

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 28/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NA/CT/20001511/T1			
Veh No: SKF7475E	E-mail (within 8hrs, AIC 2hrs):		
D.O.A: 25/1/20	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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:	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (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

NA20001735	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) iT : 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 -		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	28/01/2020 19:40
Date Of Accident	25/01/2020 13:05
Exact Location Of Accident	PIE TOWARDS TUAS (BTW PAYA LEBAR X ALJUNIED RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF7475E
Insured/Policyholder	
Name Of Registered Owner	ANG CHOW HWEE
NRIC No	SXXXX279J
Email Address	CHOWHWEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91829099
Alternative Phone No	OFFICE-91829099

Vehicle Particulars

Manufacturer	BMW
Model	328I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3063211903
Cover Note Number	

Driver

Name of Driver	ANG CHOW HWEE
NRIC No	SXXXX279J
Date Of Birth	13/09/1979
Occupation	INDOOR
Date Of Driving Pass	23/05/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91829099
Fax Number	
Contact Number	OFFICE-91829099
Email Address	CHOWHWEE@GMAIL.COM

Address	17A CHAPEL CLOSE
Postcode	429572
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	CHAIN COLLISION
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	4
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.	YES
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : ANG QI WU GENDER: : MALE
Passenger 2	NAME: : TAN YI QING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT AND ADDENDUM REPORT.

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	SMM8597U
Vehicle Make/Model/Colour	HYUNDAI AVANTE
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) 4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJW4734A

Vehicle Make/Model/Colour HYUNDAI AVANTE

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) 2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKU9921S

Vehicle Make/Model/Colour TOYOTA ALTIS

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) 5

SKETCH PLAN

IMPORTANT NOTICE

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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

28/01/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN

As per attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

Policyholder's Signature

Date & Time:

28/1/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



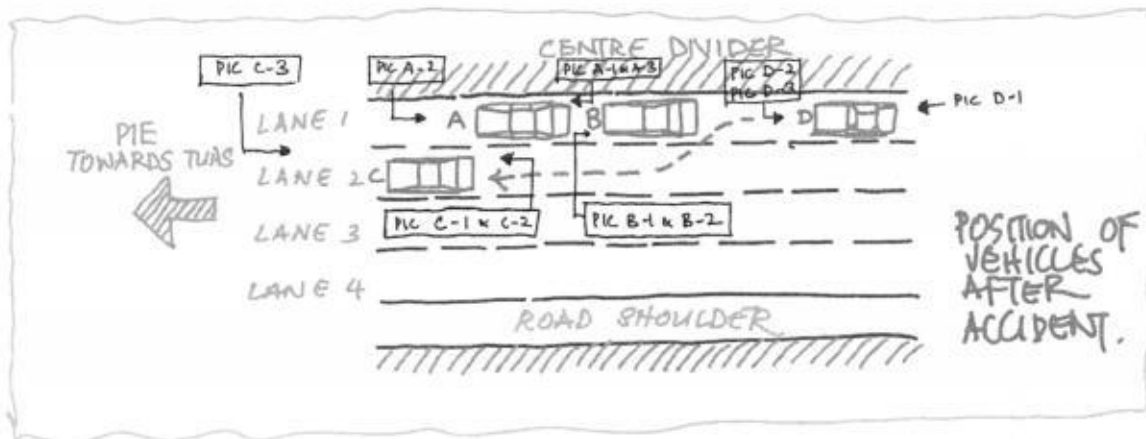
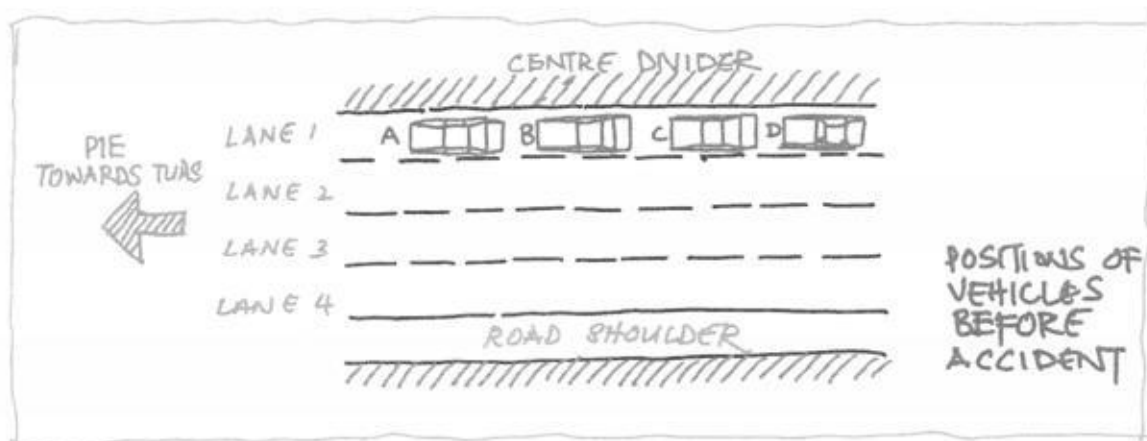
Date of accident: 25 Jan 2020
Time of accident: approx. 1305hrs

