Selat loot 121	tre Services (MUT 400 8866	
Date In: 28/06/2018 12/1	7 Job description Date & Time Completed	Done by
Rei No NDA MILLED 1876/Y	SAS e-filing	
Veh No SKW UPTIA	E-mail (within 8hrs, AIC 2hrs)	1 1
DOA 28/06/2018 1.75	i-Motor Claim Form M (000 872 00)	29/06/2017
OD (1) ' Peporting Only	i-Motor W/O (Within: Ol) 2hrs, TP 4hrs)	2.47
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:	CT5954C INC()/Non-INC()	
Owner / Driver: (Tel:)
Tourist Sales of the Control of the	Period: () Cover Type: ()
Confirmed by : (Date: Time:)
	[Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	li di
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$		·/
General Remarks;-	The Continue of the Continue o	
	nformation strictly Confidential & Strictly NO rafer of repairer.	
() Total Loss Case : to e-mail Inst		
	A STANDARD OF THE PROPERTY AND	
Drive-In () / Towed-In (); Invo	ice: YES () / NO (); Towing Co. (
Remarks:- (ING horline: 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 :		
Injury : Date/Time Actions		TO HICK
	Invoice Preparation Checklist	Anit (S) Amt (S) 1st Bill Add Bill
Date/Time Actions MAGOY228	1) AR: Accident Reporting (\$30);	(C) 4 (1)
Date/Time Actions MAGOY228 Claimant's Particulars:-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45	(C) 4 (1)
Date/Time Actions UH(804228 Claimant's Particulars:- Driver/Owner:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Fellow-Through Survey \$120	(C) 4 (1)
Date/Time Actions MH(8042)8 Claimant's Particulars:- Driver/Owner:	1) AR : Accident Reporting (\$30); 2) DA : Damege Assessment (\$100), INC (\$80) 3) TF : 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)	(C) 4 (1)
Date/Time Actions UH(80428 Claimant's Particulars:- Driver/Owner: Contact No:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : 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	(C) 4 (1)
Date/Time Actions UH(80428 Claimant's Particulars:- Driver/Owner: Contact No:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:-	(C) 4 (1)
Date/Time Actions UAGOY23 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- O1)*	(C) 4 (1)
Date/Time Actions UHG0Y228 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- O11* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10	(C) 4 (1)
Date/Time Actions MAGOY228 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- O11* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25	(C) 4 (1)
Date/Time Actions UHGOY22 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:-	1) AR : Accident Reporting (\$30); 2) DA : Damege Assessment (\$100); INC (\$80) 3) TF : 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD!* *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 (Nan INC) against INC \$20	Let Bill Add Bill
Date/Time Actions	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services: O11* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5	Let Bill Add Bill

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 witholding 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.

Mantheologia	ACCIDENT STATEMENT
Date Of Report	29/06/2018 12:17
Date Of Accident	28/06/2018 17:55
Exact Location Of Accident	WESTGATE (WESTGATE DRIVE) TAXI STAND
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW4871A
Insured/Policyholder	
Name Of Registered Owner	SAFE N SWIFT
Co Reg No	53311649W
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96615252
Alternative Phone No	OFFICE-96615252
Vehicle Particulars	Of From Oxfor
Manufacturer	тоуота
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090961322-01
Cover Note Number	
Driver	
Name of Driver	LEE KHAR HOU
NRIC No	S8608151B
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96615252
Fax Number	
Contact Number	OFFICE-96615252
EMail Address	HANCARREPAIRS@GMAIL.COM
	12.1 Tankaya

BLK 678 WOODLANDS AVENUE 6 Address #02-732 Postcode 730678 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OTHER - HIRER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 3 Passenger 1 NAME: : PASSENGER GENDER: : FEMALE Passenger 2 : PASSENGER NAME: GENDER: : MALE **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 SKETCH PLAN Attachment(s) YES Are accident photos available for attachment?

Vehicle Registration Number Vehicle Make/Model/Colour Details Of Properties Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

KETCH PLAN		
	Vehicle No:	
	DOA:	

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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 Date Protection Act (PDPA): I understand, acknowledge, agree and consent that:-
 - My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;

 (ii) 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")
 - All insurer(s) involved in this accident and the insurers' 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.

