

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 Submission	01/03/2021 20:11 (SGT)
Date of Accident	26/02/2021 09:10 (SGT)
Exact Location of Accident	Napier Rd, Singapore
Additional Location Information	TOWARDS TANGLIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS2199Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NOR IMAN B SULAIMAN
NRIC No	TXXXX008D
Email Address	iman.2409@gmail.com
Mobile Phone No	(Phone) +65-90177814
Alternative Phone No	+65-90177814

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15 ABS MANUAL
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5121082349
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NOR IMAN B SULAIMAN
NRIC No	TXXXX008D

Date Of Driving Pass	08/02/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-90177814
Alt. Phone Number	+65-90177814
Email Address	iman.2409@gmail.com
Address	BLK 510 WEST COAST DRIVE #06-311
Address complement	-
Postcode	120510
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/2021/2094

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	SHC6851K
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	COLLENG KIM

Contact Number	(Phone) +65-93248988
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD NOR IMAN B SULAIMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS2199Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN FEMALE
Phone	(Phone) +65-92724074
Email	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

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.

01412hrs
01103/2021
Policyholder's Signature / Date & Time

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

01103/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

AS PER ATTACHED MAP

Report No. T/20210226/2094

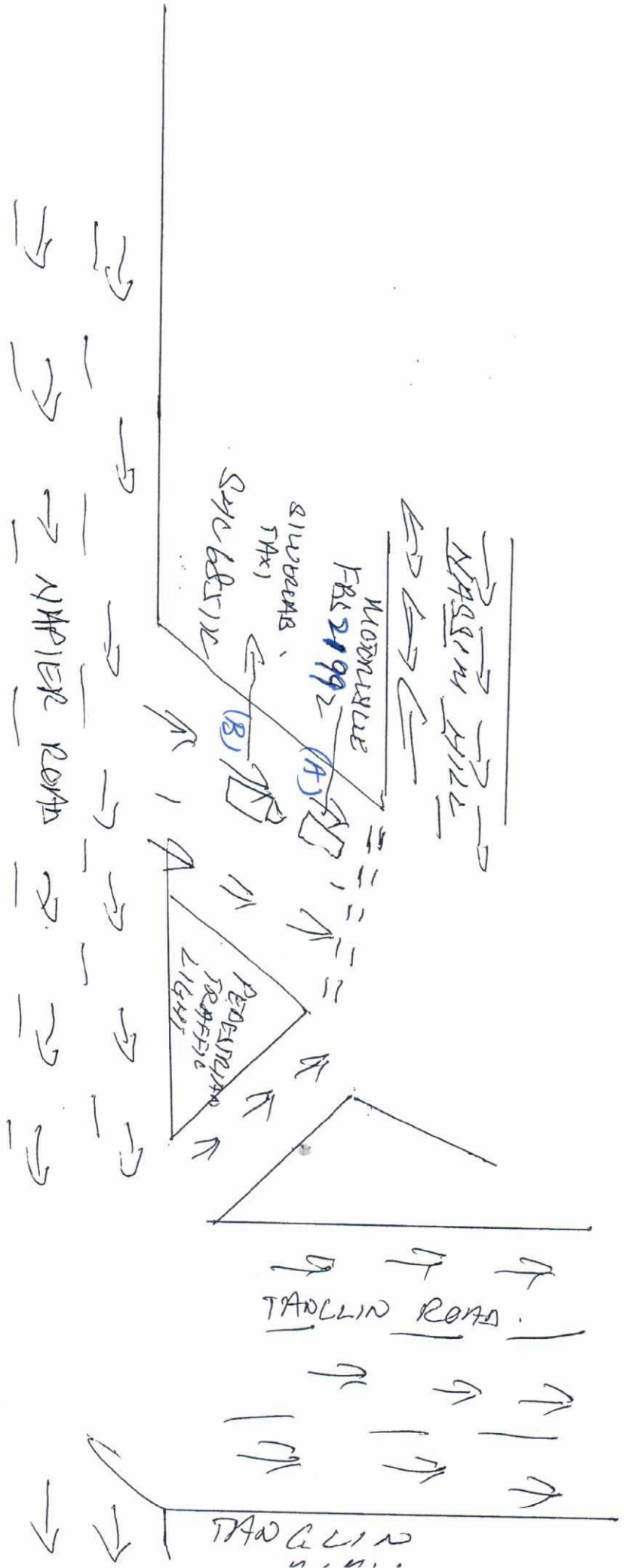
and 0103/2021

SINGAPORE
POLICE FORCE

SN 37

51 96080

SIGNATURE



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210226/2094

Declaration

We declare the foregoing particulars are true in every respect.