Vehicles involved:

1. Car A: Toyota Altis: SKU 9921S
2. Car B: BMW 328i: SKF 7475E
3. Car C: Hyundai Avante: SMM8597U
4. Car D: Hyundai Avante: SJW4734A

Description of Incident:

It was a clear weather with no rain. I was driving Car B along PIE towards Tuas when the vehicle in front (Car A) suddenly stopped and halted. I applied my brakes immediately and felt impact on the car.
When I stepped out of the vehicle, I realized that the accident involved several cars.





PICTURE D-1:
REAR OF CAR D



PICTURE A-1:
REAR OF CAR A



PICTURE A-3:
REAR OF CAR A



PICTURE B-1:
FRONT OF CAR B



PICTURE D-2:
FRONT OF CAR D



PICTURE A-2:
FRONT OF CAR A



PICTURE B-2:
FRONT OF CAR B & CAR D



PICTURE D-3:
FRONT OF CAR D



PICTURE C-1:
REAR OF CAR C



PICTURE C-2:
REAR OF CAR C



PICTURE C-3:
FRONT OF CAR C

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120012527 Vehicle Registration No: SKF 7475 E
Name (as shown in NRIC) : ANG CHOW HWEE NRIC/FIN/Passport No : S7928249J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 17A CHAPEL CLOSE Singapore(429572)
Contact (Tel) : 91829099 Mobile No. : 91829099
Email Address : chowhwee@gmail.com
Date of Accident : 25 JAN 2020 Time of Accident : 1305 HRS
Place of Accident : PIE TWDS TUAS NEAR PAYA LEBAR
Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UNKNOWN ~~AS~~ PERSON ~~AS~~ INVOLVED: CHRIS ENG MOBILE: 8613 5888 8613 5999 SK AUTOMOBILE PTE LTD 23 KAKI BUKIT AVE 4 #03-01 S 415 933

IMMEDIATELY AFTER THE ACCIDENT, THE DRIVERS INVOLVED IN THE ACCIDENT WERE APPROACHED BY UNKNOWN ^{PERSON} UNRELATED TO THE ACCIDENT SOLICITING / OFFERING HELP ON:

- ① RE-CONSTRUCTING THE SEQUENCE OF THE ACCIDENT IN VIEW OF ESTABLISHING FAULT.
- ② OFFERING ACCIDENT CLAIMS ASSISTANCE.
- ③ OFFERING CAR REPAIR AND REPLACEMENT CAR DURING THE COURSE OF REPAIR.

Policyholder / Driver's Signature
Date: 31/01/20

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

- ④ ASSURANCE THAT ALL CLAIMS PROCEDURE WILL BE HASSLE FREE FOR THE DRIVERS INVOLVED.
- ⑤ SUBSEQUENTLY BOTH CAR A & B DRIVERS WERE NUDGED TO TAKE UP THE OFFER AND FOLLOW ~~THE~~ THE UNKNOWN PERSON TO THE WORKSHOP AND ASSOCIATE TO THE UNKNOWN PERSON ~~AS~~ BOARDED

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 01 / 2020 (DD/MM/YYYY), TIME: 13:05 (HH:MM)

LOCATION: PIE TOWARDS TUAS (BETWEEN PAYA LEBAR & ALJUNIED RD.