Policyholded enature
Date & Time

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholded enature
(If driver is not the policyholder)

Witnessed by Reporting Center
Personnel

Sketch Plan

Westgate Taxi Stand	7
Vehicle B: SKW4871A Vehicle B: SLT59548	7 19 19
	THE REPORT OF THE PERSON OF TH
	1

Describe Circumstances of the Accident

I was topovelling along Westgate (Gateway Dolive) taxi stand
on 28/6/18 at about 1755H910.
87.8
I was moving out form that agree aftern picking up my
passenger, when vehicle B came from the right and hit onto
me when he changed lane . I was approaching the toroffic light
and was in my lane the whole time.
I also wish to state that the traffic light was green

Declaration

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

Policyholder's Signature

Date & Time

Driver's Signature (If driver is not policyholder)

Date & Time

Witnessed by Reporting Centre

Personnel

Claim Handling

blicy No.										
and me	509096133	2-01	Vehicle No.	SKW48714		GST Registration No.				
blicyholder Name	SAFE N SW	JFT.				Pulicyholder NRIC		533116491	Ÿ.	
rodust Code	PRIVATE G	AR INSURANCE	Cover Type	Third Party, Fire	& Thirt	Loading		0.		
Contact No.(Milole)	96615252		Contact No.(Office)			Contact No.(Hume)				
mall Address			Special flamark			eCode		No. *		
TK:	+ 80 -3	(6)	TCA:	+ No. Yes		wCode Reason				
CD Protection	Sto		NCD Entitlement(%)	10		Private Hire		Yes		
✓ Accident Details	10000		WORKEN COLORS WITH							
sport Data	29/04/201	6.000	Accident Report Wilton 24 hrs.	796		Acodem Type		Side Swire		
have of Accident	28/06/201		Time of Accident hin:mm	17:55		Country of Accident		Simpassore		
Separting Centre	200 May 23/5	2	Orange Force	17:33		ICM No.		Althorna, and		
[10][24,T][22,1][1]]	- with the same of the	NAMES OF TAXABLE PARTY.	Constant Contract			STATE				
Accident Location	WESTGATE	(WESTGATE DRIVE) TAXESTAND								
▽ Benefite	_							_		
A Exceed	_	6900								
Own damage Excess		Q.00	Additional Extess	0		Windscreen Excess		0.00		
innamed Driver Brosse			Outside Singapore CO Excess		0.00					
Nird Party Excess		1,500.00	Outside Singapere TF Excess		1,100.00					
	atien									
ST Registered		569			instruction Date					
57 Registration No.				G5T Sta	tus Verified	No				
odřícation History										
Policybulder Halling Ad	hirene									
Address I	BLK 165 #	05-3667	Alteress 2	BUICT MERANIC	ENTRAL.	Address 3		SINGAPOR	£150155	
Address 4			Address Type	Singapore addre	10.	Post Code		150166		
Init No.	85-3669		Related Policy flumber	5090561322-01						
▽ OI Oriver Info										
Driver Name	Unnemed	Driver	Driver Type	Umnamed Driver						
Innamed driver Name	LEE KHAR	HOU	Driver NRIC	586081518		Driver DOB		01/04/196	Hi.	
Register Date of Driver License	25/64/203	T.	Driver Age	32		Origing Expanience		7		
Contact No.(Motide)	96615252		Contact No. (Office)			Contact No.(Home)				
Autotress II	BLK 678 #	02-732	Address 2	WOODLANDS A	VENUE #	Address 3		ADMIRALT	TRACE	
Address 4	SINGAPOR	E 730678	Address Type	Foreign address		Post Code		730676		
Unit No.	02-732									
Does he lawn a Singapore	Yes e	fice.	Driver Vehicle No.	5KW4871A		Driver Insurer Comp	anv	NTUC		
Registered Lar?	274	40	\$2000000000000000000000000000000000000	STEED WORKS		ESTREAM SECTION	010			
Name (Carlotte Carlotte Carlot										
Declaration Breathalyser or Blood Test										
Reading?	0 mg		Any injury t	Ves a No.						
Reading? Modification History Claim 001 00-MR htm	16		Art illus							
Reading? Modification History Claim 001 00-MR htm	*[]	*1	7			Insulant FARST		531144	AN.	
Realing? Holification History Claim 001 00-MR htm	16	*	Insured Name	SAFE H SWIFT		Insured NRCC		h2311640	W.	
Reading? Holification History Claim 003 OD-MR ten Ten Claim Type * Contact No.(Mobile)	*[]	*	Insured Verne Contact to (Home)	SAFE IS SWIFT		Contact No.(Cffice)				
Reading? Claim 001 OD-MR ten Claim Type * Contact So.(Mobile) Email Address	GD-MX		Insured Name	SAFE H SWIFT		Contact No.(Office) TP Vehicle Number		53311646 SLT59548		
Reading? Claim 003 OD-MR test Claim Type * Contact for (Mobile) Email Address Calem Description	GD-MX	A / 52.75914IS ON 28 Jun 2018	Insured Seme Contact No. (Hens) Of Vehicle Number	EAFE N SWIFT NIL BEWARTIA		Contact No.(Cffice)	Vorkshop			
Reading? Claim 003 OD-MR test Claim Type * Contact for (Mobile) Email Address Calem Description	GD-MX		Insured Verne Contact to (Home)	SAFE IS SWIFT		Contact No.(Office) TP Vehicle Number	Workshop			
