

NATIONAL Assessment Centre Services.

(not a Jax005)

MA42001250

Date In: 28/1/2020 21:10	Job description	Date & Time Completed	Done by
Ref No: N/A/AC20001540/Y	SAS e-filing		
Veh No: SJH 4757M	E-mail (Update this, AIC this)		
DOA: 26/01/2020 15:00	I-Motor Claims Form	MD181895-001	28/01/2020 21:25
OD: TP Reporting Only	I-Motor W/O (With/OD this, TP this)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WR32		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SCX 279R

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 ()

() 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: (

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

2) QC Check / Post Repair Inspection ()

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

Injury: (

MA2001074

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref. 1:

Item	Description	Amount	Remarks
1)	Alt: Accident Reporting (\$30)		
2)	DA: Damage Assessment (\$100)	INC (\$10)	
3)	TP: Towing Fee	\$40/\$45	
4)	PT: Follow-Through Survey	\$120	
5)	PT: Follow-Through Survey (Resurvey)	\$30	
6)	TR: Re-inspection	\$75	
7)	NI: ID&DA + SMRT Survey	\$160	
8)	NTUC Additional Services:		
9)	NI: Courtesy Car / Tpl Allowance	\$3	
10)	NI: Repair Coordination	\$10	
11)	NI: Post Repair Inspection	\$25	
12)	NI: DV / Collect Excess Coordination	\$3	
13)	TE (NI) / TP (NI) / INC: Against INC	\$20	
14)	NI: ID & Mobile	\$0	
15)	Invoice dated		
16)	Invoice dated		

Fee Charged
Fee Charged

MA2001074

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 21:10
Date Of Accident	26/01/2020 15:00
Exact Location Of Accident	BLK 521 JELAPANG ROAD MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH4757M
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HAIZAT BIN SA'OD HAMID
NRIC No	SXXXX661E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90025857
Alternative Phone No	OTHERS-92288446
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111739868
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ABDUL RAHMAN BIN ABDUL RAHIM
NRIC No	SXXXX597I
Date Of Birth	19/05/1986
Occupation	INDOOR
Date Of Driving Pass	26/05/2011
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90025857
Fax Number	
Contact Number	OTHERS-92288446
Email Address	NOEMAIL

Address	BLK 561 CHOA CHU KANG NORTH 6 #02-86
Postcode	680561
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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 SKETCH PLAN

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	SKX2719R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TING YEH
NRIC/Passport Number	
Contact Number	98204759
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BIK 52. Japonski multi storny odpad

A: STH 4757m

B: SKX 2719 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE SJH 4757M WAS PARKED AT BLK 521 JELAPANG ROAD
MULTI STOREY CAR PARK AROUND 12 PM.

WENT TO PICK UP THE VEHICLE AROUND 1600 HRS AND NOTICED FRONT SECTION OF THE CAR DAMAGED.

I NOTICED A NOTE ON THE FRONT W/SCREEN, STATING THAT SOMEONE
ATT ON TO STATIONARY CAR.

I CALLED THE NUMBER 98204759, AND THE PERSON BY THE NAME MR TING YEH ADMITTED THAT HE HIT ONTO PARKED VEHICLE SJH 4757M. HE ADVISED ME TO SUBMIT THE CLAIM TO HIS INSURER, AIG.

I AM NOT SURE HOW HE COLLIDED ONTO MY STATIONARY VEHICLE

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: Red
NRIC/FIN No.:

NRIC/FIN No.:

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:		Time:	
Date of Accident:	26/01/2020	Time:	1500
Exact Location of Accident:	BLK 521 JELAPANG RD M/STOREY C/PARK.		
DETAILS OF OWN VEHICLE			
Vehicles Registration Number:	STH 4757M	Contact No.:	9002 5857
Name of Registered Owner:	MUTAMAD HAIZAT BIN SA'OD HAMID		
NRIC/Passport No./FIN:	S8936661 E	Co. Reg. No. (for Co. Vehicle only):	NA
Owner Address:	BLK 104D CANBERRA ST #13-549 S (754104)		
Owner Email Address:	NO EMAIL		

Vehicle Particulars

Manufacturer:	Toyota <input checked="" type="checkbox"/> Lexus <input type="checkbox"/> BMW <input type="checkbox"/> Merc <input type="checkbox"/>	Model:	TOYOTA AXIO
Exact purpose for which vehicle was being used at the time of accident Normal Usage <input type="checkbox"/> Others <input checked="" type="checkbox"/> (Please state) PARK STATUARY.			
Are you claiming your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No. Reporting Only <input type="checkbox"/> No. Third Party <input type="checkbox"/>			
Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Private Hire <input type="checkbox"/> Others <input type="checkbox"/>			