CAR B.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF 7475 E
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPCSN3063211903
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 328i
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: ANG CHOW HWEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7928279T CONTACT: 91829099
 c) ADDRESS: 17A CHAPEL CLOSE S 429372

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 13 / 09 / 1979 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 23

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: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: CARC SMM 85974 MODEL: HYUNDAI AVANTE

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: CARD SJW 4734A MODEL: HYUNDAI AVANTE

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

CAR A.

SKU 99218.

(5) Toyota Altis

email: chowhwee@gmail.com

fax: —

video: —

* No of passenger
(Including driver)
(3)

* No of passenger
(Including driver)
(4)

* No of passenger
(Including driver)
(2)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	28/01/2020 19:40
Date Of Accident	25/01/2020 13:05
Exact Location Of Accident	PIE TOWARDS TUAS (BTW PAYA LEBAR X ALJUNIED RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF7475E
Insured/Policyholder	
Name Of Registered Owner	ANG CHOON HWEE
NRIC No	SXXXX279J
Email Address	CHOWHWEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91829099
Alternative Phone No	OFFICE-91829099

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3063211903
Cover Note Number	

Driver

Name of Driver	ANG CHOON HWEE
NRIC No	SXXXX279J
Date Of Birth	13/09/1979
Occupation	INDOOR
Date Of Driving Pass	23/05/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91829099
Fax Number	
Contact Number	OFFICE-91829099
Email Address	CHOWHWEE@GMAIL.COM

Address	17A CHAPEL CLOSE
Postcode	429572
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	CHAIN COLLISION
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	4
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

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	SMM8597U
Vehicle Make/Model/Colour	HYUNDAI AVANTE
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) 4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJW4734A

Vehicle Make/Model/Colour HYUNDAI AVANTE

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) 2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKU9921S

Vehicle Make/Model/Colour TOYOTA ALTIS

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) 5

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7928279J



Name

ANG CHOW HWE
(HONG CHAOHUI)

洪朝輝

Race

CHINESE

Date of birth

13-09-1979

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7928279J

Name

ANG CHOW HWE
(HONG CHAOHUI)

Birth Date 13 Sep 1979

Issue Date 29 Apr 2003

000439411H



4463592

HRIC No. S7928279J



Date of issue

17-09-2009

17A CHAPEL CLOSE
SINGAPORE 429572

HRIC No. S7928279J

Date: 25/05/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

ISSUE DATE 29 May 1998

NP 428A

Licence No. S7928279J



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Tel: 6389 6111 Fax: 6222 1033

Website: www.sg.cntaiping.com

Co. Reg. No. 200209384F

ORIGINAL

THE SCHEDULE

Agency	AN0580A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN3063211903
Account	AN0580A	Issued on	19/06/2019 in SINGAPORE	Replacing Policy no.	DMPCSN3063211802
Client	3194108	Acceptance Date	19/06/2019		

Period of Insurance from 29/06/2019 to 28/06/2020, both dates inclusive

Insured's Name	ANG CHOW HWEE
Address	17A CHAPEL CLOSE SINGAPORE 429572

Business/Occupn... ARCHITECT

Premium	Base Annual Premium	S\$2,117.00	
	Less 15% Loyalty Discount	S\$317.55-	
	Less 20% Autosafe Scheme	S\$359.89-	
	No Claim Discount 30.00%	S\$431.87-	
	Promotion Discount	S\$200.00-	
	Total Annual Premium	S\$807.69	Premium Due S\$807.69
			Premium GST S\$56.54
			Total Due S\$864.23

* WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE *
* IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. *

Risk No. 001	MOTOR PRIVATE CAR		
	ORIGINAL REGISTRATION DATE: 29-06-2012		
1. Registration	SKF7475E	Make/Model	BMW 328I (A)
Type of Cover	Comprehensive	No. of seats	5
Engine No.	A4770186N20H20A	Capacity cc's	1997
Chassis No.	WBA3A56060NP02466		
		Body Type	SALOON
		Yr of Manuf/Regn	2012/2012
		Certificate Ref.	MX1E
Sum Insured..Market value at the time of loss			
Named Drivers Ex Sect. I		S\$750.00	
Additional Ex Other than Named Drivers:			
Ex Sect. I - Age <= 25		S\$3,000.00	
Ex Sect. I - Age >= 26		S\$500.00	
* Age as at date of accident			
EX ON WINDSCREEN		S\$100.00	
Named Drivers THE INSURED			

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Continued on page 2