Reading F Claim 003 00-MR tran Claim Type * Contact You (Motale) Final Address Case Description Preferred Workshop Contact No.	GD-MX		Insured Seme Contact No. (Hens) Of Vehicle Number	EAFE IS SWIFT IN. EXWARTIA. Not at Fault		Contact No.(Office) TP Vehicle Number	Workshop			
Reading F foothcation History Claim 003 00-MR htm Claim Type * Contact No.(Motrie) Email Address Calam Description Perferred Workshop Contact No. Require Finalisation	GO-MX Skw4023	A / 50.759546 ON 28 Jul 2018	Insured Seme Contact No. Home; Of Vehicle Souther Insured Cability *	EAFE IS SWIFT IN. EXWARTIA. Not at Fault		Compat No. (Office) TE Vehicle Number I Name of Preferred V	Workshop	SLT59541		
Claim 003 00-MR ton Claim 003 00-MR ton Claim Type * Contact No.(Motale) Email Address Casem Description Preferred Workshop Contact No. Require Furalisation Data Registered	OD-MX SKW402) Yes	A / \$2.759546 ON 28 Jul 2018 • 18 12:46	Insured Seme Contact two Homes Of Vehicle Number Insured Cability * Preferend Repair Option	EAFE IS SWIFT IN. EXWARTIA. Not at Fault		Compaz No. (Cifice) TP Vehicle Number hame of Preferred V		SLTS9141		
Claim 003 00-MR htm Claim 003 00-MR htm Claim Type * Contact No.(Motale) Crinal Address Claim Description Preferred Workshop Contact No. Require Fundhadius Date Registered	00-MX SKW402) Yes 29/06/20	A / \$2.759546 ON 28 Jul 2018 • 18 12:46	Insured Seme Contact two Homes Of Vehicle Number Insured Cability * Preference Repair Option Claim Close Date	EAFE IS SWIFT IN. EXWARTIA. Not at Fault		Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		SLTS9141		
Claim 003 00-MR htm Claim 003 00-MR htm Claim Type * Central for (Motale) Crist Description Preferred Workshop Centact Mr. Require Fundhadtun Data Registered Report Token By	00-MX SKW402) Yes 29/06/20	A / \$2.759546 ON 28 Jul 2018 • 18 12:46	Insured Seme Contact two Homes Of Vehicle Number Insured Cability * Preference Repair Option Claim Close Date	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work	ruhop, Name unknown	Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		SLTS9141		
Claim 003 00-MR htm Claim 003 00-MR htm Claim Type * Central for (Motale) Crist Description Preferred Workshop Centact Mr. Require Fundhadtun Data Registered Report Token By	00-MX SKW402) Yes 29/06/20	A / \$2.759546 ON 28 Jul 2018 • 18 12:46	Insured Seme Contact two Homes Of Vehicle Number Insured Cability * Preference Repair Option Claim Close Date	EAFE IS SWIFT IN. EXWARTIA. Not at Fault	ruhop, Name unknown	Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		SLTS9141		
Claim 003 00-MR htm Claim 003 00-MR htm Claim Type * Central for (Motale) Crist Description Preferred Workshop Centact Mr. Require Fundhadtun Data Registered Report Token By	00-MX SKW402) Yes 29/06/20	A / \$2.759546 ON 28 Jul 2018 • 18 12:46	Insured Seme Contact two Homes Of Vehicle Number Insured Cability * Preference Repair Option Claim Close Date	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work	ruhop, Name unknown	Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		SLTS9141		
Claim 003 00-MR htm Claim 003 00-MR htm Claim Type * Contact You Hotales Chair Description Performed Workshop Contact No. Require Furalisation Date Registered Report Token By * Point AK hetter	00-MX SKW402) Yes 29/06/20	A / \$2.759546 ON 28 Jul 2018 • 18 12:46	Insured Seme Contact two Homes Of Vehicle Number Insured Cability * Preference Repair Option Claim Close Date	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work	ruhop, Name unknown	Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		SLTS9141		
Claim 003 00-MR htm Claim 003 00-MR htm Claim Type * Contact You Hotales Chair Description Performed Workshop Contact No. Require Furalisation Date Registered Report Token By * Point AK hetter	00-MX SKW402) Yes 29/06/20	A / \$2.759546 ON 28 Jul 2018 • 18 12:46	Insured Seme Contact two Homes Of Vehicle Number Insured Cability * Preference Repair Option Claim Close Date	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work	ruhop, Name unknown	Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		SLTS9141		
Claim 001 OD-MR htm Claim 001 OD-MR htm Claim Type * Contact Re. (Mobile) Email Address Calm Description Preferred Workshop Contact No. Require Finalisation Care Registered Report Token By * Print AK better	OD-MX Skw4023 Yes 29/06/20 6/25c1 W/	A / \$2.759546 ON 28 Jul 2018 • 18 12:46	Insured Seme Contact two Homes Of Vehicle Number Insured Cability * Preference Repair Option Claim Close Date	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work	ruhop, Name unknown	Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		SLTS9141		
