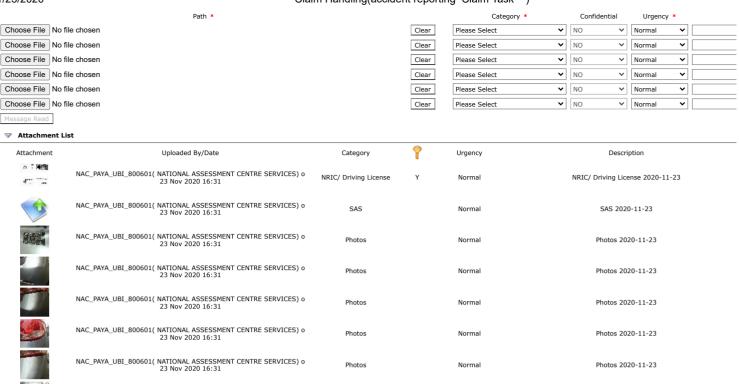
Claim Handling

| Accident MT/1111086 | | | | | | | | |
|--|-----------------------------|-------------------------------|-------------------|---------------------------|------------------------|------------------|----------|----------------------|
| Policy No. | 5116178865 | Vehicle No. | SGR6296X | | GST Regis | ration No. | | |
| Certificate No. | | | | | | | | |
| Policyholder Name | GANAPATHY LESLIE JOHN | | | | Policyholde | er NRIC | S00035 | 503C |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | | Loading | | 0 | ,050 |
| Contact No.(Mobile) | 93653262 | Contact No.(Office) | Tillia Party | | Contact No.(Home) | | U | |
| | 93033202 | | | | | .(Home) | N | |
| Email Address | | Special Remark | | | eCode | | No 🗸 | |
| KFK | No Yes | TCA | No Yes | | eCode Rea | son | | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | | Private Hir | е | No | |
| Accident Details | | | | | | | | |
| Report Date | 23/11/2020 16:29 | Accident Report Within 24 hrs | Yes | | Accident T | /pe | Collided | into Parked |
| Date of Accident | 22/11/2020 | Time of Accident hh:mm | 15:30 | | Country of | Accident | Singapo | re |
| 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 | | | | |
| | | | | | 5 | 12 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | | 0.00 | Driver is C | overed? | Covered | 1 |
| Additional Excess | 0 | | | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | | 0.00 | | | | |
| ▼ Benefits | | | | | | | | |
| | tion | | | | | | | |
| GST Registered | No | | GST Registrat | ion Date | | | | |
| GST Registration No. | | | GST Status Ve | erified | | Yes | | |
| Modification History | | | | | | | | |
| | | | | | | | | |
| ▼ Policyholder Mailing Add | ress | | | | | | | |
| Address 1 | 58G TOH CRESCENT | Address 2 | SINGAPORE 507980 | | Address 3 | | | |
| Address 4 | | 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 DOI | 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 |) |
| 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 | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| Modification History | | | | | | | | |
| Claim 001 New | | | | | | | | |
| Claim 001 New | | | | | | | | |
| | | | | | | | | |
| Claim Type * | | | [| OD-MX 🕶 | Insured Name | GANAPATHY LESLIE | 10HN | Insured |
| dam type | | | L | OD TIX | | OANALATTI EESELE | | NRIC |
| Contact No.(Mobile) | | | [| 93653262 | Contact No. | 65829765 | | Contact No. |
| | | | | | (Home) | | | (Office) TP |
| Email Address | | | | lg728400@singnet.com.sg | OI Vehicle | SGR6296X | | Vehicle |
| | | | | | Number | | | Number |
| Claim Description | | | | SGR6296X / SMW1609M ON 22 | 2 Nov 2020 | | | Name of Preferred |
| D () | | | | | | | | Workshop |
| Preferred Workshop | Insured Liability Fully at | Fault 💙 | | | | | | |
| Rentike No. Finalisation Yes | ▼ Repair Preferred Workshop | | · • | | Claire | | | |
| Date Registered | Option | | | 23/11/2020 16:31 | Claim Close | | | Date Received |
| | | | | | Date | | | Received |
| Report Taken By | | | L | SHAN HUI | _ | | | |
| | | | | | | | | |
| Print AK letter | | | | | | | | |
| | | | | | | | | |
| | | | Save Cut " | | | | | |
| | | | Save Submit | | | | | |
| Attachment | | | | | | | | |
| | | | | | | | | |
| ₩ | | | | | | | | |
| Accident No. | MT/1111086 | Claim No. | 00: | 1 | | | | |
| Last Doc. Received | ○ Yes ○ No | Upload Date | | | | | | |
| Last Doc. Necel/Eu | ▼ res ∨ INO | opioau Date | 23/ | /11/2020 16:31 | | | | |

▼ 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

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

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

Folder Date