01/03/2021 14:12 hrs

Policyholder's Signature / Date & Time

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

01/03/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 02 / 2021) (DD/MM/YYYY), TIME: (0910) (HH:MM)

LOCATION: Napier road towards Jurong

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 2199 Z
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5121082349
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha R15
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: on the way to work
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: Muhammad nor Iman Bin Sulaiman (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T01240080 CONTACT: 90177814
c) ADDRESS: Blk 510, West Coast Drive, #06-311, Singapore 120510

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (24 / 04 / 2001) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 8/02/2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Clementi police station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 6851K MODEL: Kia (silver cab taxi)
b) DRIVER'S NAME: Goh Eng Kim
c) NRIC/FIN/PASSPORT: S13584322 CONTACT: 93248988

9. THIRD PARTY VEHICLE

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

Email: 1man.2409@gmail.com

VIDEO

UNKNOWN FAMILAR
WITNESS: 92724674



SINGAPORE POLICE FORCE



T/20210226/2094

1 of 4

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20210226/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2021 17:32	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: MUHAMMAD NOR IMAN BIN SULAIMAN			Address: APT BLK 510 WEST COAST DRIVE #06-311 SINGAPORE 120510	
ID Type / ID No.: NRIC NO / T0129008D			Contact No.: Home/Office: Mobile: 90177814	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 19	Date of Birth: 24/09/2001	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2021 09:10	Type of Location: Bend
Location: NAPIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS2199Z	Motorcycle	YAMAHA	R15 ABS MANUAL	Black	Seriously Damaged	0
SHC6851K	Car	KIA		Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS2199Z	NTUC Income Insurance Co-Operative Limited	5121082349	19/02/2021	18/02/2022



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NOR IMAN BIN SULAIMAN	ID No.	T0129008D
Related Vehicle	FBS2199Z (Motorcycle)	Contact No.	90177814
Hospital/Clinic	My Health Medical Centre	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/02/2021	Date Discharge	26/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GOH ENG KIM	ID No.	S1358432Z
Related Vehicle	SHC6851K (Car)	Contact No.	93248988
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/02/2021 at about 9.11am, while I was riding my motorcycle of reg no. FBS2199Z along Napier Road, I met with a road traffic accident with a silver cab of reg no. SHC6851K.

- At that juncture, I was turning left into the slip road to Tanglin Road, heading to Orchard Road. While I was slowing down on the extreme left lane of the two lanes road to check on the blind spot and also clearance from major road, suddenly the taxi front portion collided onto the rear of my motorcycle.
- After the accident happened, there was a Caucasian lady of unknown name came forward as she had witnessed the accident. I only managed to get her handphone number which is 92724074. The taxi driver and I thereafter exchanged particulars and left the scene. I wish to state that I noticed that the taxi has an in car camera.
- On the same day, at about 11.40am, I sought medical treatment from My Health Medical Clinic located at Blk 501 West Coast Drive #01-256. I was then given three days of MC, reference 1614312159.
- Following that, I learnt from my bike shop who had towed my bike to the workshop that my bike was issued with a summon at 11.27am for parking on footway of road, reference ILPCESCC202102262305.
- Attached behind is the MC and also the sketch plan of the accident site.



