	Ap.	j'		·	· . prl	
NATIONAL ASSESS	ment Centre	Services. 14	11134051,	110821239	1000	' '
Dute In: 02 0 2021	10,32	Jeb description		Dute & Timo	completed .	Done by
Reino: / BA W/(2)	PDIBITITY	SAS c-Illing	-			
Veh No. STW 5480	12 1/	E-malf(bjale shr	r, Alothus)		8	1 / "
1500 5010 40.0	1724	I-Motor Claim	Porm	M/11/1982	1000	03/02/2021
00 200		I-Motor W/O (Milhiet OD Shra	TP (brs)		101.23. 1-
()1) (IP) Reporting On	ly .	I-Photo Upload	ed	1	•	1
	w	AssessmenUSurv				· · · · · · · · · · · · · · · · · · ·
TP Insurer:				Owner/Wish		CONTRACTOR MAKES KUTCH
Proformed Wicep I INC Assign	Micab / OM: (nall almost agreement and a second	A STREET STREET	Yol:	Fuxi	
TP Randicultary:	Veh No:	KAMBB	, INC()/Non-INC	2().	J.,,
Owner / Driver: (•			Tel:		
Policy No: () Per	lodi ()	Cover Type:		
Confirmed by ; (, , , , , , , , , , , , , , , , , , ,	Dates,	%; P: 21-79		<u>/</u>
Insured/Driver Llability:		Note-Est Sintus (We Worrenty: YES ()/NO(1 21013	70, 1,00,00	
Year of Registration: (Louding; \$1,0)			
Tanking the second		HANGE CHICK	TENERAL TENERA	MANANA TAN	37.75 E. F. S.	A 1813. V
() Walle-In Guscoman	· Customers Info	rmation stictly Con	ve & launobr	iculy NO refor	of repolitor.	
() Total Loss Case	to e-mail Ynsure	y urgently.	1	11 40	,7	·· · ,
Drive-In ()/Towed-	in (); Invoice	N / () EIV II) () () () () () ()	owing Co: (acnob kantigaka	SHAPPING THE TOTAL SHAPPING THE
	THE STATE OF THE S			例例例如例如	阿斯斯斯斯	thirthpuppy
1) Apply for Transport All	owanco ()/C	Courtesy Car ()			, W	
2) QC Check / Post Require	AND DESCRIPTION OF THE PERSON	(,)				7:
3) Upload Resurvey Photo	[Repuir Cost> \$3	3000] (-)	<u> </u>			
Injurý i	·	· · · · · · · · · · · · · · · · · · ·		THE PROPERTY OF THE PARTY OF TH	MIN THE WAY THE PET	A STATE OF THE PARTY OF THE PAR
	YESTEN MATERIALISM T			30000000000000000000000000000000000000	对比如的对对	5位6000000
2 a. Call observations Desired the CALL	400-10 (100 to 1 t			*		
		,				-
		3				
	y	THE RESERVE OF THE PARTY OF THE	AURO DING BOUNDA	With the state of		Will Color of the
NA2100988	1501,	,			STATE OF THE	William A William
		HERIOTER MEASURE OF THE PROPERTY OF THE	1) All I Apaldan	Visassumpi (210	OX FNG (270)	43
Jeiver/Owner:	2//A1888/07/14819/07/07/14800	Wast Attendance of the	2) In 1 Low luk ;	heatrh Hurvey	31	20
		• •	2) hit inflower	ralnati HO Duly		73
Portingt No:			C) Til I I I I I I I I	+ EMRI BUTVAY		60
Darnaged Portion;			1) MIUC Additi	onel Services		
QC Checked by (Engr-In-	Charne):		NS; Caurlet	y Carl Tpl Allows	Thu the	\$10
SCI Checken by Inniliatin	- Commence of the Commence of	SINAINITA ANTANAMINA IN S.	- Het Habalt	pelr inspeallon	Handon	35
water constraints the		文档的现在分词	LE (MILLA)	P(K.HINC) elele		30
Cal_1:		1	Minolos golen	obile	Per Charged	PHYLLEA PHYLLEA
12/3			Invotes duted		Les Armes	V
				ati L		
741		,*				

. .

