

NATIONAL Assessment Centre Services.

(ver 1 Jan 200)

MAA 420003544

Date In: 08/01/2020 16:25	Job description	Date & Time Completed	Done by
Ref No: N/A / MAA 420003544	SAS e-illing		
Veh No: SMA 1492c	E-mail (Vehicle Size, AIC 2hrs)		
D.O.A: 08/01/2020 12:00	I-Motor Claim Form	M/L 10/19/03-001	08/01/2020 16:52
OD: TP / 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: PHON 87181	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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Repair Instructions:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Repair:	Location:

NA 2000187	Invoice / Estimate / Receipt	Amount (\$)	Ref: ()
Driver/Owner:	1) AIT: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)		
Damage Portion:	3) TP: Towing Fee \$40/45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 200)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$3		
	*N6: Repairs Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect License Coordination \$3		
	*N9: DV / Collect License Coordination \$30		
	TP (NI): TP (Non INC) against INC \$0		
	5) NI: Idea Mobile		
	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 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	08/01/2020 16:25
Date Of Accident	08/01/2020 12:00
Exact Location Of Accident	46 EAST COAST RD 'EAST GATE' PICKUP/DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4492C
Insured/Policyholder	
Name Of Registered Owner	WEE CHWEE YENG
NRIC No	SXXXX451H
Email Address	COFEETALK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-88134818
Alternative Phone No	OTHERS-88134818

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5109908540
Cover Note Number	

Driver

Name of Driver	WEE CHWEE YENG
NRIC No	SXXXX451H
Date Of Birth	29/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88134818
Fax Number	
Contact Number	OTHERS-88134818
Email Address	COFEETALK@YAHOO.COM

Address	BLK 47 TELOK BLANGAH DRIVE #02-103
Postcode	100047
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200108/2107

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

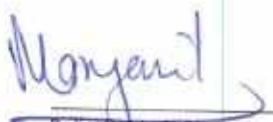
IMPORTANT NOTICE

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:
8/1/2020
4.30 pm

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20200108/2107

DECLARATION

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

Maryam
Policyholder's Signature
Date & Time:
8/1/2020
4:30pm

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

08/01/2020
Peri. Watar
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (08/01/2020) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: 46, East Coast Road, EAST GATE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SM A 4492 C
 b) INSURANCE COMPANY: NTU C
 c) POLICY NUMBER: S109708540
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: COMPREHENSIVE - Honda/FIT
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Pls use - WORKING
 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: WEE CHENG YENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S141045114 CONTACT: 8813 4518
 c) ADDRESS: Blk 47 #02-103 Telok Blangah Dr.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 29/12/1960 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 10/6/1980

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: Telok Blangah NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PEDESTRIAN 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)
 ()

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

email =

VIDEO Police look



SINGAPORE POLICE FORCE



T/20200108/2107

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No: T/20200108/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2020 15:39		Vide Report No.: G/20200108/0104		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: WEE CHWEE YENG			Address: APT BLK 47 TELOK BLANGAH DRIVE #02-103 SINGAPORE 100047		
ID Type / ID No.: NRIC NO / S1410451H			Contact No.: Home/Office: Mobile: 88134818		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 59	Date of Birth: 29/12/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 08/01/2020 12:00	Type of Location: Pickup/ Drop off point
Location: Along Road 1 EAST COAST ROAD				
46 East Coast Road, 'East Gate', Pickup/ Drop off area				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA4492C	Car	HONDA	FIT 1.3 GF CVT	White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA4492C	NTUC Income Insurance Co-Operative Limited	5109908540	08/06/2019	07/06/2020



Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Available	
Driver			
Name	WEE CHWEE YENG	ID No.	S1410451H
Related Vehicle	SMA4492C (Car)	Contact No.	88134818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/01/2020 at about 1200hrs, I was driving my car to sent deliveries at Brooke Road and I want to pass by 46 East Coast Road, 'EastGate', to turn into Brooke Road. I was turning into the pickup/drop off point of 'EastGate'. I went over the small hump before the pickup/ drop off point when a guy in a distance in front of my vehicle was signaling and gesturing me to stopped my vehicle. I immediately stopped and came out of my vehicle. I heard a little girl which was about 3 years old, was crying in the arms of her father. I immediately went over to see if the little girl was alright and that I called for the ambulance and police on the spot without delay. I saw some bruises on the little girl's left stomach area and there were no bleeding from anywhere.

