

Claim Handling

Accident MT/1121297

Policy No.	5114243234-01	Vehicle No.	SGM9401R	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD IMRAN BIN MOHAMED GANI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90266878	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	17/02/2021 10:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/02/2021	Time of Accident hh:mm	20:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Tampines Ave 9, 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	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	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 216C #02-562	Address 2	COMPASSVALE DRIVE	Address 3
Address 4	SINGAPORE 543216	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114243234-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD AFIQ BIN MOHAME	Driver NRIC	S8723494J	Driver DOB
Register Date of Driver License	30/04/2013	Driver Age	33	Driving Experience
Contact No.(Mobile)	90266878	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 502 #01-273	Address 2	TAMPINES CENTRAL 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-273			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Compi

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMM
Contact No.(Mobile)	91853854	Contact No. (Home)	NIL
Email Address	MAN_DOK@HOTMAIL.COM	OI Vehicle Number	SGM9401
Claim Description	SGM9401R / SGM1162H ON 11 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
		17/02/2021 10:50	Claim Close Date

