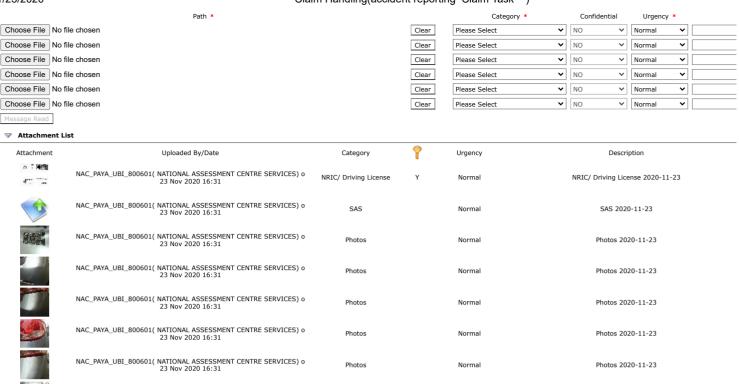
Claim Handling

Accident MT/1111086								
Policy No.	5116178865	Vehicle No.	SGR6296X		GST Regist	ration No.		
Certificate No.								
Policyholder Name	GANAPATHY LESLIE JOHN				Policyholde	r NRIC	S00035	5030
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading		0	7050
Contact No.(Mobile)	93653262	Contact No.(Office)	Tillia Falty		Contact No.(Home)		U	
	93033202					.(Home)		
Email Address		Special Remark			eCode		No 🗸	
KFK	No Yes	TCA	No Yes		eCode Rea	son		
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hir	9	No	
Accident Details								
Report Date	23/11/2020 16:29	Accident Report Within 24 hrs	Yes		Accident T	/pe	Collided	d into Parked
Date of Accident	22/11/2020	Time of Accident hh:mm	15:30		Country of	Accident	Singapo	ore
Reporting Centre		Orange Force			ICM No.			
Accident Location	WHITE SANDS MALL CARPARK	-						
▼ Total Excess Applicable								
	Day Assident	Mindows France		0.00				
Excess Type	Per Accident	Windscreen Excess		0.00				
OD Standard Excess	0.00	TP Standard Excess		0.00				
						12		
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Covered?		Covered	
Additional Excess	0							
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00				
■ Benefits								
	tion							
GST Registered	No		GST Registrat	tion Date				
GST Registration No.		GST Status Verified		erified		Yes		
Modification History								
▼ Policyholder Mailing Add	ress							
Address 1	58G TOH CRESCENT	Address 2	SINGAPORE 507980		Address 3			
Address 4	SOC TOTAL CINESCENT	Address Type	Singapore address		Post Code		507980	1
					rost code		307900	,
Unit No.		Related Policy Number	5116178865					
▼ OI Driver Info								
Driver Name	MODDER SUZANNE RUTH	Driver Type	Named Driver					
Unnamed driver Name		Driver NRIC	S0028180H		Driver DO	3	02/08/1	1952
Register Date of Driver License	01/01/1980	Driver Age	68		Driving Ex	perience	40	
Contact No.(Mobile)	96658071	Contact No.(Office)			Contact No	.(Home)		
Address 1	58G # TOH CRESCENT	Address 2	SINGAPORE 507980		Address 3			
Address 4		Address Type	Singapore address		Post Code		507980	י
Unit No.								
Does he own a Singapore	Yes No	Driver Vehicle No.			Driver Inc	irer Company		
Registered car?	ics who	Briver verileie 146.			Driver Insurer Company			
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No					
-								
M 100 11 111 1								
Modification History								
Claim 001 New								
Claim 001 New								
Claim Type *				OD-MX 🗸	Insured Name	GANAPATHY LESLIE	10HN	Insured
dam type			ı	OD PIX	☐ Name ☐ Contact	OAIVAI ATTT LESEIE		NRIC Contact
Contact No.(Mobile)				93653262	No.	65829765		No.
					(Home)			(Office)
Email Address				lg728400@singnet.com.sg	OI Vehicle	SGR6296X		Vehicle
					Number			Number
Claim Description				SGR6296X / SMW1609M ON 22	2 Nov 2020			Name of Preferred
- 4								Workshop
Preferred Workshop	Insured Liability Fully at	Fault 🗸						
Rentike No. Finalisation Yes	▼ Repair Preferred Workshop		· •		GI :			
Date Registered	Option			23/11/2020 16:31	Claim Close			Date Received
					Date			Received
Report Taken By				SHAN HUI	_			
Print AK letter								
			Sava Cub "					
			Save Submit					
Attachment								
₩								
Accident No.	MT/1111086	Claim No.	00	1				
Last Doc. Received	• Yes O No	Upload Date		/11/2020 16:31				
	→ 1€2 → 1¥U	opioda bacc	23	1212020 10.31				

▼ Video List

Uploaded By/Date



Display in New Window Scan and uploading

File Name

Photos

Normal

Photos 2020-11-23

Photos 2020-11-23

Source

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 16:31

Folder Date