NATIONAL Assessment Centre Services. [ref 1 Jan'08] . MMA42006859

	Job description	Date & Time Completed	Done by
Date In: 13/08/2020 14:28	SAS e-filing		
Ref No: NB01/MC20008393/Y	E-mail (Spide 4hrs, AIC 2hrs)		
Veh No: FBN 5927X	I-Motor Claim Form	MT/10997822001	13/08/2020 15:43
D.O.A: 22/07/2020 15:35	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: FBE 9853D 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 ( )

( ) 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 :

MA2004162

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) INC ($40)	$40/$45		
3) TF : Towing Fee	$125		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2011)	$75		
6) TR : Re-Inspection	$100		
7) N1 : Iden DA + SMRT Survey			
8) NTUC Additional Services:-			
OR:	$3		
* N5: Courtesy Car / Tpt Allowance	$10		
* N6: Repair Coordination	$25		
* N7: Post Repair Inspection	$3		
* N8: DV / Collect Excess Coordination	$10		
TP (N11): TP (Non INC) against INC	$0		
9) N12: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 13/08/2020 14:56

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	13/08/2020 14:28
Date Of Accident	22/07/2020 15:35
Exact Location Of Accident	ALONG SINARAN DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5927X
Insured/Policyholder	
Name Of Registered Owner	FONG CHEE LEONG
NRIC No	SXXXX469H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98305261
Alternative Phone No	OTHERS-98305261
Vehicle Particulars	
Manufacturer	HONDA
Model	SUPRA GTR 150-149CC
Exact Purpose for which vehicle was being used at time of accident	GOING FOR MEDICAL CHECKUP
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5113511868
Cover Note Number	
Driver	
Name of Driver	FONG CHEE LEONG
NRIC No	SXXXX469H
Date Of Birth	23/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1986
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98305261
Fax Number	
Contact Number	OTHERS-98305261
EMail Address	NOEMAIL

Address	BLK 232 LORONG 8 TOA PAYOH #06-236
Postcode	310232
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	COLLISION - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200729/2055

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	FBE9833D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	FONG CHEE LEONG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBN5927X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

1215 HRS.

13/08/20

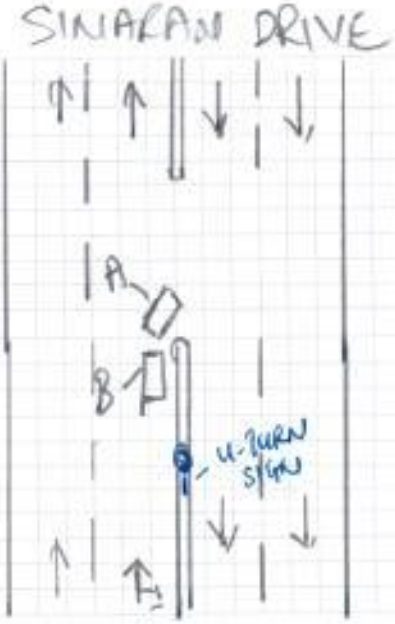
Policyholder's Signature
Date & Time:

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

13/08/2020

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

SKETCH PLAN



A) FBN 5927X

B) FBE 9833D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200729/2055

DECLARATION

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

1215HRS
13/08/20

Policyholder's Signature
Date & Time:

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

13/08/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22/07/2021) (DD/MM/YYYY), TIME: (15:35) (HH:MM)

LOCATION: ALONG SIMARAN DRIVE

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBM 5927 Y
   b) INSURANCE COMPANY: ZURICH
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA SUPRA
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: MEDICAL CHECKUP
   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: FONG CHEW THONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 98305261
   c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (__/__/____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS _____
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

*No of passenger (including driver) (__)

   a) VEHICLE NUMBER: FBE 9833D MODEL: MOTORCYCLE
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
9. THIRD PARTY VEHICLE

*No of passenger (including driver) (__)

   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = VIDEO

SINGAPORE POLICE FORCE

T/20200729/2055

Report No. T/20200729/2055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
29/07/2020 13:28		

Informant's Particulars

Name of Informant: FONG CHEE LEONG			Address: APT BLK 232 LORONG 8 TOA PAYOH #06-238 TOA PAYOH EIGHT SINGAPORE 310232	
ID Type / ID No.: NRIC NO / S1768469H			Contact No.: Home/Office:	Mobile: 98305261
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 23/11/1966	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRABFOOD DRIVER			Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2020 15:35	Type of Location: Bend
Location: SINARAN DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN5927X	Motorcycle	HONDA	SUPRA GTR 150 MANUAL	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5927X	NTUC Income Insurance Co-Operative Limited	5113511868	07/11/2019	04/11/2020

