

# NATIONAL Assessment Centre Services

Date In <u>08/12/2022</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA 1671122007138/r3</u>	SAS e-filing		
Veh No <u>SDX 56 R</u>	E-mail (within 3hrs, AP 2hrs)		
DOA <u>07/12/2022</u> <u>1730</u>	i-Motor Claim Form		
OD / <u>TP</u> / Reporting Only	i-Motor W/O (Within: QD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <u>SLE 2705T</u>	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 ( )	

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. ( )

Remarks:-	Date & Time Completed	Done by
(INC hotline: 6788-6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury :

Date/Time	Actions

Claimant's Particulars :-	<b>Invoice Preparation Checklist</b> 1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TP : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- QD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$25 *N7: Post Repair Inspection \$5 *N8: DV / Collect Excess Coordination \$5 TP (N11) : TP (Non INC) against INC \$20 9) N12: Idac Mobile 30 Invoice dated / Fee Charged Invoice dated / Fee Charged	Amt (\$)	Amt (\$)
Driver/Owner:		1st Bill	Add Bt
Contact No:			
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Auditors' Comments :-			
Call 1			
Call 2/3			



## 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 Actual 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	08/12/2022 17:53 (SGT)
Reported by	Both
Date of Accident	07/12/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK AVE 6
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDX56R
-----------------------------	--------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHENG HER
NRIC No	SXXXX576A
Email Address	SON_LIN@YAHOO.COM
Mobile Phone No	(Phone) +65-93670056
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S90
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00222872202

#### DRIVER

Name of Driver	ONG CHENG HER
NRIC No	SXXXX576A
Date Of Birth	04/01/1949
Occupation	Indoor

Date Of Driving Pass	15/04/1971
Driving experience	51 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93670056
Alt. Phone Number	-
Email Address	SON_LIN@YAHOO.COM
Address	56 YUNNAN CRESCENT
Address complement	-
Postcode	637982
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	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	PHYO KAY KHING
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT- T/20221208/7002

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE2705T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO JAN YUAN
Contact Number	(Phone) +65-91506426
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

#### 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;

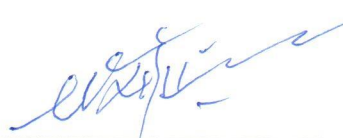
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

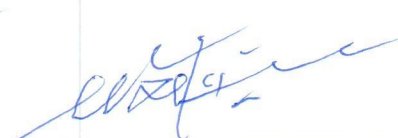
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

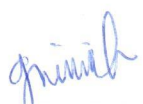
(collectively the "Purposes")

(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

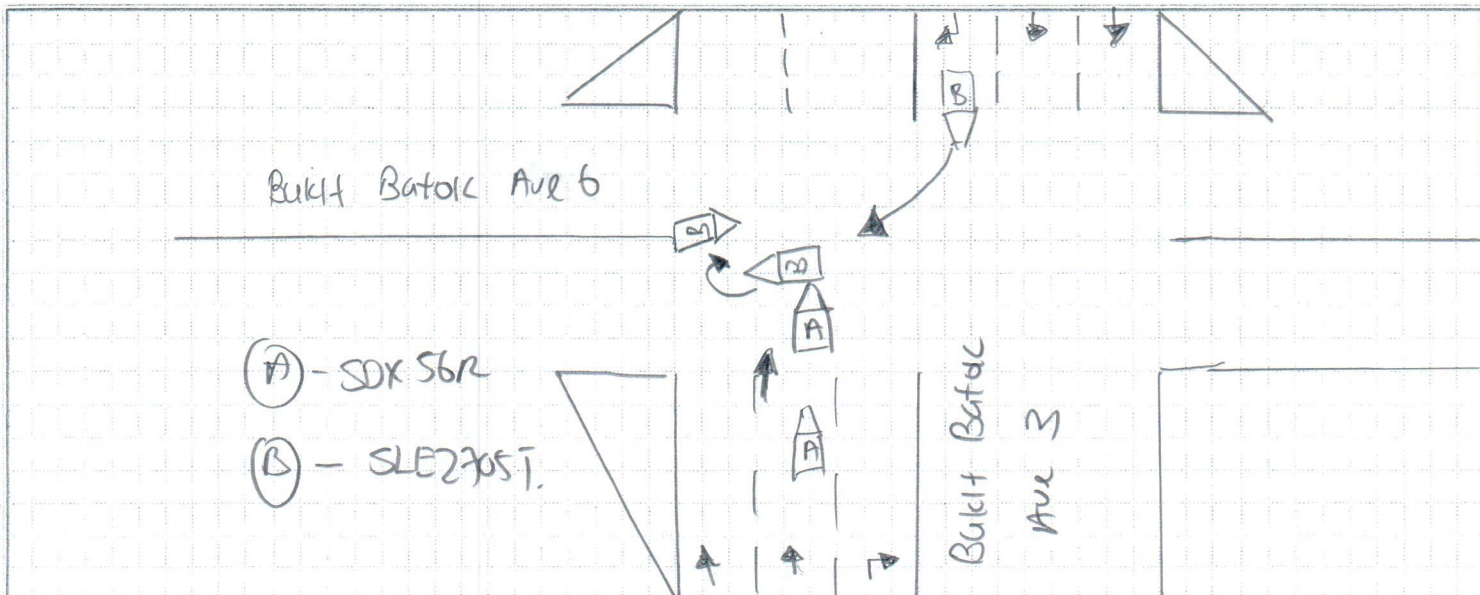
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 08/12/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

