

# NATIONAL Assessment Centre Services. [part 1 Jan105] MNA 120022077

|                              |  |                        |          |
|------------------------------|--|------------------------|----------|
| Date In: 18/12/20 16:57      | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: MNA CTZ 2000 2789164 | E-mail (within 3hrs, A/C 2hrs)           |                        |          |
| Veh No: SLA 68625            | 1-Motor Claim Form                       |                        |          |
| IP: 18/12/20 09:55           | 1-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| OD: (IP) Reporting Only      | 1-Photo Uploaded                         |                        |          |
| TP Insurer:                  | Assessment/Survey Report                 |                        |          |
|                              | Ass't Report by Fax / Hand to Owner/Wksp |                        |          |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: ( | Tel: (   | Fax: (                |
| TP Particulars:                          | Veh No: GBB 1621R  | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel: (   |                       |
| Policy No: (                             | Period: (  | Cover Type: (         |
| Confirmed by: (                          | Date: (  | Time: (               |
| Insured/Driver Liability: (              | % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%] |                       |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                                 |                       |
| Excess: (\$                              | Loading: \$1,000 ( ) / \$2,000 ( )                         |                       |

General Remarks:

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

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

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

|   |  |  |
|---|--|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |  |
| 2) QC Check / Post Repair Inspection ( )                |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |  |

Injury: ( )

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
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|           |         |
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|  |  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
|--|--|----------------------------------|--|-------|----------------------------------|------------|--|-------------------|-----------|--|------------------------------|-------|--|---|------|--|---|--|--|----------------------|------|--|------------------------------|-------|--|-------------------------------|--|--|-----|--|--|-----------------------------------|-----|--|--------------------------|------|--|-----------------------------|------|--|---------------------------------------|-----|--|------------------------------------|------|--|---------------------|-----|--|
| <p>NA 2001448</p> <p>Client's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Tel: (</p> | <p>Invoice Itemization Checklist</p> <table border="1"> <tr> <td>1) AI: Accident Reporting (\$30)</td> <td></td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$50)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For retaining status (UNC Only) (w/c 10 Jan 2025)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + EMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td colspan="3">3) NTUC Additional Services:-</td> </tr> <tr> <td>OD:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$3</td> <td></td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$3</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> </table> <p>Invoice dated: Fee Charged: \$30.00</p> <p>Invoice dated: Fee Charged: \$30.00</p> | 1) AI: Accident Reporting (\$30) |  | 30.00 | 2) DA: Damage Assessment (\$100) | INC (\$50) |  | 3) TP: Towing Fee | \$40/\$45 |  | 4) PT: Follow-Through Survey | \$120 |  | 5) PT: Follow-Through Survey (Resurvey) | \$30 |  | For retaining status (UNC Only) (w/c 10 Jan 2025) |  |  | 6) TR: Re-Inspection | \$75 |  | 7) NI: Idao DA + EMRT Survey | \$160 |  | 3) NTUC Additional Services:- |  |  | OD: |  |  | *N5: Courtesy Car / Tpt Allowance | \$3 |  | *N6: Repair Coordination | \$10 |  | *N7: Post Repair Inspection | \$25 |  | *N8: DV / Collect Excess Coordination | \$3 |  | TP (N11): TP (Non INC) against INC | \$20 |  | 9) N12: Idao Mobile | \$0 |  |
| 1) AI: Accident Reporting (\$30)   |  | 30.00                            |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| 2) DA: Damage Assessment (\$100)   | INC (\$50)   |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| 3) TP: Towing Fee  | \$40/\$45  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| 4) PT: Follow-Through Survey   | \$120  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| 5) PT: Follow-Through Survey (Resurvey)  | \$30   |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| For retaining status (UNC Only) (w/c 10 Jan 2025)  |  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| 6) TR: Re-Inspection   | \$75   |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| 7) NI: Idao DA + EMRT Survey   | \$160  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| 3) NTUC Additional Services:-  |  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| OD:  |  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| *N5: Courtesy Car / Tpt Allowance  | \$3  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| *N6: Repair Coordination   | \$10   |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| *N7: Post Repair Inspection  | \$25   |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| *N8: DV / Collect Excess Coordination  | \$3  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| TP (N11): TP (Non INC) against INC   | \$20   |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |
| 9) N12: Idao Mobile  | \$0  |                                  |  |       |                                  |            |  |                   |           |  |                              |       |  |   |      |  |   |  |  |                      |      |  |                              |       |  |                               |  |  |     |  |  |                                   |     |  |                          |      |  |                             |      |  |                                       |     |  |                                    |      |  |                     |     |  |



