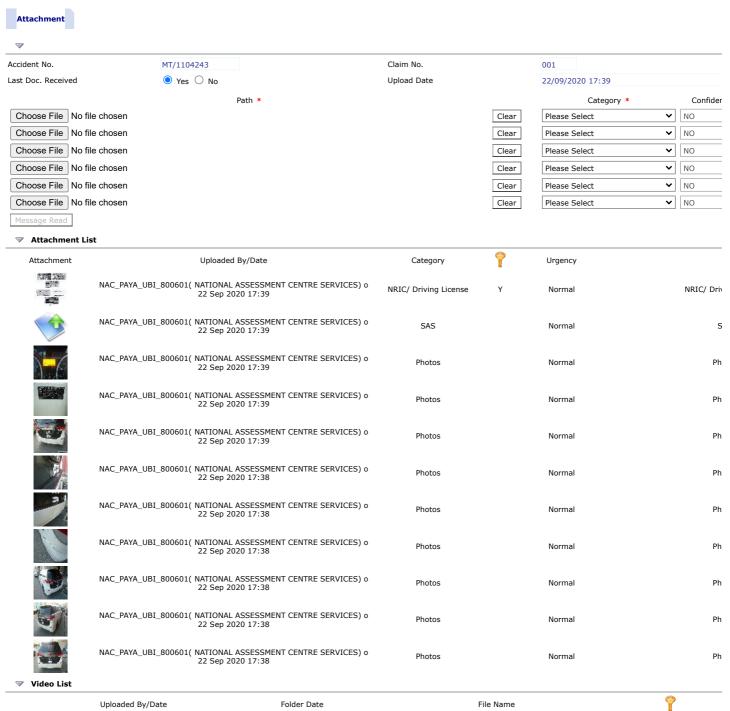
Claim Handling

Ciaiiii Hailulliig							
Accident MT/1104243							
Policy No.	5117884639		Vehicle No.	SJR3161K		GST Registration	
Certificate No.	511,001033					J	
Policyholder Name	AZMAN BIN MOH	HAMAD				Policyholder NI	
	AZMAN BIN MOHAMAD		Cover Type	duine CLASSIC			
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	90488257		Contact No.(Office)			Contact No.(Ho	
Email Address			Special Remark			eCode	
KFK	No Yes		TCA	No Yes		eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	
Accident Details							
Report Date	22/09/2020 17:36		Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	22/09/2020		Time of Accident hh:mm	08:15		Country of Acc	
Reporting Centre			Orange Force			ICM No.	
Accident Location	POTONG PASIR	TWDS PIE					
▼ Total Excess Applicable	r or one r noin						
	Dan Assidant		Windows France		100.00		
Excess Type	Per Accident		Windscreen Excess		100.00		
OD Standard Excess		600.00	TP Standard Excess		0.00		
		600.00			0.00	Diam'r Com	
YIED OD Excess		0.00	YIED TP Excess		0.00	Driver is Cover	
Additional Excess		0					
Total OD Excess Applicable		600.00	Total TP Excess Applicable		0.00		
▼ Benefits							
	tion						
GST Registered		No		GST Registr	ration Date		
GST Registration No.				GST Status	Verified	Yes	
Modification History							
▼ Policyholder Mailing Add	ress						
Address 1	BLK 123D #02-	163	Address 2	RIVERVALE DRIVE		Address 3	
Address 4			Address Type	Singapore address		Post Code	
Unit No.			Related Policy Number	5117884639			
▼ OI Driver Info			related Folie, Hambel	3117004033			
Driver Name	AZMAN RIN MOL	10M0D	Driver Type	Main Driver			
	AZMAN BIN MOHAMAD		Driver NRIC			Driver DOB	
Unnamed driver Name					S1761657I		
Register Date of Driver License	18/06/1986		Driver Age	54		Driving Experie	
Contact No.(Mobile)	90488257		Contact No.(Office)			Contact No.(Ho	
Address 1	BLK 123D #02-163		Address 2	RIVERVALE DRIVE		Address 3	
Address 4			Address Type	Singapore address		Post Code	
Unit No.							
Does he own a Singapore No Started and Singapore Yes No			Driver Vehicle No.			Driver Insurer	
Registered car?							
Declaration							
Breathalyser or Blood Test							
Reading?	0 mg		Any injury?	Yes No			
Modification History							
Claim 001 New							
Claim Type *					OD-MX	✓ Insured Name AZ	
						Contact	
Contact No.(Mobile)					90488257	No. 638 (Home)	
						OI	
Email Address					ayu_rina1512@yahoo.d	com Vehicle SJF Number	
					Number		
Claim Description					SJR3161K / GBE5403M	I ON 22 Sept 2020	
Preferred		Insured Liability					
Workshop	Prefer		GIΔ	d 🕶			
Finalisation Les	tion Option		Name unknown report Received			Claim	
Date Registered					22/09/2020 17:38	Close Date	
Report Taken By					LIEW SHAN HUI		
e							
Deint Al/ latter							
Print AK letter							

Save Submit



Display in New Window Scan and uploading