Claim 003 DD-MR ten Claim 003 DD-MR ten Claim Type * Contact No.(Mobile) Email Address Calem Description Preferred Workshop Contact No. Sequire Fundibation Set Kegisterin Report Token By # Point AK letter Attachment	OD-MX SKW4023 Yes 29/06/20 6/25CL W/	A / SLTS9(AS ON 28 Jun 2018) * 18 12:46	Insured Name Contact two(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Gose Date Workshop Repairer	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work	ruhop, Name unknown	Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		SLTS9141		
Claim 003 DD-MR ten Claim 003 DD-MR ten Claim Type * Contact No.(Notice) Email Address Email Address Email Address Freferred Workshop Contact No. Require Finalisation Date Registered Report Token By # Point AK letter Attachment	OD-MX SKW4023 Yes 29/06/20 6/25CL W/	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work	ruhop, Name unknower	Compat No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received		Su755141 Beceived 29/06/20	16 00:00	exctption *
Claim 003 DD-MR htm Claim 003 DD-MR htm Claim Type * Comact No. (Hobse) Email Address Colaim Description Preferred Workshop Contact No. Require Finalisation Seport Token By # Print AK better Attachment # Accident No. Levt Dec. Restrived.	00-MX Skw402) Yes 29/06/20 8/25/LI W/	A / 51.759/AS ON 28 Jun 2018 * 18 12:46 HHAR	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work	901 29/06/2018 12:47 Catagory *	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Received Total Lass but Repa	Urper	Su755141 Beceived 29/06/20	16 00:00	• sectyolus •
Claim 003 00-MR ton Claim 003 00-MR ton Claim 7ype * Contact No.(Notice) Claim Type * Contact No.(Notice) Contact No. Sequire Finalsation Sequire Finalsation Attachment Account No. Lest Doc, Restined.	OD-MX SKW4023 Yes 29/06/20 6/25c.1 W/	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work Save Submit	001 29/06/2018 12:47 Catagory *	Compact No. (Office) TF Vehicle flumber Name of Preferred V GIA report Date Received Total Lass but Repa Confidential V NO V	Urper Mormal	Su158141 Received 29/06/20	16 00:00	schiller *
Claim 003 00-MR ten Claim 003 00-MR ten Claim 700 * Contact No.(Notice) Contact No.(Notice) Contact No.(Section Section Description Section Finalisation Section Finalisation Attachment Attachment Accident No. Lest Doc. Restined.	OD-MX SKW402) Yes 29/06/20 6/25C1 W/	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	SAFE IS SWIFT NIL SKWARTIA Not at Fault Preferred Work Save Submit	001 29/06/2018 12:47 Catagory * Reask Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Repeived Total Lass but Repe Confidential V NO V NO V	Urper Normal Normal	5.175141 Received 29/06/20	16 00:00	sectificate *
Claim 003 00-MR ten Claim 003 00-MR ten Claim 700 * Contact No.(Notice) Contact No.(Notice) Contact No.(Section Section Description Section Finalsation Section Finalsation Attachment Attachment Accident No. Lest Dec., Restined. Choose File No file chose Choose File No file chose Choose File No file chose	OD-MX SKW402) Yes 29/06/20 6/25c.1 W/	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	Sare Submit	001 29/06/2018 12:47 Catagory * Reask Select Rease Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Repeived Total Lass but Repa Confidential Y NO Y NO Y NO Y	Urper torms: Normal Normal	8x7 * * * * * * * * * * * * * * * * * * *	16 00:00	escription =
Claim 003 00-MR ten Claim 003 00-MR ten Claim Type * Comat fin (Notice) Chair Rescription Performed Workshop Contact No. Require Finalsation Attachment Accident No. Lest Dec, Restrict. Chagge File No file choose Chagge File No file choose Chagge File No file choose	OD-MX SKW402) Yes 29/06/20 6/25c.1 W/	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	Sare Submit	001 29/06/2018 12:47 Catagory * Reask Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Repeived Total Lass but Repa Confidential V NO V V NO V V NO V	Urper torms: Normal Normal	5.175141 Received 29/06/20	16 00:00	section *
