Claim Handling

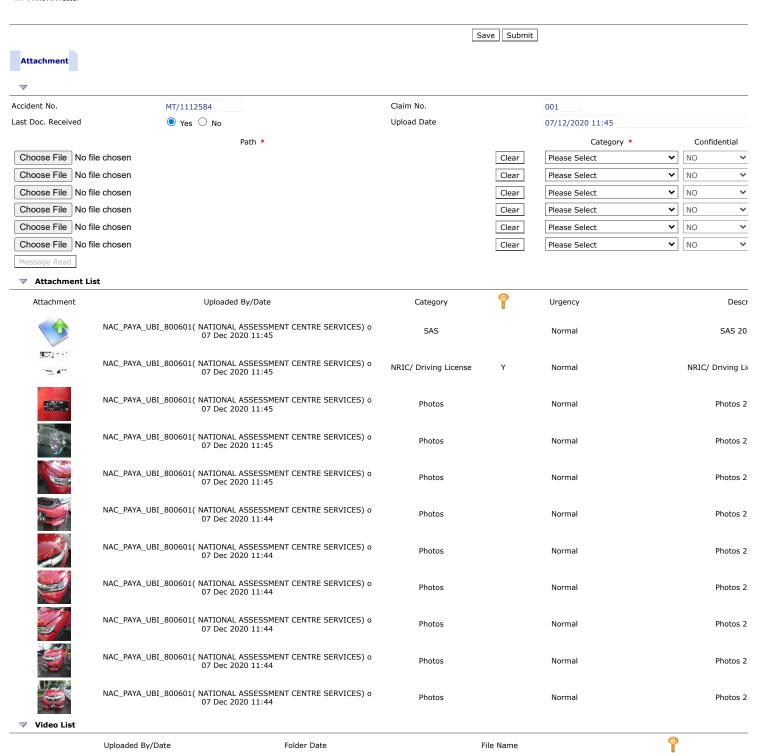
Accident MT/1112584

Policy No. Certificate No.	5106791936-01	Vehicle No.	SLK6326X	GST Registration No.	
Policyholder Name	IDRIS B ABDUL RAHIM			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	94354695	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	
Accident Details					
Report Date	07/12/2020 11:40	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	05/12/2020	Time of Accident hh:mm	16:50	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	Merlimau Rd				
▼ Total Excess Applicable					
Excess Type	Per Accident Windscreen Excess		100.	100.00	
OD Standard Excess	600.00	TP Standard Excess		00	
YIED OD Excess	0.00	YIED TP Excess	0.	OD Driver is Covered?	
Additional Excess	0	Total TD France Applicable	0		
Total OD Excess Applicable Benefits	600.00	Total TP Excess Applicable	0.	00	
▼ GST Registered Informat	tion				
GST Registered	No		GST Registration Dat	Φ.	
GST Registration No.	INO		GST Status Verified		
Modification History				Yes	
▼ Policyholder Mailing Add	ress				
Address 1	1E JALAN SINGA	Address 2	SINGAPORE 418122	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5106791936-01		
OI Driver Info					
Driver Name	IDRIS BIN ABDUL RAHIM	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1647860A	Driver DOB	
Register Date of Driver License	02/09/1988	Driver Age	56	Driving Experience	
Contact No.(Mobile)	94354695	Contact No.(Office)		Contact No.(Home)	
Address 1	1E JALAN SINGA	Address 2	SINGAPORE 418122	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Comp	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 New					
				Insured Insured	
Claim Type *			OD-MX	Name IDRIS B	
Contact No.(Mobile)			943546		
				(Home) OI	
Email Address			ARIDRI	S@YAHOO.COM Vehicle Number SLK6326	
Claim Description			SLK632	26X / YP3762J ON 5 Dec 2020	
Preferred Workshop	Insured Liability Ful	y at Fault			
Rentike No. Finalisation	Prefered Preferred Work	shop, Name unknown GIA report Received	~		
Date Registered	Option	report		Claim Close Close	
				Date	

Report Taken By

LIEW SHAN HUI

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