Claim Handling

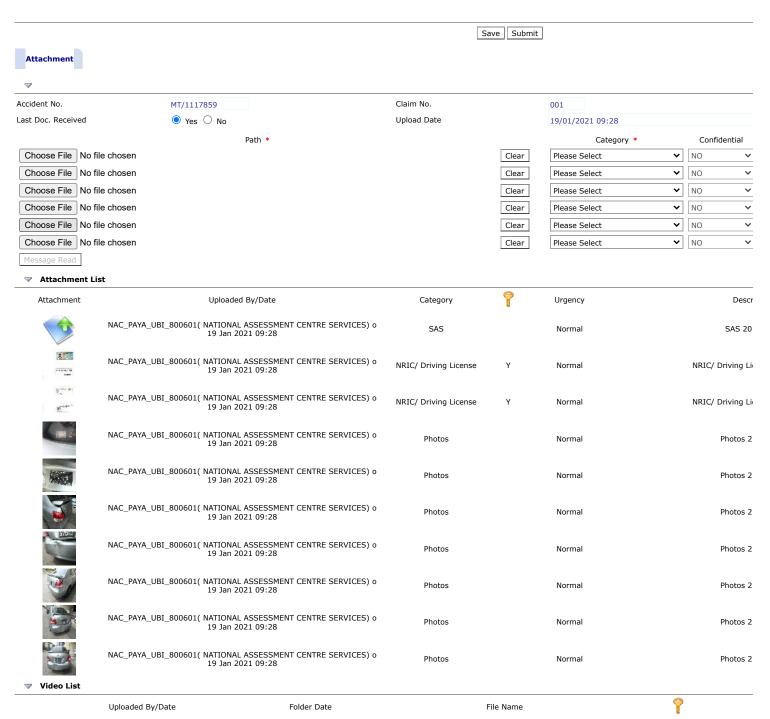
Accident MT/1117859

Policy No. Certificate No.	5119315271		Vehicle No.	SJT5751J		GST Registration No.
Policyholder Name	MOHAMED AFDHAL BIN MOHAM	MED RAFIK				Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	85715723		Contact No.(Office)			Contact No.(Home)
Email Address			Special Remark			eCode
KFK	No Yes		TCA	No Yes		eCode Reason
NCD Protection	No		NCD Entitlement(%)	10		Private Hire
▼ Accident Details						
Report Date	19/01/2021 09:23		Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	16/01/2021		Time of Accident hh:mm	09:15		Country of Accident
Reporting Centre			Orange Force			ICM No.
Accident Location	Tampines Ave 2, 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	0.00		YIED TP Excess	0.00		Driver is Covered?
Additional Excess	()				
Total OD Excess Applicable	600.00)	Total TP Excess Applicable		0.00	
▼ Benefits						
▼ GST Registered Informat	ion					
GST Registered	No			GST Registration Date		
GST Registration No.				GST Status	Verified	Yes
Modification History						
 Policyholder Mailing Add 						
Address 1	BLK 351 #06-464		Address 2	TAMPINES STREET	33	Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.	06-464		Related Policy Number	5113703544-01		
▼ OI Driver Info						
Driver Name	MOHAMED AFDHAL BIN MOHAM	MED RAFIK	Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S8441872B		Driver DOB
Register Date of Driver License	07/03/2007		Driver Age	36		Driving Experience
Contact No.(Mobile)	85715723		Contact No.(Office)			Contact No.(Home)
Address 1	BLK 351 #06-464		Address 2	TAMPINES STREET	33	Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No. Does he own a Singapore	06-464					
Registered car?	Yes No		Driver Vehicle No.			Driver Insurer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
Modification History						
Troumcación Tilbeory						
Claim 001 New						
						Inquired
Claim Type *					OD-MX	Name MOHAME
Contact No.(Mobile)					85715723	Contact No. 6243081
					00710720	(Home)
Email Address					dhal_rusty@hotmail.com	OI Vehicle SJT57513
						Number
Claim Description					SJT5751J / SKD2529C ON 1	6 Jan 2021
Preferred						
Workshop	Insured Liability Preferered	INOL AL FAUIL	GIA Receives		I	
Finalisation Finalisation	Repair Preferre	ed Workshop, Nan	ne unknown report Received	d 🗸		Claim
Date Registered					19/01/2021 09:28	Close Date

Report Taken By

SHAN HUI

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