SN0821230001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/02/2021 10:29 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (03/02/2021 10:29 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	03/02/2021 10:29 (SGT) 02/02/2021 17:24 (SGT) Anson Rd, Singapore TOWARDS MAXWELL ROAD Singapore
--	--

DETAILS OF OWN VEHICLE

SJW5489B

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No AH KOW @ TEO AH KOW

NRIC No SXXXX065H Email Address goldenway.construction@gmail.com Mobile Phone No (Phone) +65-96774100 Alternative Phone No +65-96774100

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer	Toyota
Model	Corolla
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 Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	
Floor Dellas	Comprehensive
	No
Policy Number	5112926098-01
Cover Note Number	

DRIVER

Name of Driver	AH KOW @ TEO AH KOW
	ATTROVI W TEO ATTROVI
NRIC No	SXXXX065H

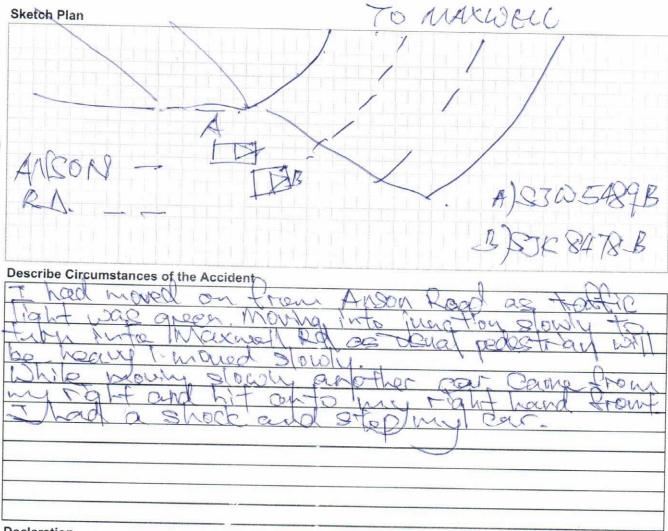
Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	19/08/1976 44 YEARS AND 6 MONTHS Male (Phone) +65-96774100 +65-96774100 goldenway.construction@gmail.com BLK 412A FERNVALE LINK #09-23 - 791412 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name Gender	No 2 No - Yes 2 No UNKNOWN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SJK8478B Private car

Address	
Address complement	5
Postcode	9
Insurance Company Name	1
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
The description (melading briver)	

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
- 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 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.



Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (DZ, OZ 30) () (DD/MM/YYY), TIME: (17.24) (HHMM)
LOCATION: Austral ROBO
1. DETAILS OF VEHICLE C) VEHICLE NUMBER: D) INSURANCE COMPANY: C POLICY NUMBER: C POLICY NUMBER: C POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT] E) MAKE & MODEL: 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) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: A) NAME: C) ADDRESS: CONTACT: CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Clincluding driver) DRIVER DRIVER DRIVER DRIVER DRIVER CONTACT: CJADDRESS:
*d) DATE OF BIRTH: () / A / (TT) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 9 / 1976 f) DATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: UNKING 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) 7. a) REPORTED TO POLICE (YES / NO) 7. d) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SCANB MODEL: (Including driver) b) DRIVER'S NAME: HMY C) NRIC/FIN/PASSPORT: CONTACT: STATION: 9. THIRD PARTY VEHICLE MODEL: MODEL: O) VEHICLE NUMBER: MODEL:
(Including driver) f) NRIC/FIN/PASSPORT: CONTACT:

