

Claim Handling

Accident MT/1105227

Policy No.	5108585954-01	Vehicle No.	SLZ4616T	GST Registrati
Certificate No.				
Policyholder Name	RAJAN KHANNA			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	96277088	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☐ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	01/10/2020 15:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/09/2020	Time of Accident hh:mm	19:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF QUEENSWAY AND COMMONWEALTH AVENUE			
▼ 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 Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	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	64 FARRER ROAD	Address 2	#05-03 SPANISH VILLAGE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108585954-01	
▼ OI Driver Info				
Driver Name	Supriya Khanna	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S27391551	Driver DOB
Register Date of Driver License	01/01/2005	Driver Age	55	Driving Experie
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Ho
Address 1	91887152	Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SLZ4616T	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No	
Modification History				
Claim 001 New				

Claim Type *	OD-MX	Insured Name	RA
Contact No.(Mobile)	96277088	Contact No. (Home)	64
Email Address	rajan.khanna@sc.com	OI Vehicle Number	SL
Claim Description	SLZ4616T / SCM7800H ON 30 Sept 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
☒ Print AK letter			

Attachment

▼

Accident No.

MT/1105227

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

01/10/2020 16:22

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
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Video List

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