Insurance Company

Name of Insurance Company:	
Type of Coverage:	Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>
Fleet Policy:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy/Cover Note Number:	
Driver	
Name of Driver:	ABDUL RAHMAN BIN ABDUL RAHIM
Date of Birth:	13/05/1986
Date of Driving Pass:	26/05/2011
Mobile Phone No:	9228 8446
Fax No:	NA
Alternative Phone No:	NA
Address:	P/561 CHUA CHU KANG NORTH B #02-86 (Postal Code: 680561)
Email Address:	NO EMAIL
No. of Passenger (Including Driver):	0
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
State relationship of driver with the insured:	FRIEND
Vehicle Registration Number of Driver's Own Vehicle (if applicable):	FBN 6800 X
Insurance Company of Driver's Own Vehicle (if applicable):	NTUC

Other Information of the Accident

Type of Accident:	HIT AND RUN (HIT ON TO PARKED VEHICLE)
Weather Conditions:	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (Please state condition):
Road Surface:	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (Please state condition):
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Was any other vehicle or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Are accident photos available for attachment?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Audio <input type="checkbox"/>
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which police station?:
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?:

DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicle Registration No:	SKX 2719 R	Vehicle Make/Model/Colour:	
Foreign vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Vehicle Category:	Private Car <input type="checkbox"/> Commercial <input type="checkbox"/> Others <input type="checkbox"/>
Details of Property Damaged in Accident:			
Name of Driver:	TING YEH	NRIC/Passport Number:	
Contact Number:	9820 4759	(Postal Code:)	
Address:			
Insurance Company Name:	No. of Passenger (Including Driver):		

Details of Witness - Name:

Details of Witness - Contact Number:	Details of Witness - Email Address:
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DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)

Name:	Approximate Age:
Address:	(Postal Code:)
Injuries Sustained:	Injured person in which vehicle:
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to the hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>

*If no proper documents are produced, Hin Lung Workshop will not file the report. Information will be discarded after one week.

Claim Handling

Accident MT/1081895

Policy No.	5111739868	Vehicle No.	SJH4757M	GST Registration No.
Certificate No.				
Policyholder Name	M HAZAT B SA'OD HAMID			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90025857	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
▼ Accident Details				
Report Date	28/01/2020 21:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/01/2020	Time of Accident hh:mm	15:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 521 JELAPANG ROAD MULTI STOREY CARPARK			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 104D #13-549	Address 2	CANBERRA STREET	Address 3
Address 4	SINGAPORE 754104	Address Type	Singapore address	Post Code
Unit No.	13-549	Related Policy Number	5111739868	
▼ OI Driver Info				
Driver Name	ABDUL RAHMAN BIN ABDUL RAHIM	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S86145971	Driver DOB
Register Date of Driver License	01/01/2005	Driver Age	33	Driving Experience
Contact No.(Mobile)	92288446	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SJH4757M	Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	M HAZAT B SA'OD HAMID
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	SJH4757M
Claim Description	SJH4757M / SKX2719R ON 26 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/01/2020 21:24
			ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			
Attachment			

Accident No.	MT/1081895	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/01/2020 21:25
Path *		Category *	Confidential
		Urgency *	

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Message Read

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NO

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NO

Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:25	Photos		Normal	Photos 2020-1-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:25	Photos		Normal	Photos 2020-1-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:25	Photos		Normal	Photos 2020-1-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:25	Photos		Normal	Photos 2020-1-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:25	Photos		Normal	Photos 2020-1-28
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	Photos		Normal	Photos 2020-1-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	Photos		Normal	Photos 2020-1-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	Photos		Normal	Photos 2020-1-28
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	Photos		Normal	Photos 2020-1-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 21:24	SAS		Normal	SAS 2020-1-28

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	

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	: 5111739868
The Policyholder	: M HAZAT B SA'OD HAMID BLK 104D #13-549 CANBERRA STREET EASTBROOK @ CANBERRA SINGAPORE 754104

Period of Insurance	: 21 Aug 2019 To 20 Aug 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,395.48

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: MOHAMAD HAZAT BIN SA'OD HAMID		
Named Driver (1)	: ABDUL RAHMAN BIN ABDUL RAHIM		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/COROLLA AXIO	Capacity	: 1500cc
Registration Number	: SJH4757M	Registration Year	: 2008
Chassis Number	: NZE1416083922	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 10%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: HONG LEONG FINANCE LIMITED		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: JG MOTOR AGENCY (00000613374)
Date of Issue	: 06 Aug 2019 15:47 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