

NATIONAL Assessment Centre Services

MMAY/18/24/193

| | | | |
|------------------------------|------------------------------------------|------------------------|------------------|
| Date In: 25/09/2018 11:08 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NBO/INC/18/138714 | E-mail (within 8hrs, AIC 2hrs): | | |
| Veh No: SL5 54727 | i-Motor Claim Form | MM/10/0303-002 | 25/09/2018 11:30 |
| D.O.A: 05/09/2018 13:55 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: <u>TP Reporting Only</u> | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|------------------------------------------|----------------------------------------------------------|-----------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: Veh No: (| 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:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 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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| | |

| | | | | |
|---------------------------------|-------------------------------------------------|-------------|-----------|-----------|
| NA/806151 | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | Est Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Dat 1: | 6) TR: Re-inspection \$75 | | | |
| Dat 2/3: | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11): TP (N:n INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile \$30 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 | 25/09/2018 11:08 |
| Date Of Accident | 02/09/2018 13:55 |
| Exact Location Of Accident | ALONG BEACH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLJ5472T |
| Insured/Policyholder | |
| Name Of Registered Owner | AMV PTE. LTD. |
| Co Reg No | 201505825Z |
| Email Address | KWK3068@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98184690 |
| Alternative Phone No | OFFICE-98184690 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E220D |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5086951685-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | KO WEE KIAT |
| NRIC No | S1234318C |
| Date Of Birth | 14/01/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/10/1978 |
| Driving Experience | 39 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98184690 |
| Fax Number | |
| Contact Number | OTHERS-98184690 |
| Email Address | KWK3068@GMAIL.COM |

| | |
|-----------------------------------------------------|-----------------|
| Address | 6 JALAN TUPAI |
| Postcode | 249136 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - LEASING |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------|
| Type Of Accident | NO COLLISION |
| Weather Conditions | UNKNOWN |
| Road Surface | UNKNOWN |

Other Information

| | |
|---------------------------------------------------------------------------------------------|----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

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? | |

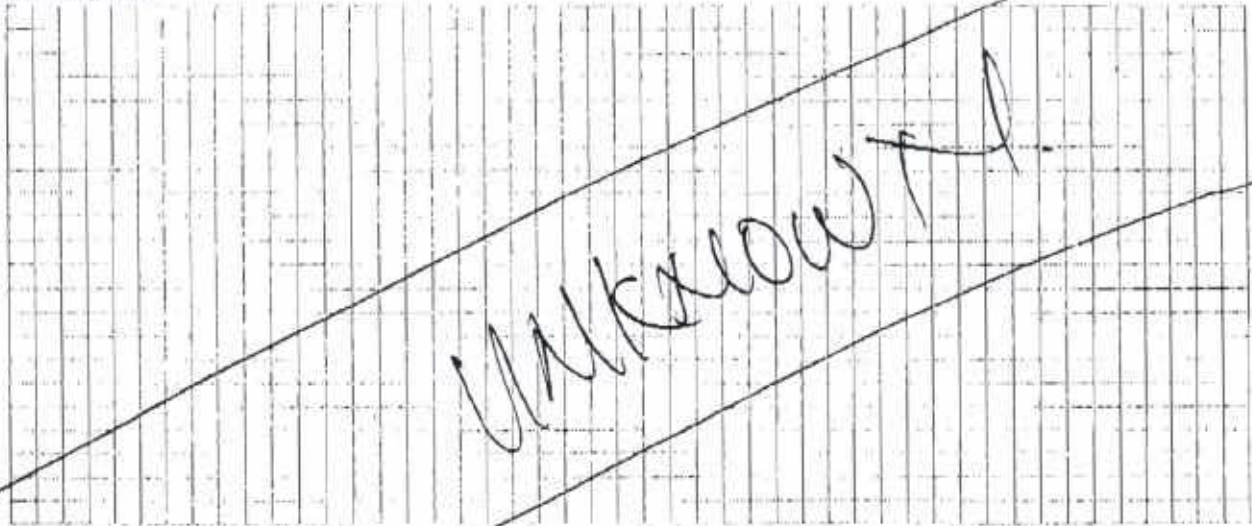
Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180911/2172

Attachment(s)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref. Ref. to Police Report
21/09/2018

DECLARATION

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

Policyholder's Signature
Date & Time: 24.09.2018

SHARME Sathishkumar 775

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

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

25/09/2018
Ref. 1/2018

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: 24.09.2018

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

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



Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|---------------------------|
| Date/Time Report Made: 11/09/2018 19:55 | Vide Report No.: | Station Diary No.: 218 |
|--------------------------------------------|------------------|---------------------------|

Informant's Particulars

| | | | | |
|------------------------------------------|------------|------------------------------|-------------------------------------------------------------|----------------------------|
| Name of Informant: KO WEE KIAT | | | Address: 6 JALAN TUPAI SINGAPORE 249136 | |
| ID Type / ID No.: NRIC NO / S1234318C | | | Contact No.: Home/Office: | Mobile: 98184690 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 61 | Date of Birth: 14/01/1957 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: PRIVATE LIMO DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|-----------------------------------------|----------------------|--------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 02/09/2018 13:55 | Type of Location: |
| Location: Along Road 1 BEACH ROAD | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SLJ5472T | Car | | | | No Damage | 0 |