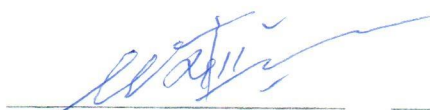


Describe Circumstance of the Accident

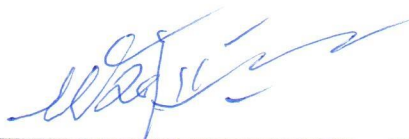
Ref to police report - (T20221208/7002)

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# SINGAPORE POLICE FORCE



T/20221208/7002

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

1 of 4

Report No. T/20221208/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2022 00:38		Vide Report No.: J/20221207/0101		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG CHENG HER			Address: 56 YUNNAN CRESCENT SINGAPORE 637982		
ID Type / ID No.: NRIC NO / S1013576A			Contact No.: Home/Office: Mobile: 93670056		
Nationality: SINGAPORE CITIZEN			Email: ONGCH4@GMAIL.COM		
Sex: Male	Age: 73	Date of Birth: 04/01/1949	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/12/2022 17:15	Type of Location: X-Junction
Location:  BUKIT BATOK WEST AVENUE 6				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDX56R	Car	VOLVO	S90	White	Seriously Damaged	2
SLE2705T	Car	TOYOTA	Harrier	Blue	Seriously Damaged	0





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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDX56R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002228 72202	26/09/2022	25/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	ONG CHENG HER		ID No.	S1013576A
Related Vehicle	SDX56R (Car)		Contact No.	93670056
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Passenger				
Name	PHYO KAY KHING		ID No.	G2956172P
Related Vehicle	SDX56R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	TEO JUN YUAN (ZHAO JUNYUAN)		ID No.	S8419592H
Related Vehicle	SLE2705T (Car)		Contact No.	91506426
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20221208/7002

3 of 4

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

Report No. T/20221208/7002

**CONTINUATION OF REPORT**

Brief Details.

I am the vehicle owner and driver of vehicle SDX56R. I was travelling straight along Bukit Batok West Avenue 3 towards Bukit Batok Central. As I headed straight, crossing Bukit Batok West Avenue 6 at a green light, the other vehicle came from the opposite lane turning right without slowing down. I was not able to brake in time and collided with the left rear door of the vehicle.



**SINGAPORE  
POLICE FORCE**



T/20221208/7002

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

4 of 4

Report No. T/20221208/7002

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476187

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
08/12/2022 00:38

Classification Of Case:



VEHICLE NO: SDX56R.

MAKE &amp; MODEL: Wlwo S90

AUTO / MANUAL

DATE OF ACCIDENT	7 / 12 / 2000	*C.C. 2000.
TIME OF ACCIDENT	1730	AM / PM
LOCATION OF ACCIDENT	Bulch Batoc Ave 3 x Bulch Batoc Ave 6	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ong cheng Her	
EMAIL	son_hn@ghuoo.com	Office: MOBILE: 93670056
NRIC	S1013576A	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	china	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DmpcSHW 002228 72202	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC		
DATE OF BIRTH	04 / 01 / 1944	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	Pho Ican Ichiny	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	15 / 04 / 1971	
GENDER	Male / Female	
CONTACT NO.	Mobile: Office: Home:	
EMAIL		
ADDRESS	56 yunnan crescent. S( 37982).	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.:	INSURER.
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		
VEHICLE B NO.	SLF 2705T	NO/IF YES, WHO?
NAME	Teo Jan yuan	Any Passenger: unknown
CONTACT NO.	91506426	Teo Jan Yuan
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		Any Passenger:
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDING?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Lee Brothers Automotive Pte. Ltd



