Claim Handling

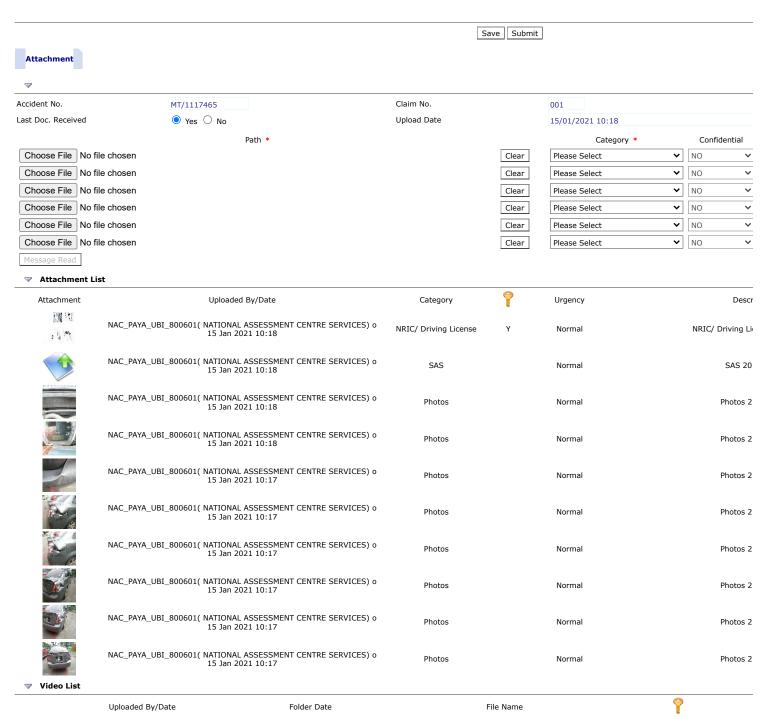
Accident MT/1117465

Policy No. Certificate No.	5110127140-01		Vehicle No.	SJR5362J		GST Regist	tration No.	
Policyholder Name	NOR AZRI BIN ABDUL AZIZ					Policyholde	er NRIC	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading		
Contact No.(Mobile)	91118341		Contact No.(Office)			Contact No	o.(Home)	
Email Address			Special Remark			eCode		
KFK	No Yes		TCA	No Yes		eCode Rea	son	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	·e	
Accident Details								
Report Date	15/01/2021 10:14		Accident Report Within 24 hrs	Yes		Accident Ty	ype	
Date of Accident	14/01/2021		Time of Accident hh:mm	12:30		Country of	Accident	
Reporting Centre			Orange Force			ICM No.		
Accident Location	Blk 216 PASIR RIS							
▼ Total Excess Applicable								
Excess Type	Per Accident		Windscreen Excess	100.00				
OD Standard Excess	600.00	600.00			0.00			
YIED OD Excess	0.00		YIED TP Excess	0.00		Driver is Co	overed?	
Additional Excess	0							
Total OD Excess Applicable	600.00		Total TP Excess Applicable		0.00			
▼ Benefits								
▼ GST Registered Informat	tion							
GST Registered	No			ration Date				
GST Registration No.				GST Status	Verified	Ľ	Yes	
Modification History								
▼ Policyholder Mailing Add	race							
Address 1	BLK 10 #07-2717	1	Address 2	EUNOS CRESCENT		Address 3		
Address 4	BLK 10 #07-2717		Address Type	Singapore address		Post Code		
Unit No.			Related Policy Number			Post Code		
▼ OI Driver Info			Related Policy Number	5110127140-01				
Driver Name	ROFFEE MOHAMED S/O LUTFUR	DAHMAN	Driver Type	Main Driver				
Unnamed driver Name	KOTTEL HOHANED 3/0 LOTTON	NAIIIIAN	Driver NRIC	S1810866F		Driver DOE	B	
Register Date of Driver License	12/11/1987		Driver Age	53	Driving Expe			
Contact No.(Mobile)	91118341		Contact No.(Office)	33			Contact No.(Home)	
Address 1	BLK 32 #08-250		Address 2	LORONG 6 TOA PAY	OH.		Address 3	
Address 4	BER 32 #00 230		Address Type Singapore address		Post Code			
Unit No.	08-250			g-p				
Does he own a Singapore	○ Yes		Driver Vehicle No.			Driver Insu	urer Comp	
Registered car?	ies who		Driver vehicle No.			Dilver 11130	irei comp	
Declaration								
Breathalyser or Blood Test	0		A 1-1 2	O Vario O Na				
Reading?	0 mg		Any injury?	Yes No				
Modification History								
Maria and Maria								
Claim 001 New								
Claim Type *					OD-MX	✓ Insured	NOR AZR	
						Name Contact		
Contact No.(Mobile)					96795706	No. (Home)	6742032	
						OI		
Email Address					nor_azri@moe.edu.sg	Vehicle Number	SJR5362	
Claim Dana Litter					CIRCOCAL (MODELLE -			
Claim Description					SJR5362J / YP9536G ON 14	1 Jan 2021		
Preferred Workshop	Insured Liability	Not at Fault	~					
Rentike No. Finalisation	Preferered ✓ Repair Preferre	d Workshop, Nam	GIA C	d 🗸	i			
Date Registered	Option				15/01/2021 10:17	Claim Close		
					_	Date		

Report Taken By

LIEW SHAN HUI

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