## Handling Jent MT/1101247

olicy No.	5115002433	Vehicle No.	GZ1539L	GST Re	egistration No.	NA
Certificate No.						
Policyholder Name	SIONG PERK RENOVATION CONTRACTOR			Policyh	older NRIC	36269100B
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading		0
Contact No.(Mobile)	96716660	Contact No.(Office)	0		t No.(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No Yes	TCA	No Yes	eCode	Reason	140
NCD Protection	No	NCD Entitlement(%)	20	Private		No
Accident Details			20	rivate	Tille	140
Report Date	26/09/2020 11:00	Assident Denot With 24 has				
	26/08/2020 11:09	Accident Report Within 24 hrs	Yes	Accider		Side Swipe
Date of Accident	24/08/2020	Time of Accident hh:mm	13:30	Country	y of Accident	Singapore
Reporting Centre		Orange Force		ICM No		
Accident Location	GEYLANG RD SIDE CARPARK IN BETWEEN LOR	23 & 21				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	0	.00		
OD Standard Excess	0.00	TP Standard Excess	0	.00		
YIED OD Excess	0.00	YIED TP Excess	0	.00 Driver i	s Covered?	Covered
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0	.00		
	ion					
GST Registered	No		GST Registration Da	te		
GST Registration No.			GST Status Verified		Yes	
Modification History	26/08/2020 11:12:29 System	changed GST Registered from Yes to !	No		100	
	26/08/2020 11:12:29 System 26/08/2020 11:12:29 System	changed GST Registration No. from Ni changed GST Registration Date from (	A to null 01/01/2015 to null			
Policyholder Mailing Addr			.,,			
Address 1	40A CRANE ROAD	Address 2	SINGAPORE 429384	Address	2	
Address 4		Address Type				
Unit No.			Singapore address	Post Co	de	429384
♥ OI Driver Info		Related Policy Number	5115002433			
Driver Name	Hearmad Driver					
Unnamed driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
	TEO TECK GUAN	Driver NRIC	S1124942F	Driver D	OOB	23/08/1955
Register Date of Driver License	19/08/1974	Driver Age	65	Driving	Experience	46
Contact No.(Mobile)	96716660	Contact No.(Office)	0	Contact	No.(Home)	0
Address 1	40A CRANE ROAD	Address 2	SINGAPORE 429384	Address	3	
Address 4		Address Type	Singapore address	Post Cod	de	429384
Unit No.						
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver I	nsurer Company	
	Yes No	Driver Vehicle No.		Driver I	nsurer Company	
Does he own a Singapore	Yes € No	Driver Vehicle No.		Driver I	nsurer Company	
Does he own a Singapore Registered car?				Driver I	nsurer Company	
Does he own a Singapore Registered car?	Yes € No 0 mg	Driver Vehicle No.  Any injury?	Yes No	Driver I	nsurer Company	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test			Yes No	Driver I	nsurer Company	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test			Yes No	Driver I	nsurer Company	
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History			Yes No	Driver I	nsurer Company	
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?			Yes No	Driver I	nsurer Company	
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History			Yes No	Driver I	nsurer Company	
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001  New						
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History			Yes No			TION CON Insu
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *			OD-MX	✓ Insure Name Contac	d SIONG PERK RENOVAT	Cont
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001  New				✓ Insure	d SIONG PERK RENOVAT	NRIC NRIC
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type *  Contact No.(Mobile)			OD-MX	V   Insure Name	d SIONG PERK RENOVAT	Cont No. (Offi TP
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *			OD-MX	Insure Name Contac No. (Home	d SIONG PERK RENOVAT	Cont No. (Offi
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type *  Contact No.(Mobile)			OD-MX 976166	Insure Name Contac No. (Home OI Vehicle Number	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num Nam
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description			OD-MX 976166	Insure Name Contact No. (Home OI Vehicle	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop	0 mg		OD-MX 976166	Insure Name Contac No. (Home OI Vehicle Number	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num Nam Prefi
