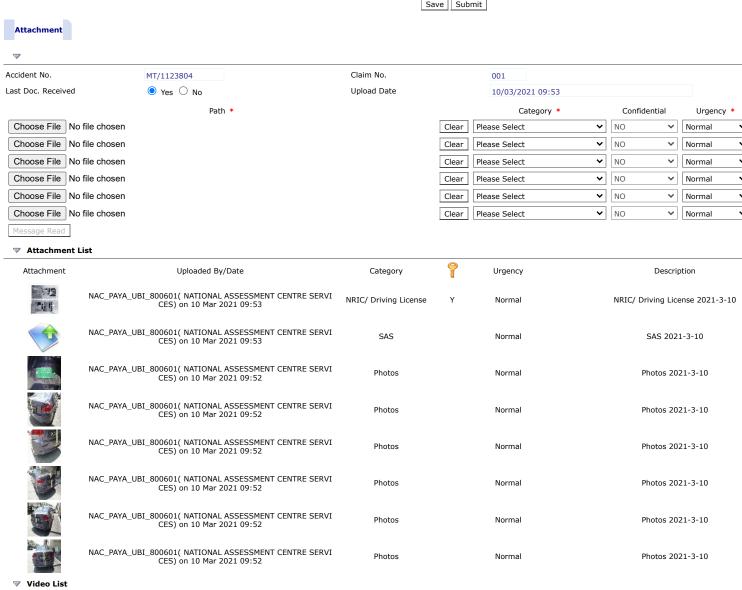
Claim Handling

Accident MT/1123804

Policy No.	5092237810-03		Vehicle No.	SKC5621D	GST Registration No.	
Certificate No.						
Policyholder Name	MUHAMMAD KHI	IDIR BIN SULAIMAN			Policyholder NRIC	S86
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96231632		Contact No.(Office)		Contact No.(Home)	
Email Address			Special Remark		eCode	No
KFK	No		TCA	No	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	30	Private Hire	No
Accident Details						
Report Date	10/03/2021 09:	:50	Accident Report Within 24 hrs	Yes	Accident Type	Cha
Date of Accident	08/03/2021		Time of Accident hh:mm	08:45	Country of Accident	Sing
Reporting Centre			Orange Force		ICM No.	
Accident Location	PIE, 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	0.00		YIED TP Excess	0.00	Driver is Covered?	Cov
Additional Excess		0				
Total OD Excess Applicable		600.00	Total TP Excess Applicable	0.00		
▼ Benefits						
▼ GST Registered Informa GST Registered	ition	No		CST Degistration Date		
GST Registration No.		No		GST Registration Date GST Status Verified	Yes	
Modification History				Con Status Vermen	103	
,						
▼ Policyholder Mailing Ade	dress					
Address 1	BLK 112 #09-26	60	Address 2	BEDOK RESERVOIR ROAD	Address 3	SIN
Address 4			Address Type	Singapore address	Post Code	470
Unit No.			Related Policy Number	5092237810-03		
▼ OI Driver Info			,			
Driver Name	MUHAMMAD KHIDIR BIN SULAIMAN		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S8632702C	Driver DOB	01/
Register Date of Driver License	12/04/2011		Driver Age	34	Driving Experience	9
Contact No.(Mobile)	96231632		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 112 #09-26	60	Address 2	BEDOK RESERVOIR ROAD	Address 3	SIN
Address 4			Address Type	Singapore address	Post Code	470
Unit No.						
Does he own a Singapore Registered car?	○ Yes No		Driver Vehicle No.		Driver Insurer Company	
Registered car:						
Declaration						
D C C C C C C C C C C C C C C C C C C C						
Breathalyser or Blood Test	0 mg		Any injury?	⊚ Yes ○ No		
	0 mg		Any injury?	Yes No		
Breathalyser or Blood Test Reading?	0 mg		Any injury?			
Breathalyser or Blood Test	0 mg		Any injury?			
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
Breathalyser or Blood Test Reading? Modification History	0 mg		Any injury?			
Breathalyser or Blood Test Reading? Modification History	0 mg		Any injury?			
Breathalyser or Blood Test Reading? Modification History	0 mg	•	Any injury?	Yes No MUHAMMAD KHIDIR BIN SULAI	Insured NRIC	S86
Breathalyser or Blood Test Reading? Modification History Claim 001 New					Insured NRIC Contact No.(Office)	
Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	OD-MX		Insured Name	MUHAMMAD KHIDIR BIN SULAI		654
Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	OD-MX 96231632 KHIDIRHUMPHR		Insured Name Contact No.(Home)	MUHAMMAD KHIDIR BIN SULAI 68416252	Contact No.(Office)	654
Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address	OD-MX 96231632 KHIDIRHUMPHR	REY@GMAIL.CON	Insured Name Contact No.(Home)	MUHAMMAD KHIDIR BIN SULAI 68416252	Contact No.(Office) TP Vehicle Number	654
Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX 96231632 KHIDIRHUMPHR	REY@GMAIL.CON	Insured Name Contact No.(Home) OI Vehicle Number	MUHAMMAD KHIDIR BIN SULAI 68416252 SKC5621D	Contact No.(Office) TP Vehicle Number	\$86 654 \$12
Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	OD-MX 96231632 KHIDIRHUMPHR SKC5621D / SL	REY@GMAIL.CON Z5479R ON 8 Mar 2021	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	MUHAMMAD KHIDIR BIN SULAI 68416252 SKC5621D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	654 SLZ
Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX 96231632 KHIDIRHUMPHR SKC5621D / SL	REY@GMAIL.CON Z5479R ON 8 Mar 2021	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	MUHAMMAD KHIDIR BIN SULAI 68416252 SKC5621D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLZ

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