

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119131657**

|                               |   |                       |         |
|-------------------------------|---|-----------------------|---------|
| Date In: <b>4/10/19-15:24</b> | Job description                                 | Date & Time Completed | Done by |
| Ref No: <b>NA119131657</b>    | SAS e-filing                                    |                       |         |
| Veh No: <b>5L26235X</b>       | E-mail (within 3hrs, AIC 2hrs)                  |                       |         |
| D.O.A: <b>4/10/19-10:35</b>   | i-Motor Claim Form                              |                       |         |
| OD: <b>TR</b> Reporting Only  | i-Motor W/O (Within: OD 2hrs, TP 4hrs)          |                       |         |
|                               | i-Photo Uploaded                                |                       |         |
| TP Insurer:                   | Assessment/Survey Report                        |                       |         |
|                               | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> |                       |         |

|  |                         |                       |       |
|--|-------------------------|-----------------------|-------|
| Preferred Wksp / INC Assign Wksp / QW: (   |                         | Tel:                  | Fax:  |
| TP Particulars:  | Veh No: <b>5L26235X</b> | 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 ( )  |                         |                       |       |

**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: (INC hotline: 6788 6616)                       | 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 | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |          |
|---------------------------------|---|-------------|----------|----------|
| <b>NA1907524</b>                | <b>Invoice Preparation Checklist</b>            |             | Amf (\$) | Amf (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               |             | In Bill  | Add Bill |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |          |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |          |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |          |          |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |          |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |          |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |          |
|                                 | Q1:   |             |          |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |          |
|                                 | TP (N11): TP (N11 INC) against INC \$20         |             |          |          |
|                                 | 9) N12: Idac Mobile \$0                         |             |          |          |
|                                 | Invoice dated                                   | Fee Charged |          |          |
|                                 | Invoice dated                                   | Fee Charged |          |          |

**Auditors' Comments:**

Ref. 1:

Ref. 2 / 3:

## 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 16:29                |
| Date Of Accident           | 04/10/2019 10:35                |
| Exact Location Of Accident | JUNC AMK AVE 5 & AMK IND PARK 2 |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLZ6235X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LIM THIAM HUAT       |
| NRIC No                     | S0223544G            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-81818366 |
| Alternative Phone No        | OFFICE-81818366      |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | HONDA                  |
| Model  | FREED HYBRID 1.5G AUTO |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                |
| 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 HIRE           |

### Insurance Company

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE           |
| Fleet Policy              | NO                      |
| Policy Number             | PNCV2019-00000296       |
| Cover Note Number         |                         |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM THIAM HUAT        |
| NRIC No              | S0223544G             |
| Date Of Birth        | 02/08/1953            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 28/01/1975            |
| Driving Experience   | 44 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81818366  |
| Fax Number           |                       |
| Contact Number       | OFFICE-81818366       |
| EMail Address        | NOEMAIL               |

|   |                             |
|---|-----------------------------|
| Address   | 29 ROSEWOOD DRIVE<br>#09-24 |
| Postcode  | 737921                      |
| 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?   | 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)   | 2  |
| Passenger 1   | NAME: : MARY MANIMUTHU<br>GENDER: : FEMALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY                   |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191004/7010.

#### 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 | SKS5586M    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              | 93696039    |

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)  
Passenger 1

3  
NAME: :  
GENDER: :

Passenger 2

NAME: :  
GENDER: :

#### DETAILS OF INJURED PERSON 1

Name LIM THIAM HUAT  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLZ6235X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MARY MANIMUTHU  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLZ6235X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

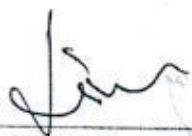
## SKETCH PLAN


### 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.:

AMK IND PK 2

Vehicle A: SLZ6235X


Vehicle B: SKS5506M

AMK AVE 5

Refer to Police Report.


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

I/We declare the foregoing particulars to be true and correct.



Policyholder's Signature

are true in every respect.



Driver's Signature

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 10 / 2019 (DD/MM/YYYY), TIME: 10 : 35 (HH:MM)

LOCATION: Junction of Ang mo kio Ave 5 X Ang mo kio Ind park 2.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ6235X  
 b) INSURANCE COMPANY: FWD  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Freed  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 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: Lim Thiam Huat (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S02235446 CONTACT: 8181 8366  
 c) ADDRESS: 29 Rosewood Drive #09-24 C (737921)

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

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

No of passengers  
 (including driver)  
(02)

female passenger

- d) DATE OF BIRTH: 02 / 08 / 1953 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8KS5586M MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9369 6039

No of passenger  
 (including driver)

male driver  
 1 female, 2 passengers.  
 1 male, 1 female

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
 (including driver)

