## **Claim Handling**

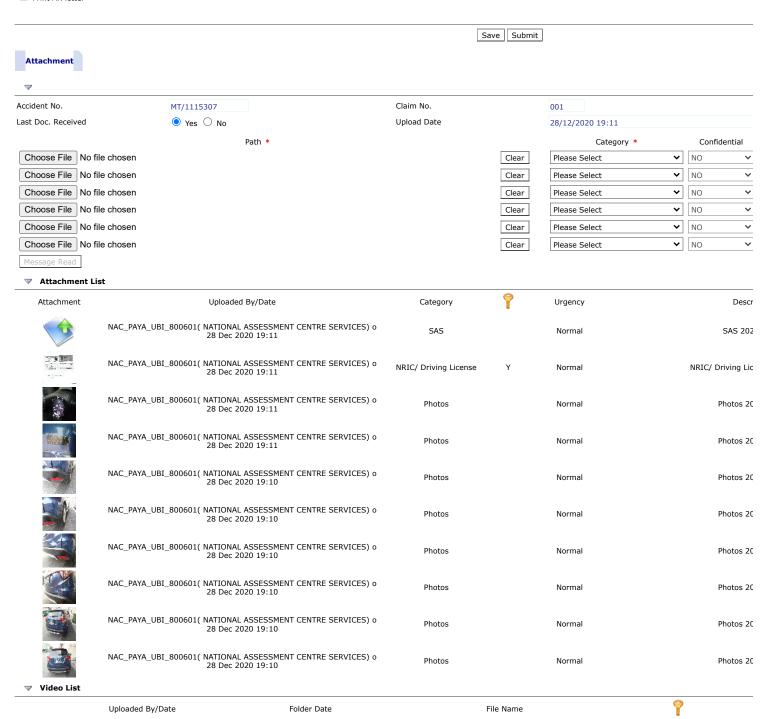
The premium on this policy has not been collected.

Accident MT/1115307				
Policy No.	5120087608	Vehicle No.	SKZ8152A	GST Registration No.
Certificate No.				
Policyholder Name	S MOGANA ROOBAN S/O SIVAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97580043	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No  Yes	TCA	No	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	28/12/2020 19:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/12/2020	Time of Accident hh:mm	22:55	Country of Accident
Reporting Centre	20/12/2020	Orange Force	22.33	ICM No.
Accident Location	SLE EXIT WOODLANDS AVE 12	orange roree		10.1140.
▼ Total Excess Applicable	SEE EXIT WOODLANDS AVE 12			
	Dor Assident	Windowson Evenes	100.00	
Excess Type	Per Accident	Windscreen Excess	100.00	
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		5.55	
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
■ Benefits	333.33		5.55	
	ion			
GST Registered	No		GST Registration Date	
GST Registered GST Registration No.	NO		GST Status Verified	Yes
Modification History				
·				
▼ Policyholder Mailing Add	ress			
Address 1	BLK 306A #06-37	Address 2	PUNGGOL PLACE	Address 3
Address 4	SINGAPORE 821306	Address Type	Singapore address	Post Code
Unit No.	06-37	Related Policy Number	5120087608	1000 0000
▼ OI Driver Info	00 37	,	3120007000	
Driver Name	S MOGANA ROOBAN S/O SIVAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9340773C	Driver DOB
Register Date of Driver License	03/05/2013	Driver Age	27	Driving Experience
Contact No.(Mobile)	97580043	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 306A #06-37	Address 2	PUNGGOL PLACE	Address 3
Address 4	SINGAPORE 821306	Address Type	Singapore address	Post Code
Unit No.	06-37	Address Type	Singapore address	rost code
Does he own a Singapore		Disa Mikida Na		D. L. Lange
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				
Claim Type *			OD-MX	▼ Insured Name S MOGAN
Control No (Mabile)			07500043	Contact
Contact No.(Mobile)			97580043	No. (Home)
Email Address				OI Vehicle SKZ8152
Liliali Address				Number SKZ8132
Claim Description			SK78152A / S	SMW5965H ON 26 Dec 2020
·			JNZ0132A / 3	
Preferred Workshop	Insured Liability Not a	t Fault 🗸		
Center No. Yes	Repair Preferred Worksh	nop, Name unknown SGIA report Received		Claim
Date Registered	Option		28/12/2020 1	Close
				Date

LIEW SHAN HUI

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