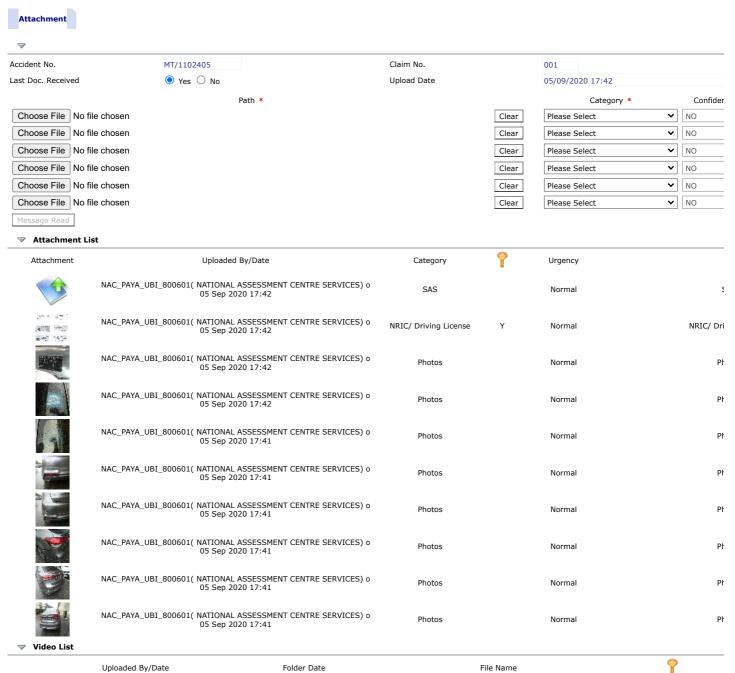
Claim Handling					
Accident MT/1102405					
Policy No.	5108850581-01	Vehicle No.	SLZ778K		GST Registrati
Certificate No.					
Policyholder Name	KHMN TRANSPORT				Policyholder N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	91945969	Contact No.(Office)			Contact No.(H
Email Address		Special Remark			eCode
KFK	No	TCA	No Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)	10		Private Hire
Accident Details		. ,			
Report Date	05/09/2020 17:38	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident		Time of Accident hh:mm			Country of Acc
	04/09/2020		17:50		
Reporting Centre		Orange Force			ICM No.
Accident Location	CTE CITY				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
OD Standard Evens	2,000,00	TD Standard Evenes		1 500 00	
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00	D :
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Cove
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00	
▼ Benefits					
	tion				
GST Registered	No		GST Registr		
GST Registration No.			GST Status	Verified	Yes
Modification History	05/09/2020 17:40:32 S	ystem changed GST Status Verified from No	o to Yes		
▼ Policyholder Mailing Add	Iress				
Address 1	BLK 26C #10-176	Address 2	JALAN MEMBINA		Address 3
Address 4	SINGAPORE 166026	Address Type	Singapore address		Post Code
Unit No.	10-176	Related Policy Number	5108850581-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED ALI S/O KADER MEE	Driver NRIC	S8538390F		Driver DOB
Register Date of Driver License	27/09/2006	Driver Age	34		Driving Experi
Contact No.(Mobile)	81862985	Contact No.(Office)			Contact No.(H
Address 1	BLK 724 #08-510	Address 2	WOODLANDS AVEN	UE 6	Address 3
Address 4	521.72.7.80 510	Address Type	Singapore address	32 0	Post Code
Unit No.	08-510	Address Type	Singapore address		1 ost code
Does he own a Singapore					
Registered car?	Yes No	Driver Vehicle No.			Driver Insurer
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
,					
MadiCartia III.					
Modification History					
Claim 001 New					
Claim Type *				OD-MX	Insured KH
					Contact
Contact No.(Mobile)					No. (Home)
					OI
Email Address					Vehicle SL Number
Claim Description				SLZ778K / SJF3913X	ON 4 Sept 2020
Preferred	Insured Liability Not at				
Workshop हैंeक्सभंदर No. Finalisation	Preferered Repair Preferred Worksho	n Name unknown V GIA Peceiver	d 🗸		
	Option Preferred Worksho	report Received	<u> </u>	05/00/2020 17 11	Claim
Date Registered				05/09/2020 17:41	Close Date
Report Taken By				SHAN HUI	
Print AK letter					

Save Submit



Display in New Window Scan and uploading