

Claim Handling

Accident MT/1126117

Policy No.	5118138449	Vehicle No.	SLG1133P	GST Registration No.
Certificate No.				
Policyholder Name	NOOR HANIS BIN MOHAMED YUNOS			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92476563	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	29/03/2021 16:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/03/2021	Time of Accident hh:mm	07:38	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS DRIVE 40			

▼ 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?
Additional Excess	0			
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 892A #12-32	Address 2	TAMPINES AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-32	Related Policy Number	5097739908-03	

▼ OI Driver Info

Driver Name	NOOR HANIS BIN MOHAMED YUNOS	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9348475D	Driver DOB
Register Date of Driver License	14/05/2012	Driver Age	27	Driving Experience
Contact No.(Mobile)	92476563	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 892A #12-32	Address 2	TAMPINES AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-32			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLG1133P	Driver Insurer Company

Declaration

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

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Claim 001

New

Claim Type *	OD-MX	Insured Name	NOOR HANIS BIN MOHAMED YL	Insured NRIC
Contact No.(Mobile)	92476563	Contact No.(Home)	NIL	Contact No.(Office)
Email Address	hanis892@gmail.com	OI Vehicle Number	SLG1133P	TP Vehicle Number
Claim Description	SLG1133P / GBK5449A ON 27 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
Date Registered	29/03/2021 17:06	Claim Close Date		Date Received
Report Taken By	ROS LI WAHAB			

Print AK letter

Save Submit

Attachment

