NATIONAL Assessment Ce	ntre Services	Met 1 Jan'05] M	1419024		and the
Date In: 19 19 17:06	Jeb description		Date & Time Completed	ע	oue py.
Rel No: NA INC 1 GOOSIDE W	SAS e-filing		İ		
Veh No: SCR 3330 K.	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 18/4/19-1870	i-Motor Clair	m Form	MT/1032792-001	19/19	17:49
	i-Motor W/O	(Within: OD 2hr:	, TP 4hrs)		
OD TP ! Reporting Only	i-Photo Uplo	aded			
	Assessment/Su	rvey Report		1710 2000 1211 14 2000	
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			The state of the s	Fax:	- Harrison
TP Particulars: Veh No:		. INC()/Non-INC().	100	
Owner / Driver: (5.20	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000	()			
General Remarks:-		1. * XXX		San S	
() Walk-In Customer : Customer's	s information strictly Co	nfidential & S	rictly NO refer of repaire	r.	
() Total Loss Case : to e-mail I				(*):	
		NO();	Towing Co: (.)
			Date&Time Completed	\$ I	one by
Remarks: (INC hotline: 6788 66)				8:0:14	-
-7)/Courtesy Car (,		-	
2) QC Check / Post Repair Inspection		<u>, </u>		-	
3) Upload Resurvey Photo [Repair Cost	t > \$3000] ()	1		
Injury:					
Date/Time Actions	250	11.11	。。	KB CO	(K) k#1
Pare tune Deficing					
	W. 20-00				
				V.	
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- V ₋₁		Invoice Pr	eparation Checklist	100 TO 10	n(S) Amil
NA1900 1708	· · · · · · · · · · · · · · · · · · ·	1) AR : Accide	SOURCE AND SALES OF THE PARTY O	THE SECON	Bill Add I
laimant's Particulars :-		2) DA : Damag	Assessment (\$100); INC	(\$80)	
river/Owner:		3) TF : Towing	Fee	\$40/\$45 \$120	
		ShirT - Follow-	Through Survey (Resurvey)	\$30	
ontact No:		For claiming 6) TR: Re-insp	against INC Only (wef 10 Jan 2	\$75	
amaged Portion:	Ar attroposture and a second	7) N1 : Idao DA	+ SMRT Survey	\$160	
		-	tional Services:-		
C Checked by (Engr-In-Charge):		*N5: Courte	sy Car / Tpt Allowands	\$5	
2) (2.8)		*N6: Repair	Co-ordination	\$10 \$25	
uditors' Comments :-		+N8: DV /C	epair Inspection offect Excess Coordination	35	
ut. 1:	42-34-36-y/ Sanfars' and Tables 3-5	TP (NII):	P (Non INC) against INC	\$20 30	14
		9) N12: Idac N Invoice dated	lobile Fee Charg	ed	A STATE OF THE PARTY OF THE PAR
at 2/3;		Invoice dated	Fee Charg	si ka	

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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 <u>truthful and accurate</u> 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.
- 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	19/02/2019 17:06	
Date Of Accident	18/02/2019 18:30	
Exact Location Of Accident	19 SEMBAWANG RD	
Country/State of Loss	SINGAPORE	
M. Committee of the com	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR3332K	
Insured/Policyholder		
Name Of Registered Owner	SUGUNAKUMAR S/O SANMUGAM MANIKAM	
NRIC No	S1344796I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98503274	
Alternative Phone No	OFFICE-98503274	
Vehicle Particulars		Y
Manufacturer	PORSCHE	
Model	BOXSTER S PDK 3.4L SMT ABS D/AB 2WD HID	
Exact Purpose for which vehicle was being used a time of accident	PRIVATE USE	
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	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5104389661	

D	-1		×	-	
u	п	v	е	г.	

