## **Claim Handling**

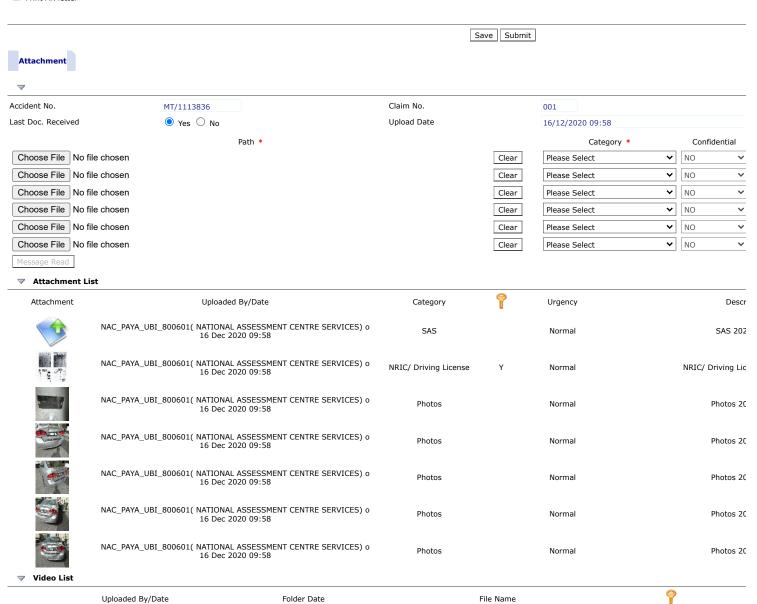
## Accident MT/1113836

Policy No. Certificate No.	5109538691-01	Vehicle No.	SJM8061J	GST Registration No.
Policyholder Name	MAYGALAI K PANNIRSELVAM			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92372431	Contact No.(Office)		Contact No.(Home)
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	16/12/2020 09:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/12/2020	Time of Accident hh:mm	16:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Admiralty Rd W, Singapore			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00	
▼ Benefits				
<b>▼ GST Registered Informat</b>				
GST Registered	No		GST Registration Date	Yes.
GST Registration No.			GST Status Verified	Yes
Modification History				
▼ Policyholder Mailing Add	ress			
Address 1	BLK 676C #03-730	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 823676	Address Type	Singapore address	Post Code
Unit No.	03-730	Related Policy Number	5109538691-01	
▼ OI Driver Info		,		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KHAIRUL SHAH BIN A ABRAHIM	Driver NRIC	S8311069D	Driver DOB
Register Date of Driver License	01/09/2011	Driver Age	37	Driving Experience
Contact No.(Mobile)	92372431	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 553 #02-268	Address 2	HOUGANG STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-268			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Comp
Registered car.				
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes  ○ No	
Reduing:				
Modification History				
Claim 001 New				
Claim Type *			OD-MX	Insured Name MAYGALA
Contact No (Mobile)			94445403	Contact No. 6542067
Contact No.(Mobile)			84445403	(Home)
Email Address			mavgalail	OI vp@hotmail.com Vehicle SJM8061
			maygaan	Number
Claim Description			SJM80613	I / GBA6431X ON 10 Dec 2020
Preferred				
Workshop	ricieleleu	at Fault GIA Reseived		
Finalisation Finalisation	Repair Preferred Works Option	shop, Name unknown report Received		Claim
Date Registered			16/12/20	20 09:58   Close   Date

Report Taken By

LIEW SHAN HUI

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