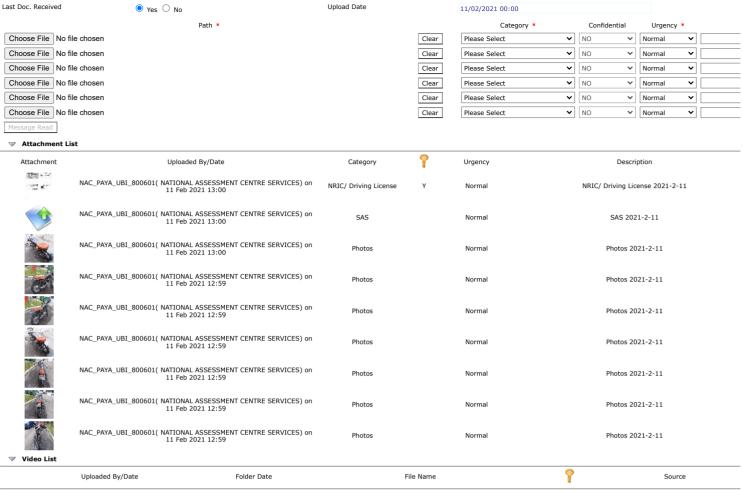
## Claim Handling

Accident MT/1120885								
Policy No.	5117232368		Vehicle No.	FP8010M		GST Regis	tration No.	
Certificate No.								
Policyholder Name	MUHAMMED HISHAMUDDEEN S/O ABD	UL AZEEZ				Policyholde	er NRIC	S7123404E
Product Code	MOTORCYCLE INSURANCE		Cover Type	Third Party		Loading		0
Contact No.(Mobile)	94572644		Contact No.(Office)	0		Contact No	o.(Home)	0
Email Address			Special Remark			eCode		No 🗸
KFK	No		TCA	No Yes		eCode Rea	son	
NCD Protection	No		NCD Entitlement(%)	0		Private Hir	e	No
▼ Accident Details								
Report Date	11/02/2021 12:57		Accident Report Within 24 hrs	Yes		Accident T	ype	Collision - Head to
Date of Accident	10/02/2021		Time of Accident hh:mm	17:30		Country of	Accident	Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location	CTE SLIP RD INTO BUKIT TIMAH RD							
▼ Total Excess Applicable								
Excess Type	Per Accident		Windscreen Excess					
OD Standard Excess	0.00		TP Standard Excess		0.00			
YIED OD Excess	0.00		YIED TP Excess		0.00	Driver is C	overed?	Not Covered
Additional Excess								
Total OD Excess Applicable	0.00		Total TP Excess Applicable		0.00			
▼ Benefits								
			7	CCT D	ration Dat-			
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified					
Modification History				GST Status	vermeu		Yes	
,								
▼ Policyholder Mailing Add	ress							
Address 1	190 RANGOON ROAD		Address 2	#02-04		Address 3		SINGAPORE 2184
Address 4			Address Type	Singapore address		Post Code		218447
Unit No.	02-04		Related Policy Number	5117232368				
▼ OI Driver Info								
Driver Name	MUHAMMED HISHAMUDDEEN S/O ABD	UL AZEEZ	Driver Type	Main Driver				
Unnamed driver Name			Driver NRIC	S7123404E		Driver DO	3	12/06/1971
Register Date of Driver License	01/01/2018		Driver Age	49		Driving Ex	perience	3
Contact No.(Mobile)	94572644		Contact No.(Office)	0		Contact No	o.(Home)	0
Address 1	190 RANGOON ROAD		Address 2			Address 3		SINGAPORE 2184
Address 4			Address Type	Singapore address		Post Code		218447
Unit No.	#02-04							
Does he own a Singapore Registered car?	◯ Yes ⊚ No		Driver Vehicle No.			Driver Ins	urer Company	
Declaration								
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No				
Additionation History								
Modification History								
Claim 001 OD-MX New	1							
Claim Type *					OD-MX	Insured Name	MUHAMMED HISH	HAMUDDEEN S Insured NRIC
Contact No.(Mobile)					94572644	Contact No.	2972138	Contact No.
,						(Home)		(Office)
Email Address					hesham38@hotmail.com		FP8010M	Vehicle Number
								Name of
Claim Description					FP8010M / SFA8083G 0	ON 10 Feb 2021		Preferred Worksho
Preferred	Insured Liability Not	at Fault	~					
Workshop Rentike No. Finalisation	▼ Repair Preferred Works		CIA	~				
Date Registered	Option		Teport -		11/02/2021 13:00	Claim Close		Date Received
						Date		Total Los
Report Taken By					ROSLINDA	Workshop Repairer		but Repaired
								Repaired
Print AK letter								
				Save Submit				
_				Save Subillit				
Attachment								
_								
▼ ^-:	MT/110000		A · · ·	Г	201			
Accident No.	MT/1120885		Claim No.		001			



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