

# NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

1/1/20013111

Date In: 29/01/2020 17:43	Job description	Date & Time Completed	Done by
Ref No: N/A 1/1/20015857	SAS e-filing		
Veh No: SBB 1288 X	E-mail (by date time, AIC time)		
D.O.A: 01/01/2020 15:00	I-Motor Claim Form	29/01/2020 18:11	
OD: TP / Repairing Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKZ 68532	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 repair.
( ) 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: ( )

1/1/2001088	INVOICE FOR NATIONAL ASSESSMENT CENTRE SERVICES
Driver/Owner:	1) AIC: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$120
QC Checked by (Engi-In-Charge):	4) PT: Follow-Through Survey \$30
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Ido DA + SMRT Survey \$160
	8) NIUC: Additional Services:
	OD:
	* NI: Courtesy Car / Tpt Allowance \$35
	* NI: Repair Coordination \$10
	* NI: Post Repair Inspection \$25
	* NI: DV / Collect Excess Coordination \$5
	* TP (NI): TP (Non-INC) against IAG \$20
	9) NI: Ido Mobile \$30
	Invoice dated
	Invoice dated
	Fee Charged
	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	29/01/2020 17:43
Date Of Accident	04/01/2020 15:00
Exact Location Of Accident	OPEN SPACE CARPARK OF BLK 542 BEDOK NORTH ST 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBB1288X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO KWEE CHOON
NRIC No	SXXXX775Z
Email Address	YEOKC.HENRY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93634353
Alternative Phone No	OTHERS-93634353

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE VISIT FRIEND HOUSE
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	5102384337-01
Cover Note Number	

Driver

Name of Driver	YEO KWEE CHOON
NRIC No	SXXXX775Z
Date Of Birth	05/01/1957
Occupation	INDOOR
Date Of Driving Pass	10/11/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93634353
Fax Number	
Contact Number	OTHERS-93634353
EMail Address	YEOKC.HENRY@GMAIL.COM

Address	BLK 59 TELOK BLANGAH HEIGHTS #05-09
Postcode	100059
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	NO 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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200113/2195

#### 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	SKZ6853Z
Vehicle Make/Model/Colour	HONDA VEZEL
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)

## 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: 29/1/20  
1550hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

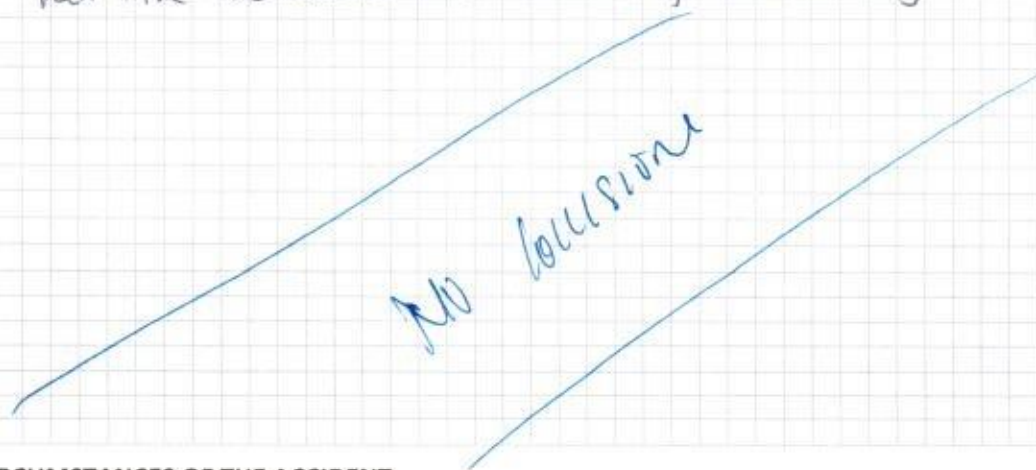
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**SKETCH PLAN**

We are not aware that my car (SBB1288X)  
hit the vehicle at time of reversing.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 4/1/2020, I drove into open space car park  
beside block 542, Bedok North Street 3.

I made a 3-point turn and was not aware  
that my car hit third party car.

(Please refer to police report for full details)  
Police Report.

