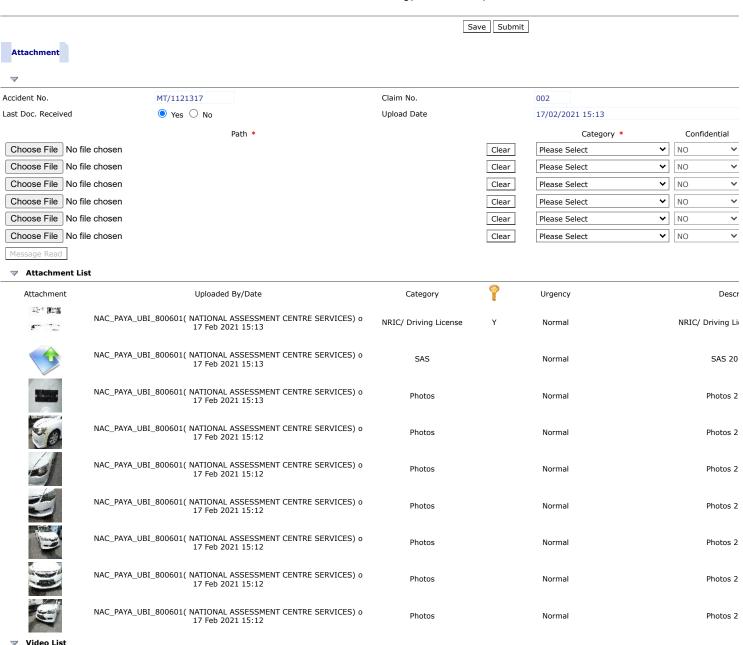
## **Claim Handling**

Accident MT/1121317									
Policy No.	5116614311			Vehicle No.	SJT5297D		GST Reg	gistration No.	
Certificate No.									
Policyholder Name	MUHAMMAD ISKAN	IDAR DZULKAI	RNAIN BIN MOHAN	1ED ZAINAL			Policyho	lder NRIC	
Product Code	PRIVATE CAR INSURANCE			Cover Type	drivo CLASSIC		Loading		
Contact No.(Mobile)	NA			Contact No.(Office)			Contact No.(Home)		
Email Address				Special Remark			eCode		
KFK	No  Yes			TCA	No	No  Yes		eCode Reason	
NCD Protection	No			NCD Entitlement(%)			Private Hire		
▼ Accident Details				. ,					
Report Date	17/02/2021 12:00			Accident Report Within 24 hr	rs Yes		Accident	Type	
Date of Accident	16/02/2021			Time of Accident hh:mm	11:57		Country of Accident		
Reporting Centre	10,02,2021			Orange Force	11.57		ICM No.		
Accident Location	CTE SLIP ROAD INTO AMK AVE 5			orange roree			101110.		
▼ Total Excess Applicable	CTE SEIT ROAD IN	TTO APIK AVE S	,						
Excess Type	Per Accident			Windscreen Excess		100.00			
Excess Type	Ter Accident			Wildscreen Excess		100.00			
OD Standard Excess		600.00		TP Standard Excess		0.00			
YIED OD Excess				YIED TP Excess			Driver is	Covered?	
Additional Excess		0							
Total OD Excess Applicable	600.00			Total TP Excess Applicable		0.00			
■ Benefits									
▼ GST Registered Informat	ion								
ST Registered No				GST Registration Date					
GST Registration No.					GST Status				
Modification History									
▼ Policyholder Mailing Add	ress								
Address 1	BLK 190 #04-293			Address 2	PUNGGOL CENTRAI		Address	3	
Address 4				Address Type	Singapore address		Post Cod	de	
Unit No.				Related Policy Number	5116614311				
▼ OI Driver Info				, , , , , , , , , , , , , , , , , , , ,					
Driver Name				Driver Type					
Unnamed driver Name				Driver NRIC			Driver D	ОВ	
Register Date of Driver License				Driver Age				Experience	
Contact No.(Mobile)				Contact No.(Office)				No.(Home)	
Address 1				Address 2			Address		
Address 4				Address Type	Foreign address		Post Cod		
Unit No.				76.					
Does he own a Singapore	Yes No			Driver Vehicle No.			Driver I	nsurer Comp	
Registered car?	les INO			Driver verilcle No.			Dilver II	isurei Comp	
Modification History									
Harry Carlotter In									
Claim 002 New									
Claim Type *						OD-MX	Insure	d MUHAMM	
oldiii 17pe						OD TIX	Name Contac		
Contact No.(Mobile)						96695741	No.	6581156	
							(Home	.) 	
Email Address							Vehicle Numbe		
Claim Description						SJT5297D / SDX938X (	ON 16 Feb 2021		
Preferred	Inc	sured Liability	E	1					
Workshop <b>Beat</b> संख No. Finalisation	Preferer ✓ Repair	ed	Fully at Fault Workshop, Name	unknown	eived 🔻				
Finalisation Lies  Date Registered	Option		,	report report	<u>`</u>	17/02/2021 15:12	Claim Close		
							Date		
Report Taken By						LIEW SHAN HUI			
Print AK letter									



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File Name

Folder Date

Uploaded By/Date