

# NATIONAL Assessment Centre Services: (part 1 of 2) MMA 120052192

Date In: 17/6/20 15:56	Job description	Date & Time Completed	Done by
Ref No: MM/IMC 2000 6386164	SAS e-filing		
Veh No: SJF 7739 G	E-mail (within 2hrs, AIC 2hrs)		
IP No: 916/20 09:10	I-Motor Claim Form	MT/1094668-001	17/6/20 17:27
OD - IP: Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk311		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
IP Particulars:	Veh No: <b>Diviner</b>	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% P: 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 6740/6016)	Date Claim 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
17/6/20	Teamwork take photo \$20 ..

NA2003281 / NA2003280	Invoice/Registration Checklist	Am't (\$)	Am't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Wkr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant assist INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 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 Report	17/06/2020 15:56
Date Of Accident	09/06/2020 09:10
Exact Location Of Accident	PIE TWDS CLEMENTI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7739G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUMINOUS MOTORS (PTE. LIMITED)
Co Reg No	2XXXXX987N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94240697

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114767328
Cover Note Number	

### Driver

Name of Driver	PARVEENTH S/O MANIRAJAN
NRIC No	SXXXX975A
Date Of Birth	11/10/1996
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84279428
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 843 WOODLANDS ST 82 #04-75
Postcode	730843
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT G/20200611/7066 & STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	DIVIDER
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

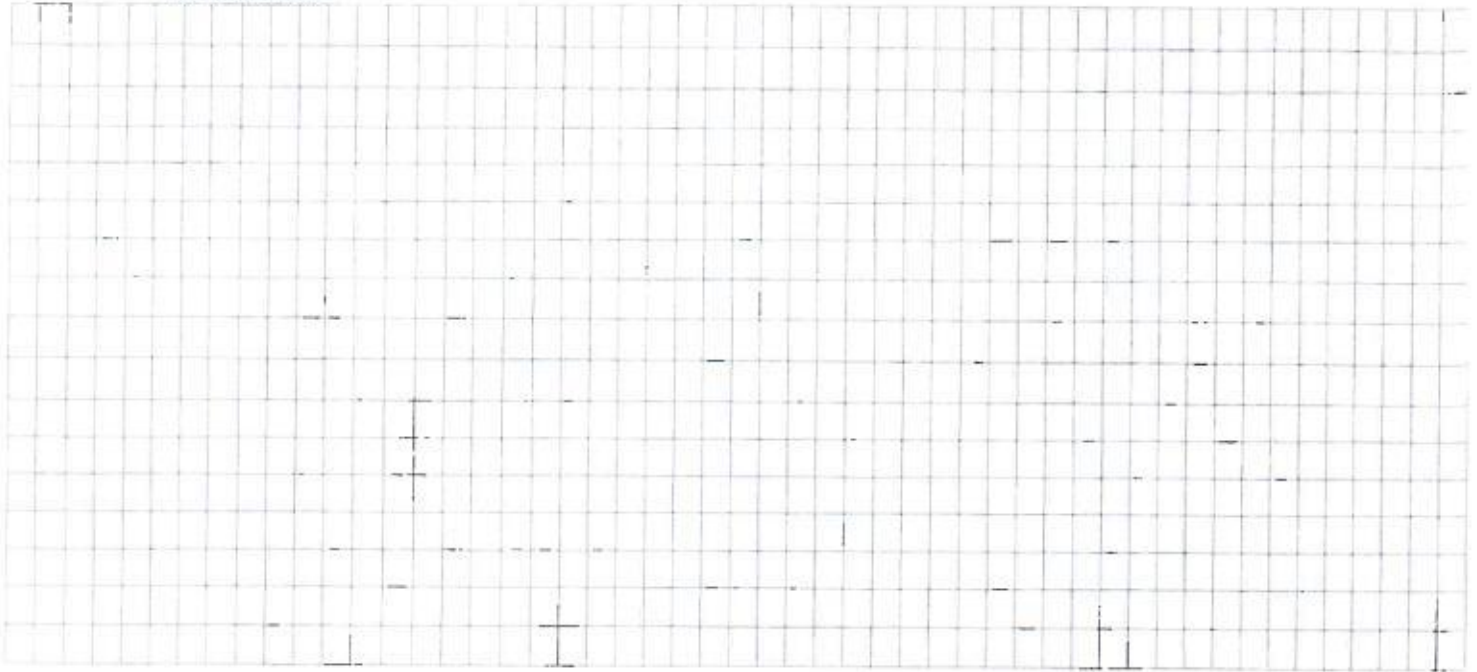


Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I have left the sketch plan blank, as I was not there when the accident happen. I couldn't contact the driver as well so I came on behalf of my company to proceed to do a report.