Cover Note Number

Name of Driver PREM ANAN S/O SUGUNAKUMAR

 NRIC No
 \$8528077E

 Date Of Birth
 06/09/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 16/08/2004

Driving Experience 14 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84684000

Fax Number

Contact Number OFFICE-84684000

EMail Address NOEMAIL

Address 554 MILTONIA CLOSE

#03-76

2

YES

NO

1

NO

NO

Postcode 768121

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

ehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKX9110A

PRIVATE CAR

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

SKEYCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time: Driver's signature (If driver's not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARIMC SkerchPlanForm_V3

2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DI	TAILS			
Date of accident	18.1910	12/19			(DD/MM/YY)
Time of accident	('	630			(HH:MM)
Exact location of accident	Oboto A	19	sembamong	Road	

A PROPERTY OF THE PROPERTY OF	DETAILS OF VEHICLE
Vehicle registration number	2763333K
Vehicle make and model	Porsche Boxter s 3.4 PDK
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others: Covpc
Vehicle category	Private D Commercial D Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No d if no, please select: Third part claim d Reporting only □

	INSURANCE IN	FORMATION	
Insurance company		NTUC	
Policy number		5104789661	
Type of policy	Comprehensive D	Third party fire & theft	TP only

	INSURED / POLICY HOLDER		
Name	Sugunalcumai s/o Sanimuaam Manikam Male & Female a		
NRIC / Fin / Passport number	51344 7961		
Contact	98503274		
Address	BIK 1716 & Edgedau Plain) #18-442		
	2(853131)		

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)					
Name	Prem Agan s/o Sugura Kumar Male - Femal					
NRIC / Fin / Passport number	58528077E					
Contact	84684000					
Address	554 Militoria dose \$103-76 S(768121)					
Email address						
Date of birth	06/09/ 1485					
Occupation	Indoor Ø Outdoor D					
Driving date pass	4/08/2004					

SECURIOR SEC	desired and the same of		OF THE ACCIDENT	排於實際政策。2008年2008年2017
Was driver an employee of	Yes 🗆	No Ø	1 10 10 10 10 10 10 10 10 10 10 10 10 10	father
he insured's company?			he driver and insured:	1211023
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining E	Others:	
Road surface	Dry or	Wet D		(Inclusive of driver)
No of passenger				(masive or univer)
A STATE OF THE STA		PASSENC	GER 1	
Name				
Gender	Male 🗆	Female r]	
		PASSENG	SER 2	
Name		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		S. U. S. C. L. C. L. C.
Gender	Male 🗆	Female 1	3	
delidel	-			
	No. of London	PASSEN	GER 3	
	AND PROPERTY.	Marie Control of the last		
Name	Male D	Female	0	707
Gender	IVIAIC D			
《公共》(2015年) 2015年		PASSEN	GER 4	
Name	-			
Gender	Male 🗆	Female	0	
		PASSEN	GER 5	
Alexandra de la compansión de la compans	CHILD HARMAN STAN	A STATE OF THE PARTY OF THE PAR		
Name	Male 🗆	Female	O	
Gender	Tividio 13			
		PASSEN	GER 6	
Name	-			
Gender	Male 🗆	Female	0	
Gender				
A SECURITION	STATE OF THE OWNER, WHEN	OTHER INFO	RMATION	
Was anybody injured?	Yes 🗆	Non		
Was other vehicle damaged?	Yes 🗈	No 🗆		
	DE	TAILS OF PO	LICE ACTION	AND REPORT OF THE PARTY OF THE
Reported to police?	Yes□	No Ø	If yes, please state wi	nich police station.
Police station name				
		WITN	ESS 1	拉州自治州州西州 三级市
Name				

Name

CONTRACTOR OF THE PROPERTY OF	THIRD PARTY VEHICLE 1
Vehicle registration number	SKX9110A
Vehicle make model	West the second
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD DADTY VIEWCIE 2
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESIDENCE OF THE PARTY OF T	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
STATE OF THE STATE	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	TURN NARTY VILLE F. Z
The second secon	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	1 Table 1 Tabl

Contact

Name		
Injuries sustained	8	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to hospital by ambulance?	Yes to	No D

