

Claim Handling

Accident MT/1120514

Policy No.	5100270250-02	Vehicle No.	SJE9470Y	GST Registration No.	
Certificate No.					
Policyholder Name	AMINAH BTE ISMAIL			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	92729002	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	

Accident Details

Report Date	09/02/2021 10:24	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	09/02/2021	Time of Accident hh:mm	07:25	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVENUE 2 INFRONT OF BLOCK 892C				

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	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 662C #12-300	Address 2	JURONG WEST STREET 64	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	12-300	Related Policy Number	5100270250-02		

OI Driver Info

Driver Name	Mohammed Sufiyan Mohd Daud	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8737470Z	Driver DOB	
Register Date of Driver License	21/01/2009	Driver Age	33	Driving Experience	
Contact No.(Mobile)	92729002	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJE9470Y	Driver Insurer Comp:	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

--

Claim 001 New

Claim Type *	OD-MX	Insured Name	AMINAH
Contact No.(Mobile)		Contact No. (Home)	6794741
Email Address		OI Vehicle Number	SJE9470Y
Claim Description	SJE9470Y / PZ56M ON 9 Feb 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	09/02/2021 11:12