## DECLARATION

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



  
Policy holder's signature  
Date & time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date & time:

  
reporting centre personnel's Signature  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE

## POLICE REPORT (NP299)

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1600-2440000



1 of 2

Report No. G/20200611/7066

Date/Time Report Made 11/06/2020 18:59	Video Report No.	Station Diary No.
Name Of Informant PARVEENTH S/D MANIRAJAN	Address 843 WOODLANDS STREET 82 #04-75 HDB WOODLANDS SINGAPORE 730843	
ID Type / ID No NRIC NO / S9638975A	Contact No Home/Office	Mobile 88395138
Nationality SINGAPORE CITIZEN	Email Address ganeshparveenth96@gmail.com	
Occupation Packing/Bottling/Labeling machine operator	Sex Male	Age 23
Institution/School Name	Date of Birth 11/10/1996	Race Indian
Date/Time Of Incident 09/06/2020 09:10	Location Of Incident Clementi exit	

### Brief details.

I was exiting PIE towards clementi when i was at the roundabout turn my steering locked and i hit along the side divider and that caused my tyre to puncture. There wasn't anywhere i could stop the vehicle so i drove further down and stopped the car at the side of the road. I was rushing to report to cantonment and my phone battery was flat so i couldn't call for tow immediately. I switched on the hazard light and went over to the side of the road leading to Chend Soon Garden and flag for a cab and proceeded to cantonment for my reporting as my reporting timing was 10am. While on the way i charged my phone in the cab and called the rental company where i rented the vehicle from and told him about the incident

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter Not applicable	Date/Time: 11/06/2020 18:59
Officer In-Charge Of Case	Classification Of Case
Authentic Stamp	



# 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 DETAILS

Date of accident	09/06/2020	(DD/MM/YY)
Time of accident	09:10	(HH:MM)
Exact location of accident	PIE towards Clementi Exit.	

## DETAILS OF VEHICLE

Vehicle registration number	SJF 7739G		
Vehicle make and model	SUZUKI Swift		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input type="checkbox"/>	Reporting only <input checked="" type="checkbox"/>	

## INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Luminous Motors (Pte. Limited)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	201716987N		
Contact	94240697 (Paul)		
Address	Blk 431 Tampines St 43, #06-135 S520437		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Parveenth S/O Manirajan	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9636975A		
Contact	8427 9428		
Address	Blk 843 Woodlands Street 82 #04-75 S1730843		
Email address			
Date of birth	11/10/1996		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	26/08/1995		



GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hirer</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>1</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>Bedok Division HQ</u>

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

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	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 180)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1997  
ROAD TRANSPORT ACT, 1967 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1956 (MALAYSIA)

Certificate Number: 5114707329 (XXXXXX)

Cover: Third Party

1. Make (Make and Registration Number of Vehicle) **5W7739G**  
Chevrolet  
2. Name of Policyholder **S&K 1150020295**  
3. Effective Date of Issuance **LUMINOUS MOTORS (PT) LIMITED**  
4. Expiry Date of Insurance **21 Dec 2019**  
5. Expiry Date of Insurance **20 Dec 2020**

6. Person or Classes of Persons entitled to drive:  
(a) The Policyholder

(b) Any other person when driving on the Policyholder's order or with his/her permission provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle and has been signified and is not disqualified by order of a Court of law or by reason of any other laws or regulations to that effect from driving the Motor Vehicle.

7. Limitations on Use:

(a) Use for legal domestic, commercial purposes and in connection with the Policyholder's or owner's business.

This Policy does not cover:

(a) Use for racing, game driving, rallying, trial or speed testing  
(b) Use for the carriage of goods (other than parcels) in connection with any trade or business  
(c) Use for any purpose in contravention with the Motor Laws.

\* Limitations imposed inoperative by Section 4 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 180) and Sections 19 of the Road Transport Act, 1967 (Malaysia), are not to be included under these regulations.

