

Claim Handling

Accident MT/1125436

Policy No.	5119267789	Vehicle No.	SKG6939K	GST Registration No.	
Certificate No.					
Policyholder Name	SANJEEV S/O CHANDRAMOGAN			Policyholder NRIC	S8437325G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	86172819	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	23/03/2021 18:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/03/2021	Time of Accident hh:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	E COAST PARK SERVICE RD				

▼ 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?	Covered
Additional Excess	0.00				
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 407 #09-104	Address 2	BUKIT BATOK WEST AVENUE 4	Address 3	SINGAPORE 650407
Address 4		Address Type	Singapore address	Post Code	650407
Unit No.	09-104	Related Policy Number	5119267789		

▼ OI Driver Info

Driver Name	SANJEEV S/O CHANDRAMOGAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8437325G	Driver DOB	21/11/1984
Register Date of Driver License	27/07/2005	Driver Age	36	Driving Experience	15
Contact No.(Mobile)	86172819	Contact No.(Office)		Contact No.(Home)	0
Address 1	BLK 407	Address 2	BUKIT BATOK WEST AVENUE 4	Address 3	SINGAPORE 650407
Address 4		Address Type	Singapore address	Post Code	650407
Unit No.	#09-104				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	SANJEEV S/O CHANDRAMOGAN	Insured NRIC	S8437325G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKG6939K	TP Vehicle Number	SLT5856S
Claim Description	SKG6939K / SLT5856S ON 20 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/03/2021 18:29	Claim Close Date		Date Received	23/03/2021 00:00
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Attachment

▼

Accident No.	MT/1125436	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	23/03/2021 00:00

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NRIC/ Driving License

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