## **Claim Handling**

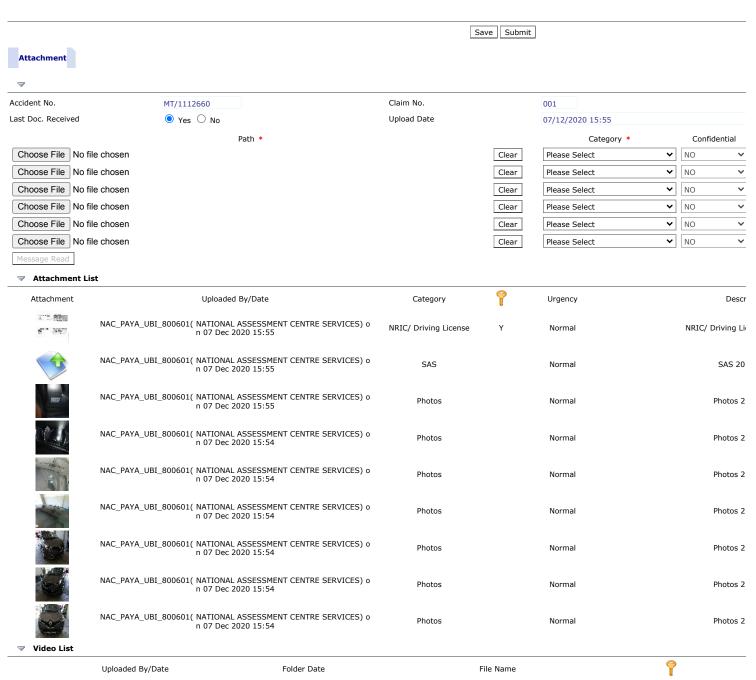
## Accident MT/1112660

Policy No. Certificate No.	5118386927		Vehicle No.	SMD281E		GST Registration No.
Policyholder Name	PRIVATE CAR INSURANCE					Policyholder NRIC
Product Code			Cover Type	drivo PREMIUM		Loading
Contact No.(Mobile)			Contact No.(Office)			Contact No.(Home)
Email Address			Special Remark			eCode
KFK	No  Yes		TCA	No		eCode Reason
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire
Accident Details						
Report Date	07/12/2020 15:52		Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	06/12/2020		Time of Accident hh:mm	10:00		Country of Accident
Reporting Centre			Orange Force			ICM No.
Accident Location	38 DOVER RISE BA	ASEMENT CARPARK	<del>-</del>			
▼ Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess	100.00		
	. c. yieddene			155.50		
OD Standard Excess	600.00		TP Standard Excess	0.00		
YIED OD Excess	0.00		YIED TP Excess	0.00		Driver is Covered?
Additional Excess	0					
Total OD Excess Applicable	600.00		Total TP Excess Applicable	Total TP Excess Applicable 0.00		
▼ Benefits						
	ion					
GST Registered		No		GST Registra	ition Date	
GST Registration No.				GST Status Verified		Yes
Modification History						
<ul><li>Policyholder Mailing Add</li></ul>	ress					
Address 1	38 DOVER RISE		Address 2	#14-05		Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.			Related Policy Number	5118386927		
▼ OI Driver Info						
Driver Name	SUNDRAM LETCHE	MEE	Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S7340865B		Driver DOB
Register Date of Driver License	17/06/1992		Driver Age	47		
Contact No.(Mobile)	98314117		Contact No.(Office)			Contact No.(Home)
Address 1	38 DOVER RISE		Address 2	#14-05		Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.						
Does he own a Singapore	Yes ⊚ No		Driver Vehicle No.	SMD281E		Driver Insurer Comp
Registered car?				51.152612		
Declaration						
Breathalyser or Blood Test	0		A	O V O NI-		
Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
Claim Type *					OD MD	Insured CUNDRA
Claim Type *					OD-MD	Name SUNDRAI
Contact No.(Mobile)					98314117	Contact No.
						(Home)OI
Email Address					SUNDRAMLETCHEMEE@GMA	IL. Vehicle SMD281E
						Number
Claim Description					SMD281E / - ON 6 Dec 2020	1
Preferred	T	ured Liability				
Workshop	Preferere		GIA	<b>~</b>		
Regulate No. Finalisation  Pate Registered	<b>∨</b> Repair Option	Preferred Worksho	pp, Name unknown report Received		07/12/2020 15:54	Claim
Date Registered					07/12/2020 15:54	Close Date

Report Taken By

ROSLI WAHAB





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