( )

email =

fax =



# SINGAPORE POLICE FORCE



T/20191004/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191004/7010

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |   |                            |  |
|--|------------|--|---|----------------------------|--|
| Date/Time Report Made:<br>04/10/2019 12:13 |            | Vide Report No.:<br>F/20191004/0057    |   | Station Diary No.:         |  |
| <b>Informant's Particulars</b>             |            |  |   |                            |  |
| Name of Informant:<br>LIM THIAM HUAT       |            |  | Address:<br>29 ROSEWOOD DRIVE #09-24 SINGAPORE 737921 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S0223544G   |            |  | Contact No.:<br>Home/Office: Mobile: 81818366         |                            |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |  | Email:<br>donlims@yahoo.com.sg                        |                            |  |
| Sex:<br>Male                               | Age:<br>66 | Date of Birth:<br>02/08/1953           | Type of Informant:<br>Driver                          |                            |  |
| Race:<br>Chinese                           |            | Language:<br>English                   |   | Institution / School Name: |  |
| Occupation:<br>GRAB DRIVER                 |            | Driving Licence Information:<br>Class: |   | Date of Expiry:            |  |

|  |                           |   |  |                                      |
|--|---------------------------|---|--|--------------------------------------|
| <b>General Information of the Accident</b>                   |                           |   |  |                                      |
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                          | Date/Time of Accident:<br>04/10/2019 10:35 | Type of Location:<br>T-Junction      |
| Location:<br><br>ANG MO KIO INDUSTRIAL PARK 2                |                           |   |  |                                      |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry                        |  | Road Speed Limit:                    |
| Traffic Flow:<br>One Way                                     |                           | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate          |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                           |   |  | Anyone conveyed by ambulance:<br>Yes |

| Details of Vehicle Involved |      |         |                        |       |                   |                 |
|-----------------------------|------|---------|------------------------|-------|-------------------|-----------------|
| Vehicle No.                 | Type | Make    | Model                  | Color | Condition         | No of Passenger |
| SKS5586M                    | Car  | CITROEN |                        |       | Seriously Damaged | 2               |
| SLZ6235X                    | Car  | HONDA   | FREED HYBRID 1.5G AUTO | Grey  | Seriously Damaged | 1               |

| Details of Vehicle Insurance |                        |                   |            |             |
|------------------------------|------------------------|-------------------|------------|-------------|
| Vehicle No.                  | Insurance Company      | Insurance No      | Effective  | Expiry Date |
| SLZ6235X                     | FWD Singapore Pte. Ltd | PNCV2019-00000296 | 11/05/2019 | 10/05/2020  |



**SINGAPORE  
POLICE FORCE**



T/20191004/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20191004/7010

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                |  |                                   |
|-----------------------------------|----------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                |  |                                   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                   |
| <b>Passenger</b>                  |                |  |                                   |
| Name                              | MARY MANIMUTHU | ID No.                                 | S1632937A                         |
| Related Vehicle                   | SLZ6235X (Car) | Contact No.                            | 97281000                          |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | Serious                           |
| <b>Driver</b>                     |                |  |                                   |
| Name                              | LIM THIAM HUAT | ID No.                                 | S0223544G                         |
| Related Vehicle                   | SLZ6235X (Car) | Contact No.                            | 81818366                          |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 04/10/2019     | Date Discharge                         | 04/10/2019                        |
| No. of Days granted Medical Leave | 05             | Degree of Injury                       | Serious                           |

**Brief Details.**

ON 04/10/2019 AT ABOUT 10:35HR, I WAS DRIVING MY VEHICLE - SLZ6235X, WITH A FEMALE PASSENGER IN MY VEHICLE ALONG ANG MO KIO AVENUE 5. AT THE JUNCTION OF ANG MO KIO INDUSTRIAL PARK 2, FRONT VEHICLE STOPPED AND I FOLLOWED SUIT. AS I WAS STATIONARY FOR ABOUT 3 SECONDS, VEHICLE NUMBER - SKS5586M, SUDDENLY COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, MY PASSENGER WAS THEN CONVEYED TO THE HOSPITAL & I SEEK MEDICAL ATTENTION AT INTEMEDICAL 24HR CLINIC & WAS GIVEN 5 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20191004/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191004/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
PHUA TIAK YEE  
Contact No.: 65472077

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
04/10/2019 12:13

Classification Of Case:



a6a26bb1-2d1a-4...



FWD

## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2019-00000296

Car plate number : SLZ6235X

Coverage start date: 11/05/2019

Coverage end date: 10/05/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

**About you (the Policyholder)**

Name: Lim Thiam Huat

NRIC/FIN: S0223544G

Address: 29 Rosewood Drive 09-24 Casablanca Singapore 737921

Email: DONLIMS@YAHOO.COM.SG

Mobile Number: 81818366

Date of Birth: 02/08/1953

Gender: Male

Marital status: Married

Certificate of Merit: No

Current no claims discount: 0%

Years of driving experience: Three or more

**About your car and policy**

Car make and model: HONDA FREED 1.5

Year of first registration: 2018

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$2,969.1

Finance company: Index Credit Pte Ltd