中国太平  
CHINA TAIPING

中国太平保险 (新加坡) 有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

AN0717A

Cov. Type:C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00222872202

Engine No.: B4204T232824518

Cha. No.: LVYPS10ADKP064458

1. Index Mark and Registration  
Number of Vehicle

SDX56R

2. Name of Policy Holder

ONG CHENG HER

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

26/09/2022  
(00:00:00)

Named Drivers Ex Sect. I

SS\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS\$3,000.00

Ex Sect. I - Age >= 26

SS\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

SS\$100.00

4. Date of Expiry of Insurance

25/09/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use.\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first SS\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

**JIN LI PTE LTD**  
2 KALLANG AVE #08-16  
CT HUB, SINGAPORE 339407  
Tel: 6444-4116 Fax: 6444-0040  
Email: cs@jinli.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: JIN LI PTE LTD  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ORIGINAL

THE SCHEDULE

Agency : AN0717A	Class of Policy : Motor Private Car	Policy No. : DMPCSNW00222872202																
Account : AN0717A	Issued on : 22/09/2022 in SINGAPORE	Replacing Policy No. DMPCSNW00166582101																
Client : 3181402	Acceptance Date : 22/09/2022																	
Period of Insurance : 26/09/2022 to 25/09/2023 , both dates inclusive																		
Insured's Name : ONG CHENG HER																		
Address : 56 YUNNAN CRESCENT SINGAPORE 637982																		
Business/Occupation : RETIREE																		
Premium	<table border="0"> <tr> <td>: Basic Annual Premium</td> <td>: S\$2,387.00</td> </tr> <tr> <td>: Less 5% Loyalty Discount</td> <td>: S\$ 119.35</td> </tr> <tr> <td>: No Claim Discount -50%</td> <td>: S\$ 1,133.83</td> </tr> <tr> <td>: Incentive Discount 10%</td> <td>: S\$ 113.38</td> </tr> <tr> <td>: Total Annual Premium</td> <td>: S\$1,020.44</td> </tr> <tr> <td>: Premium Due</td> <td>: S\$1,020.44</td> </tr> <tr> <td>: Premium GST</td> <td>: S\$71.43</td> </tr> <tr> <td>: Total Due</td> <td>: S\$1,091.87</td> </tr> </table>		: Basic Annual Premium	: S\$2,387.00	: Less 5% Loyalty Discount	: S\$ 119.35	: No Claim Discount -50%	: S\$ 1,133.83	: Incentive Discount 10%	: S\$ 113.38	: Total Annual Premium	: S\$1,020.44	: Premium Due	: S\$1,020.44	: Premium GST	: S\$71.43	: Total Due	: S\$1,091.87
: Basic Annual Premium	: S\$2,387.00																	
: Less 5% Loyalty Discount	: S\$ 119.35																	
: No Claim Discount -50%	: S\$ 1,133.83																	
: Incentive Discount 10%	: S\$ 113.38																	
: Total Annual Premium	: S\$1,020.44																	
: Premium Due	: S\$1,020.44																	
: Premium GST	: S\$71.43																	
: Total Due	: S\$1,091.87																	
Risk No.1	Motor Private Car																	
Make/Model	: Volvo S90 T5	No. of seats : 5																
Registration	: SDX56R	Body Type : Saloon																
Engine No.	: B4204T232824518	Capacity cc's : 1969																
Chassis No.	: LVYPS10ADKP064458	Certificate Ref. : MX1E																
Year of Manuf/Regn	: 2019/2019																	
Type of Cover	: Comprehensive																	
Financial Interest	: HONG LEONG FINANCE 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																	
*An additional excess of \$3,000 shall apply for Inexperienced Driver with less than 1 year Singapore Driving Licence.																		
The maximum additional excess of \$3,500 shall apply if the driver is both Young (Age <=25) and Inexperienced (less than 1 year Singapore Driving Licence). Unless otherwise stated in the policy.																		
* Age as at date of accident																		
EX ON WINDSCREEN .	: S\$100.00																	

Continued on page 2