1/2020113/295

**DECLARATION**

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



Policyholder's Signature


Date & Time: 29/1/2020

NA

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 29/01/2020

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 04/01/2020 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Inside B/542 Bedok North Street 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBB 1288X  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5102384337-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES BENZ C180  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE VISIT TO FRIEND HSE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: YEO KWEE CHUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1227752 CONTACT: 93634353  
 c) ADDRESS: 59, TELOK BLANCAH HEIGHTS #05-09  
SINGAPORE 100059

\* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: 13/05/57 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10 Nov 1976

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR / DRY

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO) YES

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: Jurong NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKZ 6853Z MODEL: Honda Vezel  
 b) DRIVER'S NAME: NIL  
 c) NRIC/FIN/PASSPORT: NIL CONTACT: NIL

## 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: yeoka.henny@gmail.com  
 VIDEO



**SINGAPORE  
POLICE FORCE**



T/20200113/2195

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 3

Report No. T/20200113/2195

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2020 22:23		Vide Report No.:		Station Diary No.: 65	
<b>Informant's Particulars</b>					
Name of Informant: YEO KWEE CHOON			Address: APT BLK 59 TELOK BLANGAH HEIGHTS #05-09 SINGAPORE 100059		
ID Type / ID No.: NRIC NO / S1227775Z			Contact No.: Home/Office:                      Mobile: 93634353		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 13/05/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUILDING MANAGER			Driving Licence Information: Class: 2B,3                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/01/2020 15:00	Type of Location: Car Park
Location: Along Road 1 BEDOK NORTH STREET 3				
Open space car park of B/542 Bedok North Street 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBB1288X	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Black	No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBB1288X	NTUC Income Insurance Co-Operative Limited	5102384337-01	17/07/2019	16/07/2020



**SINGAPORE  
POLICE FORCE**



T/20200113/2195

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20200113/2195

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YEO KWEE CHOON	ID No.	S1227775Z
Related Vehicle	NIL	Contact No.	93634353
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 the 13/01/2020 at about 1830hrs, I have received some documents to my unit. The said documents containing some insurance report, a note with the driver's contact number, a police traffic report, which mentioning that my vehicle was involved in a traffic accident on the 04/01/2020. The location reported was at, B/542 Bedok North Street 3. Reference to the police report number, T/20200104/2132.

After checking the said police report, I then slowly recalled that on the 04/01/2020 at about 1500-1600hrs, I have delivered some item to the said location. However, I wish to state that I am unable to recall if there is any collation took place during the instance, and no one has approach me at the point of time.

A check was made to my vehicle after receiving the said police report however, no damage was found. There is in-car camera installed in my vehicle but I am not sure whether any video footage taken during the said incident.



SINGAPORE  
POLICE FORCE



T/20200113/2195

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 3

Report No. T/20200113/2195

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
J /  
Sgt 3 PERRY P NG WEE PHONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/01/2020 22:23

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG-SIEU-LUI  
Contact No.: 65476151

Classification Of Case:

SN 124

Authentication Stamp  
NP168

Singapore Police Force

Claim Handling

Accident MT/1078898

Policy No.	5102384337-01	Vehicle No.	SBB1288X	GST Registration No.
Certificate No.				
Policyholder Name	YEO KWEE CHOON			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA.	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	07/01/2020 13:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/01/2020	Time of Accident hh:mm	15:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AT CARPARK OF BLK 542 BEDOK NORTH STREET 3			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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 59 #05-09	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5102384337-01	
▼ OI Driver Info				
Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	YEO KWEE CHOON
Contact No.(Mobile)	93634353	Contact No. (Home)	62713880
Email Address	YEOKC.HENRY@GMAIL.COM	OI Vehicle Number	SBB1288X
Claim Description	SBB1288X / SKZ6653Z ON 4 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Submit No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/01/2020 18:11
			ROSLI WAHAB
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1078898	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2020 18:11
Path *		Category *	Confidential
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal



Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 18:11	SAS		Normal	SAS 2020-1-29

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New WindowScan and uploading</div>				

## 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	: 5102384337-01
The Policyholder	: YEO KWEE CHOON BLK 59 #05-09 TELOK BLANGAH HEIGHTS SINGAPORE 100059

Period of Insurance	: 17 Jul 2019 To 16 Jul 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$787.13

#### Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: YEO KWEE CHOON		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: MERCEDES BENZ/C180 KOMPRESSOR	Capacity	: 1600cc
Registration Number	: SBB1288X	Registration Year	: 2011
Chassis Number	: WDD2040452A557785	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue	: 02 Jul 2019 21:34 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