EXCESS (SECTION 2)	N/A
EXCESS (SECTION 2)	352,500
ADDITIONAL EXCESS	N/A
UNLIMITED DRIVER EXCESS	N/A
WARRANT AT OWNERS' PREFERRED WORKSHOP	NO
INSURE WITH COI	N/A
NO PROTECTION	NO
PRIMARY COVER	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COVERAGE	N/A
SUM INSURED	N/A

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 180) and Part IV of the Road Transport Act, 1967 (Malaysia).

Agency: ASSURE (SINGAPORE) PTE. LTD. (S&K) (S122)  
Date of Issue: 24 DEC 2019 17:24:15

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By

Authorised Officer

Chief Executive

Enquiries on claims, vehicle breakdown and towing services in Singapore.  
Call our hotline at 6788 6616.

Referral services for Road and Medical assistance in West Malaysia.  
Call our 24-hour hotline at +603 7965 3865

### In the event of an accident

You must report the accident to us within 24 hours or by the next working day at any of our appointed Accident Reporting Centre. You must make your vehicle available for inspection at the Accident Reporting Centre, whether or not your vehicle has suffered any visible damage and whether or not you plan to claim under your policy or claim against any other person.



# LUMINOUS MOTORS (PTE. LIMITED)

## BUYER'S PARTICULARS

NAME: Mr. Vincent P. Manaligan  
ADDRESS: 2nd Floor, 1st Street, 2nd  
Blk B+5 #01-75 SSSB, Manila

## VEHICLE DETAILS

VEHICLE NO: 54227755  
MODEL: Suzuki  
YEAR: 2000  
COLOR: Red

DATE OF PURCHASE: 09/06/2020

VEHICLE NO: 54227755

MODEL: Suzuki

YEAR: 2000

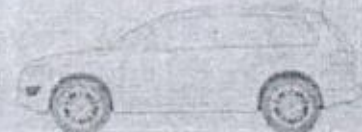
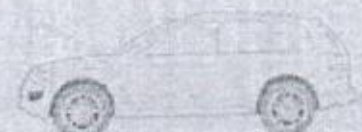
500

VEHICLE CONDITION: Good

VEHICLE CONDITION: Good

## HANDOVER

## RECEIVED



## EX-GRANT DISCOUNT

VEHICLE NO: 54227755  
MODEL: Suzuki  
YEAR: 2000  
COLOR: Red

VEHICLE NO: 54227755  
MODEL: Suzuki  
YEAR: 2000  
COLOR: Red

VEHICLE NO: 54227755  
MODEL: Suzuki  
YEAR: 2000  
COLOR: Red

VEHICLE NO: 54227755  
MODEL: Suzuki  
YEAR: 2000  
COLOR: Red

## Buyer Signature

NAME: Vincent P. Manaligan  
DATE: 09/06/2020

## LUMINOUS MOTORS (PTE. LIMITED)

1st Floor, 1st Street, 2nd

Blk B+5 #01-75 SSSB, Manila

DATE: 09/06/2020

TIME: 10:00 AM

## Claim Handling

Accident MT/1094668

Policy No.	5114767328	Vehicle No.	SJF7739G	GST Registrati
Certificate No.	5114767328-000003			
Policyholder Name	LUMINOUS MOTORS (PTE. LIMITED)			Policyholder Nil
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	94240697	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	17/06/2020 17:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/06/2020	Time of Accident hh:mm	09:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CLEMENTI EXIT			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	17/06/2020 17:18:06 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	71 WOODLANDS AVENUE 10	Address 2	#01-16 WOODLANDS INDUST	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-16	Related Policy Number	5114767328	

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	PARVEENTH S/O MANIRAJAN	Driver NRIC	SXXXX975A	Driver DOB
Register Date of Driver License	26/08/2015	Driver Age	23	Driving Experi
Contact No.(Mobile)	84279428	Contact No.(Office)		Contact No.(H
Address 1	BLK 843 #04-75	Address 2	WOODLANDS STREET 82	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-75			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LU
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SJF
Claim Description	SJF7739G / DIVIDER ON 9 Jun 2020		
Preferred Workshop	Insured Liability	Partially at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	17/06/2020 17:25	GIA report	Received
Report Taken By	SHAN HUI		

☒ Print AK letter



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## Attachment

Accident No. MT/1094668 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 17/06/2020 17:27

Path \*

Category \*

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NO

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NO

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Message Read

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2020 17:27	SAS		Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2020 17:27	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2020 17:27	NRIC/ Driving License	Y	Normal	NRIC/ Dri
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## Video List

Uploaded By/Date

Folder Date

File Name



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