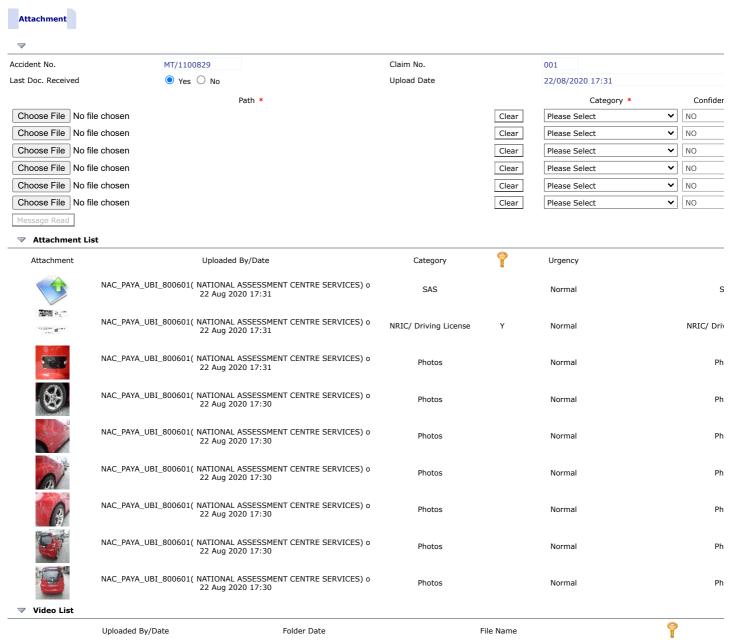
## **Claim Handling**

Accident MT/1100829							
Policy No.	5114422217		Vehicle No.	SMQ2588P	G	ST Regis	trati
Certificate No.							
Policyholder Name	CHIN MOI YIN				P	olicyhold	er NI
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		oading	
Contact No.(Mobile)	96491784		Contact No.(Office)			Contact No	o.(H
Email Address			Special Remark			Code	•
KFK	No		TCA	No  Yes		Code Rea	ason
NCD Protection	No		NCD Entitlement(%)	0		rivate Hir	
Accident Details	NO		Neb Endeement(70)	U	·	TIVUCC TIII	
Report Date	22/08/2020 17:29		Accident Report Within 24 hrs	Yes		ccident T	
Date of Accident	22/08/2020		Time of Accident hh:mm	12:10		Country of	r Acc
Reporting Centre			Orange Force		10	CM No.	
Accident Location	939 JURONG WE	EST ST 91 OPEN CARPARK	(				
▼ 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	D	river is C	iover
Additional Excess	0						
Total OD Excess Applicable		600.00	Total TP Excess Applicable	0.00			
▼ Benefits							
	ion						
GST Registered		No		GST Registration Date			
GST Registration No.				GST Status Verified			Yes
Modification History							
▼ Policyholder Mailing Add	ress						
Address 1	BLK 15 #08-109		Address 2	HOUGANG AVENUE 3	A	ddress 3	
Address 4	SINGAPORE 530015		Address Type	Singapore address	P	ost Code	
Unit No.	08-109		Related Policy Number	5114422217			
OI Driver Info							
Driver Name	CHIN MOI YIN		Driver Type	Main Driver			
Unnamed driver Name			Driver NRIC	S7076488A	D	river DO	В
Register Date of Driver License	25/10/2017		Driver Age	49	D	riving Ex	perie
Contact No.(Mobile)	96491784		Contact No.(Office)		C	Contact No	o.(H
Address 1	BLK 15 #08-109		Address 2	HOUGANG AVENUE 3	А	ddress 3	
Address 4	SINGAPORE 530015		Address Type	Singapore address	P	ost Code	
Unit No.	08-109						
Does he own a Singapore	Yes No		Driver Vehicle No.		r	river Ins	uror
Registered car?	I les   INU		briver verifice No.		J	TIVEL THS	urei
Declaration							
Declaration  Brootholyson or Blood Tost							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No			
Modification History							
- Iodineddon Filotory							
Claim 001 New							
Claim Type *				OD-MX	~	Insured Name	СН
						Contact	
Contact No.(Mobile)						No. (Home)	
Email Address						OI Vehicle	SM
Liliali Address						Number	SIVI
Claim Description				SM02588D	/ GX854T ON 22 Aug	2020	—
·				Jiny2300F	, 3/103 FT ON 22 Aug		
Preferred Workshop	I	Insured Liability Not at	Fault 🗸				
Continue No. Finalisation	Prefer Repair	Preferred Worksho	GIA	i 🔻		Clair	
Date Registered	Option	1		22/08/202		Claim Close	
Depart Talia - D						Date	
Report Taken By				SHAN HUI			
<b>2</b> **********							
Print AK letter							

Save Submit



Display in New Window Scan and uploading