Claim 003 00-MR ten Claim 003 00-MR ten Claim 700 * Contact No.(Notice) Contact No.(Notice) Contact No.(Section Section Description Section Finalsation Section Finalsation Attachment Attachment Accident No. Lest Dec., Restined. Choose File No file chose Choose File No file chose Choose File No file chose	OD-MX SKW4023 Yes 29/06/20 6/25C1 W/	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	Sare Submit	001 29/06/2018 12:47 Catagory * Reask Select Rease Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Repeived Total Lass but Repa Confidential Y NO Y NO Y NO Y	Urper torms: Normal Normal	8x7 * * * * * * * * * * * * * * * * * * *	16 00:00	schiller *
Claim 003 00-MR ten Claim 003 00-MR ten Claim 700 * Contact No.(Notice) Contact No.(Notice) Contact No.(Section Section Description Section Finalsation Section Finalsation Attachment Attachment Accident No. Lest Dec., Restined. Choose File No file chose	90 H1/1 P P P P P P P P P P P P P P P P P P	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	Sare Submit	001 29/06/2018 12:47 Catagory * Reask Select Rease Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Repeived Total Lass but Repa Confidential F NO F NO F NO F NO F	Urper torms: licernal Normal Normal	5.175141 Received 29/06/20	16 00:00	secription *
Claim 003 00-MR from Claim 003 00-MR from Claim 700 * Comat No.(Notice) Claim 105cription Preferred Workshop Contact No. Require Finalsation Sate Registered Report Toxen By # Point AX better Attachment # Choose File No file chose	90 H1/1 P P P P P P P P P P P P P P P P P P	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	Sare Submit	001 29/06/2018 12:47 Catagory * Reask Select Rease Select Rease Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Repeived Total Lass but Repa Confidential Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y	Urper Mornal Nornal Nornal Normal	8x7 * * * * * * * * * * * * * * * * * * *	16 00:00 De	sacrhiften *
Claim 003 00-MR ton Claim 003 00-MR ton Claim 003 00-MR ton Comman No. (Notrie) Claim 100-100 Claim 100-100 Comman No. (Notrie) Claim 200-MR ton Control Workshop Contact Ide. Require Furelsation Care Registered Report Token By # Print AK better Attachment Choose File No file chose	90 H1/1 P P P P P P P P P P P P P P P P P P	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	Sare Submit	001 29/06/2018 12:47 Catagory * Reask Select Rease Select Rease Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Repeived Total Lass but Repa Confidential Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y	Urper Mornal Nornal Nornal Normal	8x7 * * * * * * * * * * * * * * * * * * *	16 00:00 De	Market 10.0
Claim 003 00-MR from Claim 003 00-MR from Claim Type * Centact for (Hotzle) Comel Address Claim Exercision Perferred Workshop Contact (II. Require Finalsation Nate Registered Report Token By # Print AK letter Attachment # Choose File No file chose	90 H1/1 P P P P P P P P P P P P P P P P P P	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	Sare Submit	001 29/06/2018 12:47 Caragory * Rease Select Rease Select Rease Select Rease Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Repeived Total Lass but Repa Confidential Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y NO Y	Urper Mornal Nornal Nornal Normal	8x7 * * * * * * * * * * * * * * * * * * *	16 00:00 De	Send Message Up
Claim 003 00-MR ton Claim 003 00-MR ton Claim 003 00-MR ton Comman No. (Notrie) Claim 100-100 Claim 100-100 Comman No. (Notrie) Claim 200-MR ton Control Workshop Contact Ide. Require Furelsation Care Registered Report Token By # Print AK better Attachment Choose File No file chose	90 H1/1 P P P P P P P P P P P P P P P P P P	A / SLTS9/AS ON 28 Jun 2018 * 18 12:46 9948	Insured Name Contact two (Home) Of Vehicle Number Insured Cability * Preferend Repair Option Claim Close Bate Workshop Repairer Claim No.	Sare Submit	001 29/06/2018 12:47 Catagory * Reask Select Rease Select Rease Select	Compact No. (Office) TP Vehicle Number Iname of Preferred V GIA report Date Received Total Less but Repa Confidential V NO V NO V NO V NO V NO V NO V NO V NO V NO V	Urper Etornal Normal Normal Normal	8x7 * * * * * * * * * * * * * * * * * * *	16 00:00 De	Send Message Up