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Bontwet No.	0 mg  Insured Liability Fully at Fault  Preferered  Repair Preferred Workshop, Nam	Any Injury?	OD-MX 976166	Insure: Name Contac No. (Home OI Vehicle Numbe	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num Nam Prefi
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop	0 mg  Insured Liability Preferered  Preferered  Fully at Fault	Any injury?	OD-MX 976166 GZ1539	Insure Name Contac No. (Home OI Vehicle Number	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num Nam Prefi Worl
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Sentuet No. Finalisation  Date Registered	0 mg  Insured Liability Fully at Fault  Preferered  Repair Preferred Workshop, Nam	Any Injury?	OD-MX 976166 GZ1539 ▼	Vehicle   Veh	d SIONG PERK RENOVAT	NRIC Cont No. (Offi TP Vehi Num Nam Prefi Worl
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Bonuker No. Yes Finalisation	0 mg  Insured Liability Fully at Fault  Preferered  Repair Preferred Workshop, Nam	Any Injury?	OD-MX 976166 GZ1539	Vehicle   Veh	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num Nam Prefi Worl
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Sentiate No. Finalisation Date Registered  Report Taken By	0 mg  Insured Liability Fully at Fault  Preferered  Repair Preferred Workshop, Nam	Any Injury?	OD-MX 976166 GZ1539 ▼	Vehicle   Veh	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num Nam Prefi Worl
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Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Sentiate No. Finalisation Date Registered  Report Taken By	0 mg  Insured Liability Fully at Fault  Preferered  Repair Preferred Workshop, Nam	Any Injury?	OD-MX 976166  GZ1539  V  26/08/2  ROSLIN	Vehicle   Veh	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num Nam Prefi Worl
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Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Sentuer No. Yes Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	0 mg  Preferered  Preferered  Preferered Workshop, Name Option  MT/1101247	Any Injury?	OD-MX 976166  GZ1539  V  26/08/2  ROSLIN	Vehicle   Veh	d SIONG PERK RENOVAT	Cont No. (Offi TP Vehi Num Nam Prefi Worl
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Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Sentuer No. Yes Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	0 mg  Preferered  Preferered  Preferered Workshop, Name Option  MT/1101247	Any injury?  GIA report Received  Claim No.	OD-MX 976166  GZ1539  26/08/2  ROSLIN  Save Submit	Insure: Name Contac No. (Home OI Vehicle Numbe PL / GBK8856M ON 24 Aug 2020 Claim Close Date  DA  0 11:14	d SIONG PERK RENOVAT	NRIC Cont No. (Off) TP Vehi Num Prefi Worl  Date Rece
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Sentuer No. Yes Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	Preferenced  Preferenced  Repair Option  MT/1101247  Preferenced Preferred Workshop, Name  MT/1101247  Yes O No	Any injury?  GIA report Received  Claim No.	OD-MX 976166  GZ1539  Z6/08/2  ROSLIN  001 26/08/202	Insure   Name   Contac   No.   (Home   OI   Vehicle   Numbe   Contac   No.   (Home   OI   Vehicle   Numbe	d SIONG PERK RENOVAT t ) GZ1539L  nfidential Urgency	NRIC Cont No. (Off) TP Vehi Num Prefi Worl  Date Rece
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Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Ronuset No. Yes Finalisation Date Registered  Report Taken By  Print AK letter  Attachment  Accident No. Last Doc. Received  Choose File No file chosen  Choose File No file chosen	Preferenced  Preferenced  Repair Option  MT/1101247  Preferenced Preferred Workshop, Name  MT/1101247  Yes O No	Any injury?  GIA report Received  Claim No.	OD-MX 976166  GZ1539  V  26/08/2  ROSLIN  001 26/08/202  Clear Please Sel Clear Please Sel	Insure   Name   Contac   No. (Home   OI   Vehicle   Numbe   OI   Vehicle   Numbe   OI   OI   OI   OI   OI   OI   OI   O	d SIONG PERK RENOVAT  t  C  GZ1539L  II  II  Normal	NRIC Cont No. (Off) TP Vehi Num Prefi Worl  Date Rece
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