

# OCCIDENTAL INSURANCE COMPANY LIMITED

Intimated Report For Claim Number: CL/PL/23/16089/23

**Intermediary: UNICORN INSURANCE BROKERS LIMITED**

Client: BLUE QUADRANT HOSPITALITY LTD

Claim Number: 16089	Claim Code: CL/PL/23/16089/23	Endorsement Number:
Policy Number: 87050	Policy Code: OLG/PL/05/87050/11	Renewal Number: OLG/R/05/176731/06
Registration Date: 19-01-2024	Provision Date: 19-01-2024	Risk Class: Public Liability
Date Of Loss: 04-10-2023	Period From: 01-01-2023	Period To: 31-12-2023
Underwriting Year: 2023	Sum Insured: 10,000,000.00	

**Vehicle Details**

Registration Number:	Chassis Number	
Vehicle Make:	Engine Number	
Body Type:	Colour:	
CoverType:	Windsreen Amt: 0	Radio Cassette Amt: 0

**Claim Detail:**

Brief Details Of Loss:	INJUTY TO THIRD PARTY
Place Of Loss:	
Provision Type: OD	Provision Amount: 100,000
Damage Type:	