Claim 003 00-MR ten Claim 003 00-MR ten Claim Type * Comat fin (Hotale) Comat fin (Hotale) Come Reserving Require Finalsation Sate Registered Report Toxen By Point AX letter Attachment Choose File No file chose	OD-MX SKW402) Yes 29/06/20 6025C1 W/	A / SLTSWIAS ON 28 Jun 2018 T 12:46 HOUSE No Path * Upriceited By/Debe	Insured Name Contact two (Homes) Of Vehicle founder Insured Clability * Preferred Repair Cotion Claim Close Date Workshop Repairer Claim No. Uplood Date	Safe is SWIFT NIL SAWARTIA Not at Fault Preferred Work Save Submit Clear P Clear 0 Clear 0 Clear 2 Clear 2	001 29/06/2018 12:47 Caragory * Rease Select Rease Select Rease Select Rease Select	Compact No. (Office) TP Vehicle Number Iname of Preferred V GIA report Date Received Total Less but Repa Confidential V NO V NO V NO V NO V NO V NO V NO V NO V NO V	Urper Etornal Normal Normal Normal	8x7	16 00:00 De	Market 10.0
Claim 003 00-MR htm Claim 003 00-MR htm Claim 003 00-MR htm Claim 1003 00-MR htm Comact Im. (Hotale) Cmail Address Englite Finalisation Date Registered Report Token By # Print AX better Attachment Choose File No file choose Choose File No fil	OD-MX SKW402) Yes 29/06/20 6025C1 W/	A / SLTSSHAS ON 28 Jun 2018 18 12:46 000872 Yes Path, * Uproximal By/Date H. 200876; TAXTORIAL ASSENSMEN	Insured Name Contact two (Home) Of Vehicle Number Insured Cabinty * Preference Repair Option Claim Close Date Workshop Repairer Claim No. Usload Date	Safe is SWIFT NIL SAWARTIA Not at Fault Preferred Work Save Submit Clear P Clear 0 Clear 0 Clear 2 Clear 2	001 29/06/2018 12:47 Caragory * Rease Select Rease Select Rease Select Rease Select Rease Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Received Total Lass but Repa Confidential V RO V NO V	Urper Sermal Normal Normal Normal	8x7	16 00 00 De	Send Message Up
Claim 003 DD-MR ten Claim 003 DD-MR ten Claim 700 * Contact for (Notice) Contact for (Notice) Contact for (Notice) Contact for (Notice) Require Finalsation Date Registered Report Token By # Point AX letter Attachment Choose File No file chose	OD-MX SKW402) Yes 29/06/20 6025C1 W/	A / SLTSWIAS ON 28 Jun 2018 T 12:46 HOUSE No Path * Upriceited By/Debe	Insured Name Contact two (Home) Of Vehicle Number Insured Cabinty * Preference Repair Option Claim Close Date Workshop Repairer Claim No. Usload Date	SAFE RISWIFT NIL EXWARTIA Not at Fault Preferred Work Clear Clear P Clear Clear P Clear P Clear P Clear P Clear P Clear P Cher Cher P	001 29/06/2018 12:47 Caragory * Rease Select Rease Select Rease Select Rease Select Rease Select	Compact No. (Office) TF Vehicle Number Name of Preferred V GIA report Date Received Total Lass but Repa Confidential V RO V NO V	Urper Sermal Normal Normal Normal	Surfshids Received 29/06/20	16 00 00 De	Send Message Up
Claim 003 00-MR htm Claim 003 00-MR htm Claim 1900 * Comact No. (Hobse) Cmact No. (Hobse) Cmact No. Require Finalsation Dark Registered Report Token By # Print AX better Attachment Choose File No file chose	OD-MX SKW4023 SKW4023 Yes 29/04/20 KDSk1 W/	A / SLTSWIAS ON 28 Jun 2018 18 12:46 19 10:00072 Yes No Path * Uptivaled By/Date M_S00076; NATIONAL ASSESSMEN UKIT MERAN)) on 29 Jun 2018 12 H_S00076; NATIONAL ASSESSMEN	Insured Name Contact Nucleons; Of Vehicle Number Insured Cability * Preferred Repair Option Claim Dose Bate Workshop Repaire Upload Date 7 CENTRE SERVICES (8 147 7 CENTRE SERVICES (8	Sare Submit Save Submit Clear P Clear P Clear P Clear P Clear P Clear P	001 29/06/2018 12:47 Catagory * Rease Select Rease Select Rease Select Rease Select Rease Select Rease Select	Compact No. (Office) TF Vehicle Number Iname of Preferred V GIA report Date Received Total Lass but Repa Confidential V NO V	Urper Etornal Normal Normal Normal	SLTSS141 Received 29/06/20 **Y ** ** ** ** ** ** ** **	D4	Send Message Up
Claim 003 00-MR htm Claim 003 00-MR htm Claim 7ype * Central No. (Notale) Control Description Preferred Workshop Centact No. Require Finalisation Date Registered Report Token By # Print AX letter Attachment Choose File No file chose	OD-MX SKW4023 SKW4023 Yes 29/04/20 KDSk1 W/	A / SLTSWIAS ON 28 Jun 2018 T 18 12:46 SHAD OCCUPY2 YES NO Pach * Uprincipal By/Date LIKIT MERAH)) on 29 Jun 2018 12	Insured Name Contact Nucleons; Of Vehicle Number Insured Cability * Preferred Repair Option Claim Dose Bate Workshop Repaire Upload Date 7 CENTRE SERVICES (8 147 7 CENTRE SERVICES (8	SAFE RISWIFT NIL EXWARTIA Not at Fault Preferred Work Clear Clear P Clear Clear P Clear P Clear P Clear P Clear P Clear P Cher Cher P	001 29/06/2018 12:47 Caragory * Rease Select Rease Select Rease Select Rease Select Rease Select	Compact No. (Office) TP Vehicle Number Iname of Preferred V GIA report Date Received Total Lass but Repa Confidential V NO V	Urper Etornal Normal Normal Normal	Surfshids Received 29/06/20	D4	Send Message Up