ALCOHOLD MAKE THE		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

	A CONTRACTOR OF THE PARTY OF TH	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No a

The second section of the second seco		INJURED PERSON 4
Name		
Injuries sustained	7011-0-10	
Which vehicle person in?	a - arragaliim ilo	
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D

		INJURED PERSON 5				
Name	TO MERCENNA					
Injuries sustained						
Which vehicle person in?	X					
Were seat belts worn?	Yes a	No D				
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆				

	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes D No D

PERMIT OF SHOAPORE

DENTITY CARD NO. \$8528077E





H

PREM ANAN S/O SUGUNAKUMAR

பிரேம் ஆனந்த்

Reco INDIAN 010 of him 06-09-1985

SINGAPORE

Rema

M Country/Place of birth

38528077E

3543811



Gate ed la sua 09-12-2015

554 METONIA CLOSE #03-76 ... SINGAPORE 768121 NRIC No: \$8528077E ...

Date: 20/11/2018



15 May 2007 15 May 2007 15 May 2007 15 May 2014 16 Aug 2014 Clesc28 Metarcycles=420FCC Clear 28 Adelercy class = 200 CC
Clear 28 Adelercy class = 200 CC and 460 CC
Clear 2 Adelercy class = 460 CC
Clear 3 Adelercy . Sessatorie 5/No. 9000191983 Licence No: S8528077E NP 428A



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 Number: 5104389661

Cover : Prestige

1. Index mark and Registration Number of Vehicle

: SLR3332K

Chassis Number

: WP0ZZZ98Z9U720196

2. Name of Policyholder

: SUGUNAKUMAR S/O SANMUGAM MANIKAM

3. Effective Date of Insurance

: 02 Nov 2018

4. Expiry Date of Insurance

: 05 Nov 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Named Driver(s) Only.

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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1 - WITHIN SINGAPORE) : 5\$5,000 EXCESS (SECTION 1 - OUTSIDE SINGAPORE) : \$\$8,000 EXCESS (SECTION 2 - WITHIN SINGAPORE) : N/A EXCESS (SECTION 2 - OUTSIDE SINGAPORE) : N/A WINDSCREEN EXCESS : 5\$1,000 REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO MAIN DRIVER : SUGUNAKUMAR S/O SANMUGAM MANIKAM : KANAVATHI S/O RAMACHANDRAN NAMED DRIVER (1)

NAMED DRIVER (2) : PREM ANAN S/O SUGUNAKUMAR

HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: MAYBANK

Agency

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 05 Oct 2018 13:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									里個盟	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					THE REAL PROPERTY.	• Change	Language	• Chang	ge Password	· Log Out
My Desktop	Police	cy Query									,
Notice of Loss	Policy N	10.				Date of Accident		8/02/2019 18:30			
	Vehicle	No.(For Motor)	SLR33	32K	- 8°	Certifi	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104389661		SUGUNAKUMAR S/O SANMUGAM MANIKAM	S1344796I	GPC	Prestige	SLR3332K	SLR3332K	02/11/2018	05/11/2019
					-	Continue	J				