SINGAPORE
POLICE FORCE

T/20200729/2055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON THE MENTIONED DATE TIME AND LOCATION,

I MADE AN EXIT FROM TAN TOCK SENG HOSPITAL TOWARDS THE LEFT LANE AND THEN MADE A SWITCH TO THE RIGHT WHENTHERE WAS NO VEHICLE. THEN I MADE A UTURN AND THAT IS WHERE THE OTHER BIKE CAME AND HIT MY REAR. THATS ALL.

SINGAPORE POLICE FORCE

T/20200729/2055

Report No. T/20200729/2055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/07/2020 13:28

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF
Contact No.: 65476358

Classification Of Case:

SINGAPORE POLICE FORCE

Authentication Stamp

NP168

Claim Handling

Accident MT/1099782

Policy No.	5113511868	Vehicle No.	FBM5927X	GST Registration No.	
Certificate No.					
Policyholder Name	FONG CHEE LEONG			Policyholder NRIC	S1768469H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98305261	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	[illegible]
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	13/08/2020 14:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/07/2020	Time of Accident hh:mm	13:35	Country of Accident	Singapore
Reporting Center		Orange Force		ICM No.	
Accident Location	ALONG SINARAN DRIVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	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 232 #08-238	Address 2	LORONG 8 TOA PAYOH	Address 3	SINGAPORE 310232
Address 4		Address Type	Singapore address	Post Code	310232
Unit No.		Related Policy Number	5113511868		

OI Driver Info

Driver Name	FONG CHEE LEONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1768469H	Driver DOB	22/11/1966
Register Date of Driver License	01/01/1997	Driver Age	53	Driving Experience	23
Contact No.(Mobile)	98305261	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 232 #08-238	Address 2	LORONG 8 TOA PAYOH	Address 3	SINGAPORE 310232
Address 4		Address Type	Singapore address	Post Code	310232
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBM5927X	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-RR	Insured Name	FONG CHEE LEONG	Insured NRIC	S1768469H
Contact No.(Mobile)	91[illegible]	Contact No.(Home)	63540588	Contact No.(Office)	
Email Address		OI Vehicle Number	FBM5927X	TP Vehicle Number	FBE6832D
Claim Description	FBM5927X / FBE6832D ON 22 Jul 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Garage No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/08/2020 15:40	Claim Close Date		Date Received	13/08/2020 00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1099782	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	13/08/2020 15:43

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Send Mer

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_BUKIT_MERAH_[illegible] NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 13 Aug 2020 15:43	Photos	Normal	Photos 2020-8-13	

	Uploaded by/date	Folder		Level	File name
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:42	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:42	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:42	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:42	Photos		Normal	Photos 2020-8-13
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:42	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:42	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:42	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:42	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:40	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:40	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:40	Photos		Normal	Photos 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:41	NRIC/ Driving License	v	Normal	NRIC/ Driving License 2020-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2020 15:40	SAS		Normal	SAS 2020-8-13

▽ **Video List**

Uploaded by/date	Folder Date	File name	Source

Display in New Window | Scan and Uploading

income
made different

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the insured 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. M90372806G

Policy Number	:	5113511868
The Policyholder	:	FONG CHEE LEONG BLK 232 #06-238 LORONG 8 TOA PAYOH SINGAPORE 310232
Period of Insurance	:	07 Nov 2019 To 04 Nov 2020
Sum Insured	:	N/A
Premium (inclusive GST)	:	S$201.41

Interest Insured

Cover Type	:	Third Party			
Named Driver (1)	:	FONG CHEE LEONG			
Named Driver (2)	:	N/A			
Make/Model	:	HONDA/SUPRA GTR 150			
Capacity	:	150cc	Number of Seater	:	2
Registration Number	:	FBN5927X	Registration Year	:	2018
Chassis Number	:	MH1KB211XJK077786	Insure with COE	:	N/A
Excess (Section 1)	:	N/A	NCD Entitlement	:	10%
Excess (Section 2)	:	N/A	Loyalty Discount	:	5%
Hire Purchase Company	:	N/A			

Memo A : N/A

Endorsement Operative: M1

Agency	:	VICOM LTD (00000612210)
Date of Issue	:	21 Oct 2019 10:20 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