Details of Person Involved

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20180911/2172

2 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180911/2172

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|----------------------------------------|---------------------------------|
| Driver | | | |
| Name | KO WEE KIAT | ID No. | S1234318C |
| Related Vehicle | SLJ5472T (Car) | Contact No. | 98184690 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 11/09/18 at about 1500hrs, I had received a message from my leasing company, AMV Pte Ltd, who informed me that they had received a letter from Traffic Police ref to TP/IP/51477/2018. According to TP letter, the accident took place along Beach Road on 02/09/2018 at about 1355hrs.

I wish to state that I am not aware of any accident involving my vehicle and I made a check of my vehicle, there is no damage on the surface. I had in-vehicle camera in both front and back of my vehicle. I wish to state that I did not do any changes to my vehicle and all the painting work are original.

I am lodging this report as requested by TP and my leasing company.



**SINGAPORE
POLICE FORCE**



T/20180911/2172

3 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No: T/20180911/2172

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:

E /

Sgt 3 YAN LUFENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

11/09/2018 19:55

Classification Of Case:

SN 17

Detailed Report

Vehicle Number: 351608081418076

From Date: 2018-09-02 00:00

To Date: 2018-09-02 20:59

| No | Date Time | Status | Spe | Odomete | address | Address |
|----|-------------------------|--------|-----|----------|-------------------------------------------------------------------------------|----------------------------------------------------|
| 1 | 2/9/2018 12:13 | stop | 0 | 41078.32 | "latitud e": "1.3016 1", "longitu de": "103.82 897", | 7 Jalan Arnap, Singapore 24, Singapore |
| 2 | 9/2/2018 13:26:02 PM | moving | 38 | | "latitud e": "1.3621 6", "longitu de": "103.76 576", | 2 Hillview Road, Singapore 66, Singapore |
| 3 | 9/2/2018 13:50:15 PM | moving | 31 | 41088.7 | "latitud e": "1.3106 3", "longitu de": "103.84 426", | 136 Bukit Timah Road, Singapore 22, Singapor |

am 26/09/2018

| | | | | | | |
|---|-------------------------|--------|----|----------|---------------------------------------------------------------|----------------------------------------------------|
| 4 | 9/2/2018 13:50:16 PM | moving | 63 | 41088.9 | "latitude": "1.31010", "longitude": "103.84553", | North-South Expressway, Singapore 22, Singa |
| 5 | 9/2/2018 13:03:06 PM | moving | 6 | 41096.2 | "latitude": "1.30223", "longitude": "103.82918", | 6 Jalan Tupai, Singapore 24, Singapore |
| 6 | 9/2/2018 13:03:04 PM | moving | 4 | 41096.22 | "latitude": "1.30224", "longitude": "103.82918", | |
| 7 | 9/2/2018 13:03:05 PM | moving | 3 | 41096.2 | "latitude": "1.30221", "longitude": "103.82913", | 6 Jalan Tupai, Singapore 24, Singapore |

an 25/09/2018

| | | | | | | |
|----|---------------|--------|----|---------|---------------------------------------------------------------|-----------------------------------------------------|
| | | | | | "latitude": "0.00000", "longitude": "0.00000", | |
| 8 | 2/9/2018 1:56 | stop | 0 | 41105.1 | 0", | Invalid |
| | | | | | "latitude": "1.30109", "longitude": "103.82827", | 24 Jalan Arnap, Singapore 24, Singapore |
| 9 | 2/9/2018 1:56 | stop | 3 | 41105.1 | 827", | |
| | | | | | "latitude": "1.30217", "longitude": "103.82838", | |
| 10 | 2/9/2018 1:56 | moving | 21 | 41105.2 | 838", | |
| | | | | | "latitude": "1.30215", "longitude": "103.82908", | |
| 11 | 2/9/2018 1:56 | stop | 0 | 41105.3 | 908", | 8 Jalan Tupai, Singapore 24, Singapore |

on 25/09/2018

*TIME OF ACCIDENT?
MY CAR WAS AT
HOME*

Claim Handling

Accident MT/1010303

| | | | | | |
|---------------------|-----------------------|---------------------|---------------|----------------------|---------------|
| Policy No. | 3080951685-01 | Vehicle No. | SLJ5472T | GST Registration No. | 2015058252 |
| Certificate No. | | | | | |
| Policyholder Name | AMY PTE. LTD. | Cover Type | drive PREMIUM | Policyholder NRIC | 2013058252 |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | NA | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | = No Yes | eCode | No * |
| KFR | + No Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | Not available |

Accident Details

| | | | | | |
|-------------------|-----------------------------------------|-------------------------------|---------------|---------------------|-----------|
| Report Date | 06/09/2018 10:17 | Accident Report Within 24 hrs | Non-Reporting | Accident Type | Others |
| Date of Accident | 02/09/2018 | Time of Accident hh:mm | 13:55 | Country of Accident | Singapore |
| Reporting Centre | administrator | Orange Force | No | ICM No. | |
| Accident Location | MSCP OF 5001 BEACH RD GOLDEN MILE TOWER | | | | |