## 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             | 18/02/2020 16:57                                  |
| Date Of Accident           | 18/02/2020 09:55                                  |
| Exact Location Of Accident | NEYTHAL RD (INFRT KHONG LIENG TRADING CO PTE LTD) |
| Country/State of Loss      | SINGAPORE   |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLA6862S             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LEE YONG CHUAN       |
| NRIC No                     | SXXXX652Z            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91479762 |
| Alternative Phone No        | OFFICE-91479762      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | CAMRY       |
| 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             | DMPCSNA00001222003                            |
| Cover Note Number         |   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LEE YONG CHUAN        |
| NRIC No              | SXXXX652Z             |
| Date Of Birth        | 06/02/1962            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 16/08/1984            |
| Driving Experience   | 35 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91479762  |
| Fax Number           |                       |
| Contact Number       | OFFICE-91479762       |
| Email Address        | NOEMAIL               |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 234 CHOA CHU KANG CENTRAL #12-13 |
| Postcode  | 680234                               |
| 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   | 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?  |     |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | GBG1621R           |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| 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:



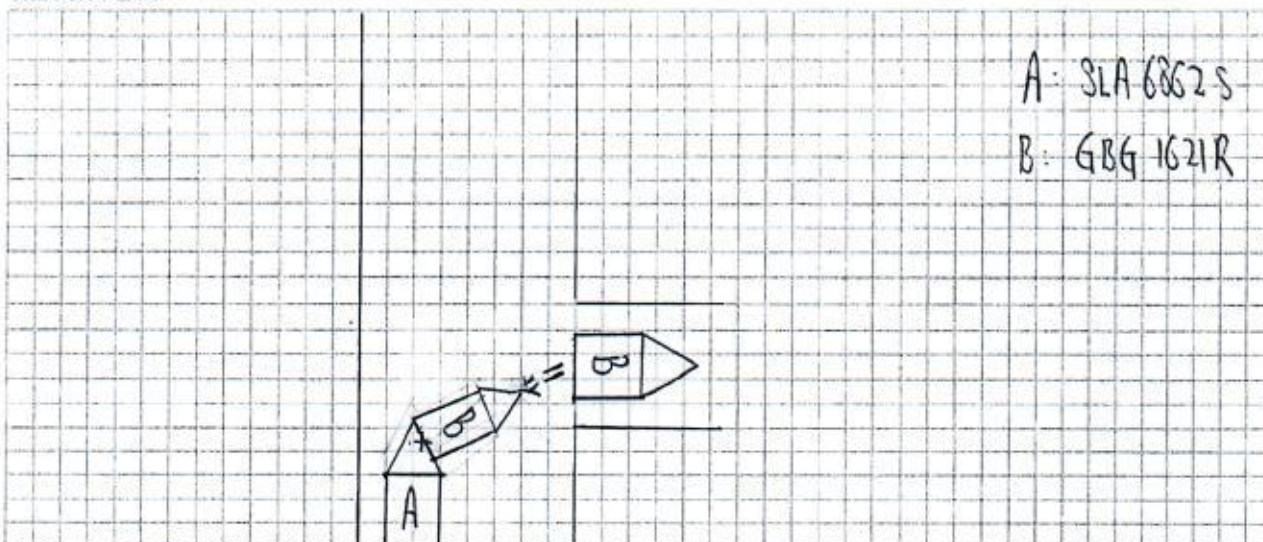
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



