





## 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	04/10/2019 17:31
Date Of Accident	18/09/2019 14:00
Exact Location Of Accident	BT BATOK EAST AVE 6 TOWARDS UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX6979P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	CONTACT@ALORIDE.COM
Mobile Phone No	(LOCAL) +65-93255641
Alternative Phone No	OFFICE-93255641

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085645204-02
Cover Note Number	

### Driver

Name of Driver	LING JEE LOONG
NRIC No	S8466699H
Date Of Birth	02/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93255641
Fax Number	
Contact Number	OTHERS-93255641
Email Address	CONTACT@ALORIDE.COM

Address	BLK 417 BUKIT BATOK WEST AVENUE 4 #11-280
Postcode	650417
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190923/2020

#### 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	SDU6861J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	LING JEE LOONG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FX6979P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

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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

My Toward the East Avenue 3

(A) FX 6979P  
(B) SDU 6861J

My b.f.e. 

Buckit Baitak  
Avenue 6  
East

Ord Tung Pa

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT  
7/20/2023/2020

## 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:

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

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20190923/2020

INAL

1099H

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

1 of 3  
Report No. T/20190923/2020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/09/2019 10:23	Vide Report No.:	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: LING JEE LOONG		Address: APT BLK 417 BUKIT BATOK WEST AVENUE 4 #11-280 SINGAPORE 650417	
ID Type / ID No.: NRIC NO / S8466699H		Contact No.: Home/Office:	Mobile: 93255641
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 35	Date of Birth: 02/09/1984	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2019 14:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK EAST AVENUE 6 UPPER BUKIT TIMAH ROAD ALONG BUKIT BATOK EAST AVENUE 6 TOWARDS UPPER BUKIT TIMAH ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX6979P	Motorcycle				Slightly Damaged	0
IDU6861J	Car				Slightly Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20190923/2020

2 of 3

Report No. T/20190923/2020

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

**CONTINUATION OF REPORT**

**Brief Details.**

On the 18/09/2019 at about 1400hrs, I was riding my motorbike bearing the registration number FX6979P along Bukit Batok East Avenue 6 towards Bukit Batok Street 25. I was on the most-right lane of three lanes and made a u-turn back into Bukit Batok East Avenue 6 towards Upper Bukit Timah Road. Shortly after I made the u-turn, I collided into a white vehicle bearing the registration number SDU6861J that was in front of me. The vehicle had slowed down as it was intending to enter a slip road to the right. I was unable to stop in time and collided into the left side of the vehicle. I sustained injuries of multiple left rib fractures and abrasions on both fore arms. I am unsure of the damages my bike had sustained. I was then sent to Ng Teng Fong general hospital and has a Hospitalisation leave of 18/9/2019 to 4/10/2019. The Traffic Police was also at scene. There is no camera on my bike.





SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999



T/20190923/2020

3 of 3

Report No. T/20190923/2020

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:

J /

Sgt 2 NG CHOR MUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

SN 114

Authentication Stamp

NP166

Signature Of Informant:

Date/Time:

23/09/2019 10:23

Classification Of Case:

## Claim Handling

## Accident MT/1065466

Policy No.	5085645204-02	Vehicle No.	FX6979P	GST Registration No.	
Certificate No.					
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC	201629994W
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93255691	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	04/10/2019 17:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/09/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BT BATOK EAST AVE 6 TOWARDS UPP BUKIT TIMAH RD				

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3	SINGAPORE 159967
Address 4		Address Type	Singapore address	Post Code	159967
Unit No.	04-08	Related Policy Number	5085645204-02		

## DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/08/1984
Unnamed driver Name	LING JEE LOONG	Driver NRIC	S8466699H	Driving Experience	0
Register Date of Driver License	02/08/2019	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	93255691	Contact No.(Office)		Address 3	SINGAPORE 850417
Address 1	BLK 417 # 11-280	Address 2	BUKIT BATOK WEST AVENUE 4	Post Code	850417
Address 4		Address Type	Foreign address		
Unit No.	11-280				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FX6979P	Driver Insurer Company	ATUC

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
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## Modification History

## Claim 001 New

Claim Type *	00-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	201629994W
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	FX6979P	TP Vehicle Number	SDU88613
Claim Description	FX6979P / SDU88613 ON 18 Sept 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	04/10/2019 17:55	Date Received	04/10/2019 00:00
Report Taken By	ROSLI WAHAB				

## Print AK letter

Save Submit

## Attachment

Accident No.	MT/1065466	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	04/10/2019 17:56
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (OO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 17:56	Photos	Normal	Photos 2019-10-4	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 17:56	Photos	Normal	Photos 2019-10-4	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 17:56	Photos	Normal	Photos 2019-10-4	





NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 17:56	Photos	Normal	Photos 2019-10-4
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 17:55	Photos	Normal	Photos 2019-10-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 17:55	Photos	Normal	Photos 2019-10-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 17:55	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-4
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2019 17:55	SAS	Normal	SAS 2019-10-4

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

Pollen Atom 9 Inc chm  
EXMUR

## ACCIDENT STATEMENT

ACCIDENT DATE: 17/02/2019 (DD/MM/YYYY), TIME: 14:00 (HH:MM)

LOCATION: B1 Borneo Fast Avn 6

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Fx 6979 P  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 240pm PHILIPPINE  
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: Bluebird (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: Ling Jee Loong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 98466699H CONTACT: 93255691  
c) ADDRESS: 141 Bukit Batok West Avenue 4  
650419

\* d) DATE OF BIRTH: 02/09/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

### 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: BUKIT BATOK N.P.C

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

email =

VIDEO



## Policy Information

Policy No.	5085645204-02	Policyholder Name	ALORIDE PTE. LTD.	Policyholder NRIC	201629994W
Certificate No.					
Address	31 ALEXANDRA ROAD #05-05 ALESSANDREA SINGAPORE 159967				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/10/2018	Effective Date	02/11/2018 00:00	Expiry Date	01/11/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3	SINGAPORE 159967
Address 4		Address Type	Singapore address	Post Code	159967
Unit No.	04-08	Related Policy Number	5085645204-02		
Insured Object: FX6979P					

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	02/11/2018 00:00	Basic Information Endorsement	000001286935055	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FBB4878Z 02-11-2018 \$442.53 2. FQ6014K 02-11-2018 \$526.61 3. FX4333R 02-11-2018 \$442.53 In view of this amendment, a refund of \$1,411.89 (inclusive of GST) will be adjusted against the outstanding premium.
2	05/11/2018 00:00	Basic Information Endorsement	000001286937513	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 02-11-2018 \$442.53 In view of this amendment, a refund of \$442.53 (inclusive of GST) will be adjusted against the outstanding premium.
3	05/11/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 05-11-2018 \$ In view of this amendment, a refund of \$x (inclusive of GST) will be adjusted against the outstanding premium.
4	05/11/2018 00:00	Basic Information Endorsement	000001286937461	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4472Y 05-11-2018 \$438.89 In view of this amendment, a refund of \$438.89 (inclusive of GST) will be adjusted against the outstanding premium.
5	05/11/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 05 Nov 2018, the following amendment(s) is/are made to this policy:
6	13/11/2018 00:00	Basic Information Endorsement	000001286942318	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FU7937U 19-11-2018 \$421.92 In view of this amendment, an additional premium of \$421.92 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your