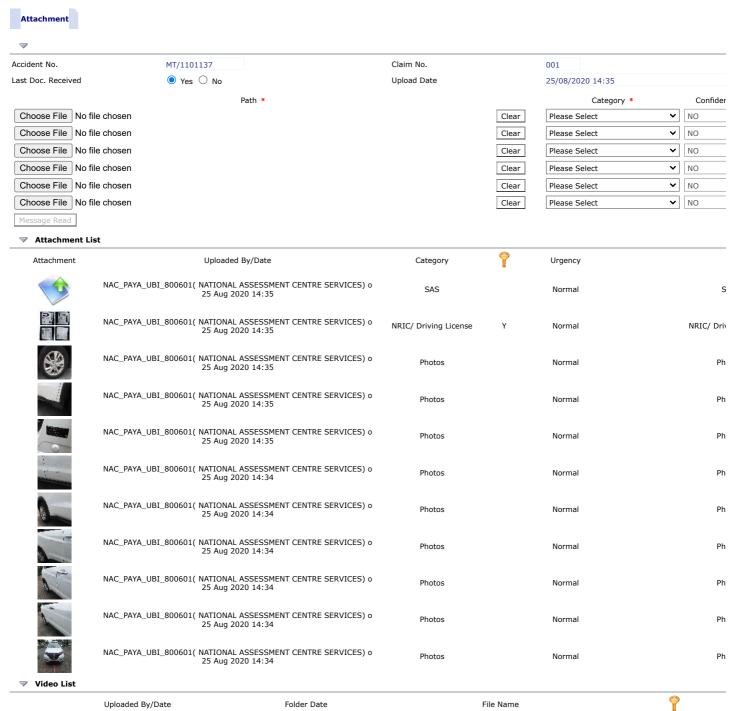
Claim Handling

Accident MT/1101137						
Policy No.	5095272624-02		Vehicle No.	SLT5411S		GST Registration
Certificate No.						
Policyholder Name	CHANG YANG CHUANG					Policyholder NI
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo PREMIUM		Loading
Contact No.(Mobile)	90303200		Contact No.(Office)			Contact No.(Ho
Email Address			Special Remark			eCode
KFK	No		TCA	No ○ Yes		eCode Reason
NCD Protection			NCD Entitlement(%)	50		Private Hire
Accident Details						
Report Date	25/08/2020 14:	31	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	24/08/2020		Time of Accident hh:mm	13:00		Country of Acc
Reporting Centre	24/08/2020		Orange Force	13.00		ICM No.
Accident Location			-			
▼ Total Excess Applicable	ORCHARD I EAE	A BASEMENT 2 CARAMIC	2011/0/37			
Excess Type	Per Accident		Windscreen Evcess		100.00	
Excess Type	. c. recident		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 Cover
Additional Excess	0					
Total OD Excess Applicable			Total TP Excess Applicable		0.00	
▼ Benefits		000.00	Total II. Excess Applicable		0.00	
	ion					
GST Registered		No		GST Registra	ation Date	
GST Registered		NO		GST Status V		Yes
Modification History						100
,						
▼ Policyholder Mailing Add	ress					
Address 1	BLK 46 #12-143	33	Address 2	BENDEMEER ROAD		Address 3
Address 4	SER 10 # 12 1755		Address Type	Singapore address		Post Code
Unit No.	12-1433		Related Policy Number	5095272624-02		
▼ OI Driver Info	12-1433		related Folie, Hambel	3033272024 02		
Driver Name	ANG SWEE ENG		Driver Type	Named Driver		
Unnamed driver Name	ANG SWEE ENG		Driver NRIC	S1777491C		Driver DOB
Register Date of Driver License	19/01/1988		Driver Age	53		Driving Experie
Contact No.(Mobile)	98199308		Contact No.(Office)	33		Contact No.(He
Address 1	98199308 BLK 46 #12-1433		Address 2	BENDEMEER ROAD		Address 3
Address 4	DEK 40 #12-1433		Address Type	Singapore address		Post Code
Unit No.	12-1422		Address Type	Singapore address		1 ost code
Does he own a Singapore	12-1433			D to Mily M		
Registered car?	Yes No		Driver Vehicle No.	ver Vehicle No.		Driver Insurer
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
Claim Type *					OD-MX	✓ Insured CH
Control No (Mobile)						Contact
Contact No.(Mobile)					90303200	No. (Home)
Email Address					dragonchang04@yahr	OI oo.com.sg Vehicle SL
Ellidii Address					dragonchang04@yaho	oo.com.sg Vehicle SL Number
Claim Description					SLT5411S / SLB5447J	
•					SE13 1113 SEB344/J	5.1 2 1 //ug 2020
Preferred Workshop	I Prefer	Insured Liability Not at				
Regulate No. Finalisation	✓ Repair	Preferred Worksho	GIA	d 🗸		Claim
Date Registered	Option	1			25/08/2020 14:34	Close
Report Taken By					LIEW SHAN HUI	Date
report taken by					LILW SHAN HUI	
Print AK letter						
- Time Aix letter						

Save Submit



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