	Uproaded By/Date	Police Date	Fie Name	?	Source	Action
	NAC_BURTT_MERAH	_BODGFA() NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 29-34(2018-12-42	Photos	Normal	Priotos 2018-6-29	Edit
		_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 12:42	Photos	Normal	Photos 2018-6-29	Lon
4	NAC_BUKIT_MERAN	800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 12 42	Photos	Numal	Priorios 2018-6-29	Edit
CI CI	NAC_BURTT_MENAN	800676(NATIONAL ASSESSMENT CENTRE SERVICES (B URIT MERAH)) on 29 Jun 2018 12:42	Photos	(Add ma)	Photos 2018-6-29	Lan
	NAC_BUKIT_MERAH	BDD676(NATIONAL ASSESSMENT CENTRE SERVICES (8 UKIT MERAH)) on 29 Jun 2018 12-42	Photos	Normal	Photos 2018-6-29	Edit
1		_500676(NATIONAL ASSESSMENT CENTRE SERVICES (# JMIT MERAHI) on 29 Jun 2018 12:42	Photos	Normal	Protos 2018-6-29	Len
	NAC_BUKIT_HERAH	RODETH; NATIONAL ASSESSMENT CENTRE SERVICES (B JULY MERAH)) on 29 Jun 2018 12:43	Photos	Normal	Photos 2018-6-29	Edis
-	NAC_BURTT_MERAH	800678(NATIONAL ASSESSMENT CENTRE STAVICES (8 DKIT MERAH)) on 29 Jun 2018 12:43	395-01-04	hormal	Phonus 2018-6-29	Edit
1	NAC_BUKTT_MERAH	800676; NATIONAL ASSESSMENT CENTRE SERVICES (8 INIT HERAH)) on 29 Jun 2016 12:43	Photos	Normal	Photos 2016-6-29	Estit
9	NAC_BURTT_MERING	ROODTO; NATIONAL ASSESSMENT CENTRE SERVICES (B INIT MERAH)) on 29 Jun 2018 12:43	Photos	Fear mail	Promov 2019-6-29	Edis
8	NAC_BUKIT_MERAH_	800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. IKIT MERAH)) in 28 Jun 2018 12:43	Photos	Normal	Photos 2018-6-79	Edit
	NAC_BURTT_MERAH	880674(NATIONAL ASSESSMENT CENTRE SERVICES (B IGIT MERAN) on 29 Jun 2018 13:43	Phintols	Normal	Photos 2018-5-29	Edit
16.4						

