

Claim Handling

Task Transfer Exit

Accident MT/1099381

LOS SAL SUB

Policy No. 5087498472-03, Vehicle No. SLK6171A, GST Registration No., Certificate No., Policyholder Name PEREIRA CORNELIUS ALPHONSUS, Product Code PRIVATE CAR INSURANCE, Cover Type drivo CLASSIC, Loading 0, Contact No.(Mobile) 83330368, Contact No.(Office), Contact No.(Home), Email Address cornie\_alphons@hotmail.com, Special Remark, KFK No, TCA No, eCode, eCode Reason, NCD Protection Yes, NCD Entitlement(%) 50, Private Hire No

Accident Details

Report Date 11/08/2020 12:19, Accident Report Within 24 hrs Yes, Accident Type Damaged whilst parked, Date of Accident 09/08/2020, Time of Accident hh:mm 17:30, Country of Accident Singapore, Reporting Centre NATIONAL ASSESSMENT CENTR, Orange Force No, ICM No., Accident Location 47 SARACA VIEW ROADSIDE

Total Excess Applicable

Excess Type Per Accident, Windscreen Excess 100.00, OD Standard Excess 600.00, TP Standard Excess 0.00, YIED OD Excess 0.00, YIED TP Excess 0.00, Driver is Covered? Covered, Additional Excess 0.00, Total OD Excess Applicable 600.00, Total TP Excess Applicable 0.00

Benefits

GST Registered Information

GST Registered No, GST Registration Date, GST Status Verified Yes, Modification History

Policyholder Mailing Address

Address 1 11A WOODLANDS AVENUE 6, Address 2 #13-07 TWIN FOUNTAINS, Address 3 SINGAPORE 738993, Address 4, Address Type Singapore address, Post Code 738993, Unit No. 13-07, Related Policy Number 5087498472-03

OI Driver Info

Driver Name PEREIRA CORNELIUS ALPHONSUS, Driver Type Main Driver, Driver NRIC S7429082E, Driver DOB 06/09/1974, Register Date of Driver License 06/12/1993, Driver Age 45, Driving Experience 26, Contact No.(Mobile) 83330368, Contact No.(Office), Contact No.(Home), Address 1 11A WOODLANDS AVENUE 6, Address 2 #13-07 TWIN FOUNTAINS, Address 3 SINGAPORE 738993, Address 4, Address Type Singapore address, Post Code 738993, Unit No. 13-07, Does he own a Singapore Registered car? No, Driver Vehicle No. SLK6171A, Driver Insurer Company NTUC

Declaration

Breathalyser or Blood Test Reading? 0 mg, Any injury? No, Modification History

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOS SAL SUB

Claim Type OD-MX, Insured Name PEREIRA CORNELIUS ALPHONS, Insured NRIC S7429082E, Contact No.(Mobile) 83330368, Contact No.(Home) 62552449, Contact No.(Office), Email Address cornie\_p@yahoo.com, OI Vehicle Number SLK6171A, TP Vehicle Number SLG2906U, Claim Description SLK6171A / SLG2906U ON 9 Aug 2020, Name of Preferred Workshop, Preferred Workshop, Preferred Repair Option, Preferred Workshop, Name unknown, Insured Liability report, Not at Fault Received, Date Registered 11/08/2020 12:27, Claim Close Date, Date Received 11/08/2020 00:00, Report Taken By ROSLI WAHAB, Workshop Repairer, Total Loss but Repaired, Print AK letter, Modification History

Special Claim Creation Approval

Approval Reason, Remarks

Attachment

Accident No. MT/1099381, Claim No. 001, Last Doc. Received Yes, Upload Date 11/08/2020 00:00

Table with columns: Path, Category, Confidential, Urgency, Description. Includes file upload buttons and dropdown menus.

