

Claim Handling

Accident MT/1104318

Policy No.	5075397264-04	Vehicle No.	FBK5707E	GST Registrati
Certificate No.				
Policyholder Name	SAHADEVAN THILLAI GOVINDAN			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96538912	Contact No.(Office)		Contact No.(Hr
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(%)	20	Private Hire

Accident Details

Report Date	23/09/2020 15:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/09/2020	Time of Accident hh:mm	01:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 323 BUKIT BATOK STREET 33 OPEN CARPARK LOT 31			

Total Excess Applicable

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

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 59 #09-139	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4	SINGAPORE 140059	Address Type	Singapore address	Post Code
Unit No.	09-345	Related Policy Number	5075397264-04	

OI Driver Info

Driver Name	SAHADEVAN THILLAI GOVINDAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7963818H	Driver DOB
Register Date of Driver License	31/10/2007	Driver Age	41	Driving Experie
Contact No.(Mobile)	96538912	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 59 #09-139	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4	SINGAPORE 140059	Address Type	Singapore address	Post Code
Unit No.	09-345			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK5707E	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

Modification History	
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Claim 001 New

Claim Type *	OD-MX	Insured Name	SA
Contact No.(Mobile)	96439375	Contact No.(Home)	NI
Email Address	NSPDINESH@GMAIL.COM	OI Vehicle Number	FBI
Claim Description	FBK5707E / - ON 18 Sept 2020		
Preferred Workshop Contact No.	96423147	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	23/09/2020 15:25	Claim Close Date	
Report Taken By	ROSLI WAHAB		

Print AK letter



