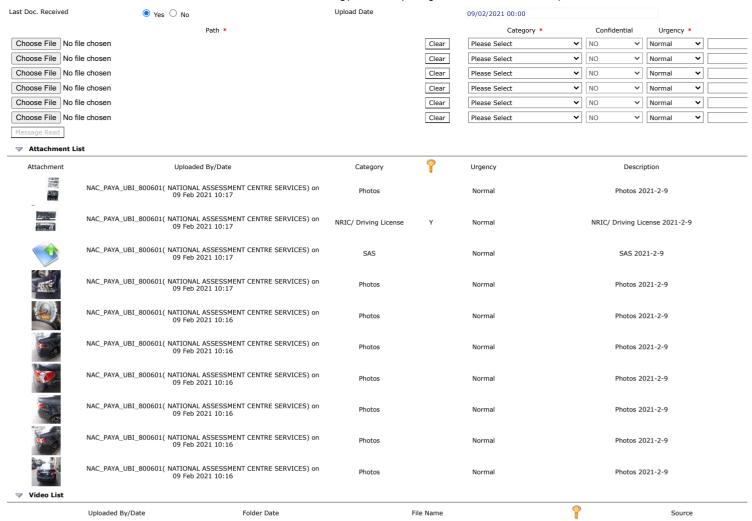
Claim Handling

Accident MT/1120511						
Policy No.	5111887645-01	Vehicle No.	SJR5271M	GST Regist	ration No.	
Certificate No.						
Policyholder Name	RAMANI D/O SUPIAHMANIAN			Policyholde	er NRIC	S7443409F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	Loading	
Contact No.(Mobile)	90167075	Contact No.(Office)	0	Contact No	o.(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No	eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	10	Private Hir	е	No
Accident Details						
Report Date	09/02/2021 10:09	Accident Report Within 24 hrs	Yes	Accident T	ype	Hit and run
Date of Accident	07/02/2021	Time of Accident hh:mm	16:20	Country of	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	34 RACE COURSE RD					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	600.00	TP Standard Excess	0.00			
YIED OD Excess	2,500.00	YIED TP Excess	0.00	Driver is C	overed?	Covered
Additional Excess	0.00					
Total OD Excess Applicable	3,100.00	Total TP Excess Applicable	0.00			
▼ Benefits						
GST Registered	No		GST Registration Date			
GST Registration No. Modification History			GST Status Verified		Yes	
Produicación Fristory						
▼ Policyholder Mailing Add	Iress					
Address 1	BLK 834 #03-13	Address 2	JURONG WEST STREET 81	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		SINGAPORE 6408 640834
Unit No.	03-13	Related Policy Number	5111887645-01			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	MUKESHVARAN S/O SHANKER	Driver NRIC	S9546387H	Driver DO	Driver DOB	
Register Date of Driver License	27/05/2019	Driver Age	25	Driving Ex	Driving Experience	
Contact No.(Mobile)	88140579	Contact No.(Office)	0	Contact No	o.(Home)	0
Address 1	BLK 834	Address 2	JURONG WEST STREET 81	Address 3		SINGAPORE 6408
Address 4		Address Type	Singapore address	Post Code		640834
Unit No.	#03-13					
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Insu	Driver Insurer Company	
Registered car?						
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Reduing:						
Modification History						
Modification History						
Claim 001 OD-MX New						
				▼ Insured Name		Insured
Claim Type *			OD-MX		RAMANI D/O SUP	NRIC
Contact No.(Mobile)			85059731	Contact No.		Contact No.
				(Home)		(Office)
Email Address				Vehicle Number	SJR5271M	Vehicle Number
						Name of
Claim Description			SJR5271M /	GBK961U ON 7 Feb 2021		Preferred Workshop
Preferred	Insured Liability N					
Workshop Rentukt No. Finalization	Preférered Preféred	ot at Fault rkshop, Name unknown GIA Received	•			
Finalisation Date Registered	Option	report report	09/02/2021	10:17 Claim Close		Date Received
-				Date		Total Los
Report Taken By			ROSLINDA	Workshop Repairer		but
						Repaired
Print AK letter						
			[S-112]			
_			Save Submit			
Attachment						
Accident No.	MT/1120511	Claim No.	001			



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