A: SLA 6862 S

B: GBG 1621 R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.02.2020 at about 9.53am . I was travelling along  
 Neythal Road (In front Khong Leng Tranding Co Pte Ltd ) I was stationary  
 Suddenly Vehicle B reverse and hit on my 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:  
 NRIC/FIN No.:

Date of Accident : 18.02.2020 Accident Time: 9.53 am. (24-HR-Format)  
Accident Place : Neythal Road (In front Khong Leng Trading Co Pte Ltd)  
Vehicle. No. (Car Plate No.) : SLA 6862S. Make/Model: Toyota Camry  
Insurance Company : China Taiping Policy No: DMPCSHA 00001222003  
Owner or Company Name /IC No. : Lee Yong Chuan (S15486522)  
Owner or Company Contact No. : Owner's Hp 9147 9762 Company Tel  
DRIVER'S Name / IC No. : as above  
DRIVER'S Date Of Birth : 06.02.1962 DRIVER'S License Pass Date 16.08.1984  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Other  
DRIVER'S Address : Blk 234 chao chu kang Central #12-13 (S) 680234  
DRIVER'S Contact No./ Alt No. : 1) - 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : -  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1 Driver  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

|                                |                              |
|--------------------------------|------------------------------|
| Vehicle. No: <u>GBG 1621 R</u> | Vehicle. No: _____           |
| Vehicle Make/Model: _____      | Vehicle Make/Model: _____    |
| Name Driver: _____             | Name Driver: _____           |
| IC No. Driver/Contact: _____   | IC No. Driver/Contact: _____ |

**\* NEW - Passenger's name & gender:**





## ORIGINAL

## THE SCHEDULE

Agency : AN0478A      Class of Policy : Motor Private Car      Policy No. : DMPCNA00001222003  
 Account : AN0478A      Issued on : 19/12/2019 in SINGAPORE      Replacing Policy No. DMPCSN30006419022  
 Client : 3203087      Acceptance Date : 19/12/2019

Period of Insurance : 25/01/2020 to 24/01/2021, both dates inclusive

Insured's Name : LEE YONG CHUAN  
 Address : BLK 234 CHOA CHU KANG CENTRAL  
                  #12-13  
                  SINGAPORE 680234

Business/Occupation : SELF-EMPLOYED

|         |   |                             |   |                  |
|---------|---|-----------------------------|---|------------------|
| Premium | : | Basic Annual Premium        | : | S\$2,580.00      |
|         | : | Less 15% Loyalty Discount   | : | S\$ 387.00       |
|         | : | Less 20% Autosafe Scheme    | : | S\$ 438.60       |
|         | : | No Claim Discount -50%      | : | S\$ 877.20       |
|         | : | Early Bird Discount         | : | S\$ 87.72        |
|         | : | <b>Total Annual Premium</b> | : | <b>S\$789.48</b> |
|         | : | Premium Due                 | : | S\$789.48        |
|         | : | Premium GST                 | : | S\$55.26         |
|         | : | <b>Total Due</b>            | : | <b>S\$844.74</b> |

|                    |                                     |                  |          |
|--------------------|-------------------------------------|------------------|----------|
| Risk No.1          | Motor Private Car                   | No. of seats     | : 5      |
| Make/Model         | : TOYOTA CAMRY 2.0 (A)              | Body Type        | : Saloon |
| Registration       | : SLA6862S                          | Capacity cc's    | : 1998   |
| Engine No.         | : 6ARP111837                        | Certificate Ref. | : MX1F   |
| Chassis No.        | : MR053DK5100105129                 |                  |          |
| Year of Manuf/Regn | : 2015/2016                         |                  |          |
| Type of Cover      | : Comprehensive                     |                  |          |
| Financial Interest | : TOKYO CENTURY LEASING (S) PTE LTD |                  |          |

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 : LEE YONG CHUAN

Named Drivers : LEE ZHAN XIAN

ORIGINAL REGISTRATION DATE: 25-01-2016

The following clauses and endorsements apply to this policy

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

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