The ambulance came and conveyed her to KKH. I wish to state that I did not felt any impact or heard any knocking sound while I approaching the pick up/ drop off point. I wish to add that before the accident, I did notice that the little girl and her family were at the waiting area pavement on the right side, walking inwards towards the building entrance. My vehicle had installed camera facing the front and the In-Charge case had taken the memory card for investigation. I did not know how it happen or where exactly did my vehicle had hit onto the little girl. I make a check on my vehicle thoroughly and there were no damages at all hence I do not know where could the impact of the accident be at. That is all



**SINGAPORE
POLICE FORCE**



T/20200108/2107

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20200108/2107

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:
D/
Sgt 2 TAN HWA TIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/01/2020 15:39

Classification Of Case:



Singapore Police Force

Claim Handling

Accident MY/1879303

Edit

Policy No.	SL09900540	Vehicle No.	0H44493C	GST Registration No.	
Certificate No.					
Policyholder Name	WEE CHWEI YENG	Cover Type	Drive CLASSIC	Policyholder NRIC	S1410431H
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		License	E
Contact No. (Mobile)	98134818	Special Remarks		Contact No. (Home)	
Email Address		TCA	- No Yes	eCode	No
NRIC	- No Yes	NCD Endorsement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	08/01/2020 16:46	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	08/01/2020	Time of Accident (h:m:s)	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	46 EAST COAST RD 3RD GATE HIGHWAY/DROP OFF POINT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	120.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YTD OD Excess	0.00	YTD TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 47 #02-103	Address 2	TELOH BLANSAH DRIVE	Address 3	SINGAPORE 100047
Address 4		Address Type	Singapore address	Post Code	100047
Unit No.		Related Policy Number	SL09900540		

GT Driver Info

Driver Name	WEE CHWEI YENG	Driver Type	Main Driver	Driver DOB	23/11/1960
Unnamed driver Name		Driver NRIC	S1410431H	Driving Experience	20
Register Date of Driver License	01/01/2000	Driver Age	59	Contact No. (Home)	
Contact No. (Mobile)	98134818	Contact No. (Office)		Address 1	BLK 47 #02-103
Address 1	BLK 47 #02-103	Address 2	TELOH BLANSAH DRIVE	Address 3	SINGAPORE 100047
Address 4		Address Type	Singapore address	Post Code	100047
Unit No.		Driver Vehicle No.	0H44493C	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				
Declaration					
Accident or Road Test Accident?	Other	Any injury?	Yes - No		

Modification History

Claim 001 New

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop

Solely No. Pin

Date Registered

Report Taken By

Print AX Letter

OD-NO	Insured Name	WEE CHWEI YENG	Insured NRIC	S1410431H
98134818	Contact No. (Home)	92742042	Contact No. (Office)	
01	Vehicle Number	0H44493C	TP	PEDESTRIAN
0H44493C / PEDESTRIAN ON 8 Jan 2020	Name of Preferred Workshop			
08/01/2020 16:53	Claim Close Date		Claim Received	08/01/2020 00:00
ROSLI WAHAB				

Save Submit

Attachment

Accident No.

Last Doc. Received

Claim No.

Upload Date

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Reassign Asset

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Destination	Msg Sent (CD)	Action
		Photos	Normal	Photos 2020-1-8		Edit
		Photos	Normal	Photos 2020-1-8		Edit
		Photos	Normal	Photos 2020-1-8		Edit

	Photo	Status	Photos	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	Photos	Normal	Photos 2020-1-6	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	Photos	Normal	Photos 2020-1-6	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	Photos	Normal	Photos 2020-1-6	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	Photos	Normal	Photos 2020-1-6	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	Photos	Normal	Photos 2020-1-6	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	Photos	Normal	Photos 2020-1-6	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	Photos	Normal	Photos 2020-1-6	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	NRIC/ Driving Licence	Y	NRIC/ Driving Licence 2020-1-6	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 16:52	SAS	Normal	SAS 2020-1-6	Edit

Video List

Uploaded By/Date	Folder Desc	File Name	Source	Action
		Display in New Window	Scan and uploads	

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 : 5109908540
The Policyholder : WEE CHWEE YENG
BLK 47 #02-103
TELOK BLANGAH DRIVE
SINGAPORE 100047

Period of Insurance : 08 Jun 2019 To 07 Jun 2020
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$721.67

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 1300cc
Primary Driver	: WEE CHWEE YENG	Registration Year	: 2018
Named Driver (1)	: CHUA WEI LUN	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: HONDA/FIT	NCD Entitlement	: 50%
Registration Number	: SMA4492C	NCD Protection	: Yes(Free)
Chassis Number	: GK31316590	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: GENIE FINANCIAL SERVICES PTE LTD		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : Vehicle Model : FIT 1.3 GF CVT
Engine Capacity : 1317 cc

Endorsement Operative : M4

Agency : TELESALES-DIRECT MARKETING (00000601661)
Date of Issue : 28 May 2019 10:24 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