162.05

Interest Insured

Cover Type	:	drivo CLASSIC			
Primary Driver	:	NG BOON KIAN			
Named Driver (1)	:	CHU YEW CHENG			
Named Driver (2)	:	N/A			
Make/Model	:	TOYOTA/VELLFIRE	Capacity	:	2400cc
Registration Number	:	SLU9917T	Registration Year	:	2010
Chassis Number	:	ANH208148776	Off-peak Car	:	No
Repair at Owner's Preferred Workshop	:	No	Insure with COE	:	Yes
Excess (Section 1)	:	S$2,000	NCD Entitlement	:	0%
Excess (Section 2)	:	S$1,500	NCD Protection	:	No
Windscreen Excess	:	S$100			
Additional Excess	:	N/A			
Unnamed Driver Excess	:	Please refer to Terms and Conditions			
Hire Purchase Company	:	TAI THONG LEE TRADING PTE LTD			

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 : N/A

Agency	:	TAI THONG LEE TRADING PTE LTD (00000612744)
Date of Issue	:	12 Mar 2019 18:12 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