Excess

| | | | | | |
|-------------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Uninsured Driver Excess | | Outside Singapore OD Excess | 2,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |

Benefits

GST Registered Information

| | | | |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 11/04/2016 |
| GST Registration No. | 2015058252 | GST Status Verified | Yes |
| Modification History | 07/04/2018 09:16:03 Deborah Mui changed GST Registered from No to Yes 07/04/2018 09:16:03 Deborah Mui changed GST Registration No. from null to 2015058252 07/04/2018 09:16:03 Deborah Mui changed GST Registration Date from null to 11/04/2016 | | |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------------|-----------------------|---------------------------|-----------|------------------|
| Address 1 | 231 MOUNTBATTEN ROAD | Address 2 | #02-01 MOUNTBATTEN CENTRE | Address 3 | SINGAPORE 397999 |
| Address 4 | | Address Type | Singapore address | Post Code | 397999 |
| Unit No. | | Related Policy Number | 3090366750-01 | | |

O1 Driver Info

| | | | | | |
|-----------------------------------------|----------|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 OD-MX

New

| | | | | | |
|-------------------------|-------------------------|-------------------------|----------------------------------|-------------------------|----------|
| Claim Type * | OD-MX | Insured Name | AMY PTE. LTD. | Insured NRIC | 2015 |
| Contact No.(Mobile) | 91445117 | Contact No.(Home) | NIL | Contact No.(Office) | 8894 |
| Email Address | info@amy-singapore.com | OT | SLJ5472T | TP | |
| Claim Description | SLJ5472T ON 2 Sept 2018 | | | | |
| Preferred Workshop | | Insured LIBRARY | Not at Fault | | |
| Submit No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA Report | Received |
| Date Registered | 25/09/2018 11:06 | Claim Close Date | | Date Received | 25/09 |
| Report Taken By | ROSLI WAHAB | Workshop Repairer | | Total Loss but Reported | |

Print AK letter

Save Submit

Attachment

| | | | |
|----------------------------|------------|-----------------|------------------------|
| Accident No. | MT/1010303 | Claim No. | 002 |
| Last Doc. Received | Yes No | Upload Date | 25/09/2018 11:30 |
| Path * | | Category * | Confidential Urgency * |
| Choose File No file chosen | Clear | Please Select * | NO * |
| Choose File No file chosen | Clear | Please Select * | NO * |
| Choose File No file chosen | Clear | Please Select * | NO * |
| Choose File No file chosen | Clear | Please Select * | NO * |
| Choose File No file chosen | Clear | Please Select * | NO * |
| Choose File No file chosen | Clear | Please Select * | NO * |
| Choose File No file chosen | Clear | Please Select * | NO * |
| Message Read | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--------------------------------------------------------------------------------------------------|------------------|-----------------------|---------|---------------------------------|
| NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 11:30 | | NRJC/ Driving License | Normal | NRJC/ Driving License 2018-9-25 |
| NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 11:30 | | SAS | Normal | SAS 2018-9-25 |



NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 11:10

NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 11:10

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NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 11:09

Photos

Normal

Photos 2018-9-25

Photos

Normal

Photos 2018-9-25

Photos

Normal

Photos 2018-9-25

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Photos 2018-9-25

Video List

Uploaded By/Date

Folder/Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 02/09/2018 (DD/MM/YYYY), TIME: 13:55 (HH:MM)

LOCATION: BUKIT ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ5472J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5056951685-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: E220d 9G Mercedes Benz
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) _____

2. INSURED / POLICY HOLDER

- A) NAME: KO Wee Kiat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S123431516 CONTACT: 98194690
 c) ADDRESS: 6 Jalan Tupai
Spore 249136

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KO Wee Kiat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S123431516 CONTACT: 98194690
 c) ADDRESS: 6 Jalan Tupai
Spore 249136

*d) DATE OF BIRTH: 14/01/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/Oct/1978

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: Killiney Road

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

EMAIL = kwk3068K@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1234318C



Name
KO WEE KIAT



Race
CHINESE

Date of Birth
14-01-1957

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
S1234318C

Name
KO WEE KIAT

Birth Date
14 Jan 1957

Issue Date
23 Jun 2003




3016730



NRIC No. S1234318C



Short Driver
B+

Date of Issue
08-04-1998


Address
6 JALAN TUPAI
SINGAPORE 249136

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
12 Oct 1978

License No. S1234318C



NF426A

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Policy Query

| | | | |
|------------------------|---------------------------------------|--------------------|-----------------------------------------------|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="02/09/2018 14:45"/> |
| Vehicle No.(For Motor) | <input type="text" value="SLJ5472T"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5086951685-01 | | AMV PTE. LTD. | 201505825Z | GPC | drivo PREMIUM | SLJ5472T | SLJ5472T | 15/12/2017 | 14/12/2018 |