**SINGAPORE
POLICE FORCE**



T/20210226/2094

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 4

Report No. T/20210226/2094

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210226/2094

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20210226/2094

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:

D /

SI LOH WEE CHOON

96080

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

[Handwritten Signature]

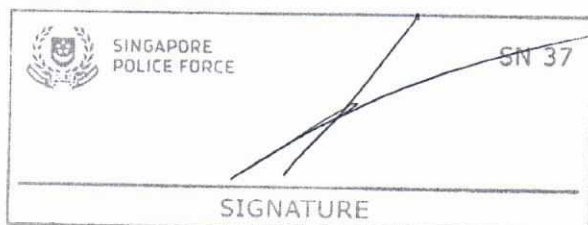
Date/Time:

26/02/2021 17:32

Classification Of Case:

Authentication Stamp

NP168



MyHealthMedicalCentre

我的健康医疗中心 Pusat Perubatan Saya என் உடல்நலம் மருத்துவ மையம்

Blk 501 West Coast Drive
#01-256 Singapore 120501
Phone: +65 68726920

Fax: +65 68726919
Email: admin@myhealthmedctr.sg

Muhammad Nor Iman B Sulaiman
Patient Id: P1205
NRIC ID: T0129008D
+6590177814

510 West Coast Drive #06-311, -120510

By: Dr. Saiful Nizam

Registration Number: 100121

Date: 26 Feb, 2021

Medical Leave Number : 1614312159

This is to certify that the above named is unfit for duty for a period of 3 (Three) day(s) from 26 Feb, 2021 to 28 Feb, 2021 inclusive.

Issued on: 26 Feb, 2021

Signature:

Doctor : Dr Saiful Nizam



Dr Saiful Nizam Bin Subari
MCR 100121
MBBS (Singapore) G.Dip (Occ Medicine)
MyHealth Medical Centre
Blk 501 West Coast Drive #01-256
Singapore 120501
Tel: 6872 6920 Fax: 6872 6919

Dr Saiful Nizam Bin Subari
MCR 100121
MBBS (Singapore)
G.Dip (Occ Medicine)

Claim Handling

Accident MT/1122831

Policy No.	5121082349	Vehicle No.	FBS2199Z	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NOR IMAN B SULAIMAN			Policyholder NRIC	T01
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90177814	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	01/03/2021 20:03	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	26/02/2021	Time of Accident hh:mm	09:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	NAOIER ROAD TOWARDS TANGLIN ROAD				

▼ 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
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 510 #06-311	Address 2	WEST COAST DRIVE	Address 3	WE
Address 4	SINGAPORE 120510	Address Type	Singapore address	Post Code	120
Unit No.	06-311	Related Policy Number	5121082349		

▼ OI Driver Info

Driver Name	MUHAMMAD NOR IMAN BIN SULAIMAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	T0129008D	Driver DOB	24/1
Register Date of Driver License	08/02/2021	Driver Age	19	Driving Experience	0
Contact No.(Mobile)	90177814	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 510 #06-311	Address 2	WEST COAST DRIVE	Address 3	WE
Address 4	SINGAPORE 120510	Address Type	Singapore address	Post Code	120
Unit No.	06-311				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBS2199Z	Driver Insurer Company	NTL

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD NOR IMAN B SULA	Insured NRIC	T01
Contact No.(Mobile)	90177814	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBS2199Z	TP Vehicle Number	SHC
Claim Description	FBS2199Z / SHC6851K ON 26 Feb 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	01/03/2021 20:13	Claim Close Date		Date Received	01/1
Report Taken By					
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Accident No. MT/1122831 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 01/03/2021 20:14

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen














Category *

Confidential

Urgency *

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:14	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:13	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:13	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:13	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:13	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 20:13	SAS		Normal	SAS 2021-3-1

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="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	: 5110096042
The Policyholder	: QUAH MUI HONG
	BLK 109B #23-93
	DEPOT ROAD
	DEPOT HEIGHTS
	SINGAPORE 102109

Period of Insurance	: 16 Jun 2019 To 15 Jun 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$703.58

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: QUAH MUI HONG		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/COROLLA ALTIS	Capacity	: 1500cc
Registration Number	: SLP7430U	Registration Year	: 2017
Chassis Number	: MR053REN104562172	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		
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	: CARY PANG (00000527457)
Date of Issue	: 03 Jun 2019 19:29 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