Policy No.	5104389661		olicyholder Name	SUGUNAKU	MAR S/O SANMUGAN	Policyholder	S1344796I		
Certificate No.		J.	vame			NRIC			
ddress	BLK 171C #18-442 E	DGEDALE PLA	AINS SINGA	PORE 82317	1				
roduct lame	PRIVATE CAR INSURANCE Plan					Group Policy Flag	N		
olicy ssue ate	05/10/2018		ffective Pate	02/11/2018	999000000000000000000000000000000000000		05/11/2019 23:59		
excess Type			III Claims						
hird		C	Own			We down			
arty	0	E	amage xcess	5000		Windscreen Excess	1000		
Additional xcess	0		remium	0					
Outside			outside						
ingapore DD xcess	8000	S	Singapore P Excess	0			Youn	g/Inexperience Driver Excess	
gent	SININS AGENCY PTE.	LTD. A	gent Tel.	69503050		GST Flag	Y		
Co- nsurance Flag Open Policy Info	No								
Certificate nfo									
Policyl	holder Mailing Addre	ss							
ddress 1	BLK 171C #18	8-442	Addre	ss 2	EDGEDALE PLAINS	BTQS 71	Address 3	SINGAPORE 823171	
ddress 4			Addre	ss Type	Singapore address		Post Code	823171	
Jnit No.			Relate Numb	ed Policy er	5104389661				
Insure	d Object: SLR3332K								
	sements								
Sequen	nce Date of E	ce Date of Endorsement			Endorsement Type		Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 02 Nov 2018, this policy is extended to include	
	02/11/2018 00	0:00		information iement	Entry Re	jected		this policy is extended to include NCD protection and is subject to Endorsement M4 enclosed. In vie of this amendment, an additional premium of \$162.70 (inclusive of GST) is payable under your polic Please ignore this premium payment request if you have sind made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issuuthe cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also mak payment at any of our branches by cash, credit card or NETS.	
			Racin I	nformation	¥0, 000	nent Take Eff	ective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Nov 2018, this policy is extended to include NCD protection and is subject to Endorsement M4 enclosed. In vie of this amendment, an additional	

Claim Handling					
Policy No.	5104389061	Vehicle No.	SLR3332K	GST Registration No.	
Certificate No.					
olicyholder Name	SUGUNAKUMAR S/O SANMUGAM MANIKAM			Policyholder NRIC	513447961
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Prestige	Loading	0
ontact No.(Mobile)	98503274	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	NC V
rk.	® No ⊜Yes	TCA	® No ○Yes	eCode Reason	•
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	19/02/2019 17:47	Accident Report Within 24 hrs	8		
				Accident Type	Collision - Head to Rear
te of Accident	18/02/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	19 SEMBAWANG RD				
Excess					
in demage Excets	5,000.00	Additional Excess	0	Windscreen Excess	1000.00
named Driver Excess	0.00	Outside Singapore OD Excess	8,000.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venified	Yes	
dification History					
	2000				
Policyholder Mailing Ad	AND AND ADDRESS OF THE PARTY OF		12001000000000		
dress 1	BLK 171C #18-442	Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 823171
dress 4		Address Type	Singapore address	Post Code	823171
n No.		Related Policy Number	5104389661		
OI Driver Info				12 17	
rer Name	PREM ANAN S/D SUGUNAKUMAR	Driver Type	Named Driver		
named driver Name		Driver NRIC	58528077E	Driver DOS	06/09/1985
ister Date of Driver License	16/08/2004	Driver Age	33	Driving Experience	14
stact No.(Mobile)	84684000	Contact No.(Office)	0	Contact No.(Home)	0
tress 1	554 MILTONIA CLOSE	Address 2	THE MILTONIA RESIDENCES	Address 3	SINGAPORE 768121
fress 4		Address Type	Singapore address	Post Code	768121
£ No.	03-76				
es he own a Singapore gistered car?	○ Yes ® No	Dywer Vehicle No.		Driver Insurer Company	
goceres carr	50002000				
denation					
athalyser or Blood Test	0 mg	Any insury?	○ Yes ® No		
ading ³		2000 0000000			
tification History					
laim 001 New					
	Fro we	V 200			
m Type *	00-MX	Insured Name	SUGUNAKUMAR S/O SANMUGAN	Insured NRIC	\$13447961
tact No.(Mobile)	98503274	Contact No.(Home)	64021171	Contact No.(Office)	
oil Address	am_skumar@hotmeil.com	Of Vehicle Number	SLR3332K	TP Vehicle Number	SKX9110A
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	22	Claimant NRIC *	STARTORES S		
mant Address					
m Description	SLR3332K / SKX9310A ON 18 Feb 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Pault		
ure finalisation	Yes	Preferered Repair Option		T	T-1000000
	19/02/2019 17:49		Preferred Workshop, Name unknown		Received V
e Registered		Claim Close Date		Date Received	19/02/2019 00:00
ort Taken By	lackson				
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