email = GOLDENWAY-CONSTRUCTION & GMAIL. Com

Claim Handling

Accident MT/1119822					
Policy No.	5112926098-01	Vehicle No.	SJW5489B		
Certificate No.			21M2482B		GST Registration No.
Policyholder Name	AH KOW @ TEO AH KOW				
Product Code	PRIVATE CAR INSURANCE	Cover Type	deline CLASSIC		Policyholder NRIC
Contact No.(Mobile)	96774100	Contact No.(Office)	drivo CLASSIC		Loading
Email Address		Special Remark			Contact No.(Home)
KFK	⊚ No ⊜Yes	TCA	No Yes		eCode
NCD Protection	No	NCD Entitlement(%)			eCode Reason
Accident Details		res Endachiend (a)	10		Private Hire
Report Date	03/02/2021 10:24	Accident Report Within 24 hrs	Yes		
Date of Accident	02/02/2021	Time of Accident hh:mm			Accident Type
Reporting Centre		Orange Force	17:24		Country of Accident
Accident Location	ANSON ROAD TOWARDS MAXWELL ROAD	Orange Porce			ICM No.
▼ Total Excess Applicable	TO THE MONEY				
Excess Type	Per Accident	Windscreen Excess			
I DOMES		Windscreen Excess		100.00	
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00	
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Covered?
Additional Excess	0			0.00	briver is covered?
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00	
▽ Benefits				1,500.00	
▽ GST Registered Informat	tion				
GST Registered	No		GST Regist	ration Date	
GST Registration No.			GST Status		Yes
Modification History					
▼ Policyholder Mailing Add	ress				
Address 1	BLK 412A #09-23	Address 2	FERNVALE LINK		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.		Related Policy Number	5112926098-01		
Driver Name	AH KOW @TEO AH KOW	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2507065H		Driver DOB
Register Date of Driver License	19/08/1976	Driver Age	65		Driving Experience
Contact No.(Mobile)	96774100	Contact No.(Office)			Contact No.(Home)
Address 1	BLK 412A #09-23	Address 2	FERNVALE LINK		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJW5489B		Driver Insurer Comp
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
		100000 #0-070 #050 #050	9,111,0		
Modification History					
Modification History					
Claim 001 New					
- N					
Claim Type *				OD-MX	Insured AH KOW
Contract No. (Makila)					Name Contact
Contact No.(Mobile)				96774100	No. (Home) 6315541
Email Address					01
					Vehicle SJW5489 Number
Claim Description				CIMEADOR / CIVO TOO	
ESTIMATE SERVICE SOLVENS CALL				SJW5489B / SJK8478B O	N Z Feb 2021
Preferred Workshop	Insured Liability Not at Fault	. •			
Reative No. Yes	Repair Option Preferred Workshop, Na	The state of the s	'		252/4
Date Registered	Option			03/02/2021 10:32	Claim Close
					Date

ROSLI WAHAB

Print AK letter Save Submit Attachment Accident No. MT/1119822 Claim No. 001 Last Doc. Received Yes ○ No Upload Date 03/02/2021 10:33 Path * Category * Confidential Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select v NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select v NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Attachment Uploaded By/Date Category Urgency Descr NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:33 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:33 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:33 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE Photos Normal S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 10:32 NRIC/ Driving License NRIC/ Driving L Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE SAS S (BUKIT MERAH)) on 03 Feb 2021 10:32 Normal SAS 20 Video List Uploaded By/Date 9 Folder Date File Name

Display in New Window Scan and uploading

Policyholder NRIC

S2507065H

Hello, NAC_BUKIT_MERAH_800676

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident
Vehicle No.(For Motor)

SJW5489B

Certificate Number

Certificate

Number

Select

Policy No.

5112926098-01 Policyholder Name

AH KOW @ TEO AH KOW Date of Accident 02/02/2021 10:44

Certificate Number

SJW5489B SJW5489B

Insured Object Commence Date

Vehicle

No.

GeneralClaim

Expiry Date

07/10/2020 06/10/2021

Continue

Product Cover Type

drivo CLASSIC