Display in New Window | Scan and uploading

PERSONAL PARTICULARS

Date of Accident: 28 / 6 /2018	Time of Accident: 1.7:55 (24Hrs)
Vehicle No: SKy) 4811 A	Vehicle Make/Model: Tayota Wish -
Exact Location of Accident: West &	
Owner's Name/NRIC: Safe N Swi	A. 53311649w.
Driver's Name/NRIC: Lee Khar t	tou 1/c No: 58608151 / B
Driver's Contact: 96615252	Insurance Co & Policy No: NTUC Ins
Driver's Email Address: hancastepa	irs@gmail.com
Relationship between Owner & Driver: Spouse	e/Children/Friend/Parents/Others specify:
	one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was Private Use / Work Purpose	being used at time of accident? (Please circle one only)
Weather Condition & Road Conditions? Clear & Dry/ Raining & Wet / After-Rain	& Wet / Drizzling & Wet
Occupation indoor Outdoor	
Any Injuries? (MC of 3 Days or more, pol	ice report is required)
Yes No If Yes, which police st	ation?
The Other Party (Vehicle B) Details Driver's Name/IC:	Vehicle No: SLT 5954 S
Insurance Company:	Driver's Contact: 82981036
(If more than 2 vehicles involved, please	indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C) :	
Independent Witness (If Any):	Contact:
Preferred Workshop (If Any);	
* If no proper document are produced, IDA	C should not file the report.

^{*} Information will be discarded after one week.







YOU ARE EICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Jass 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Apr 2011 of the driver; and other motor vehicles =< 2500kg

(NP 428A)



eBaoTech

→ Hello, NAC_BUKIT_MERAH_800676

· Change Language

· Change Password

+ Log Out

GeneralClaim

My Desktop Notice of Loss

Policy Query 28/06/2018 12:16 Date of Accident Policy No. SKW4871A Vehicle No.(For Motor) Search Insured Object Commence Date vehicle Policyholder Name Policyholder NRIC Expiry Date Product Cover Type Policy No. Select No. Third Party, Fire & Theft 22/05/2019 5090961322-01 SKW4871A SKW4871A 23/05/2018 GPC SAFE N SWIFT 53311649W

Continue