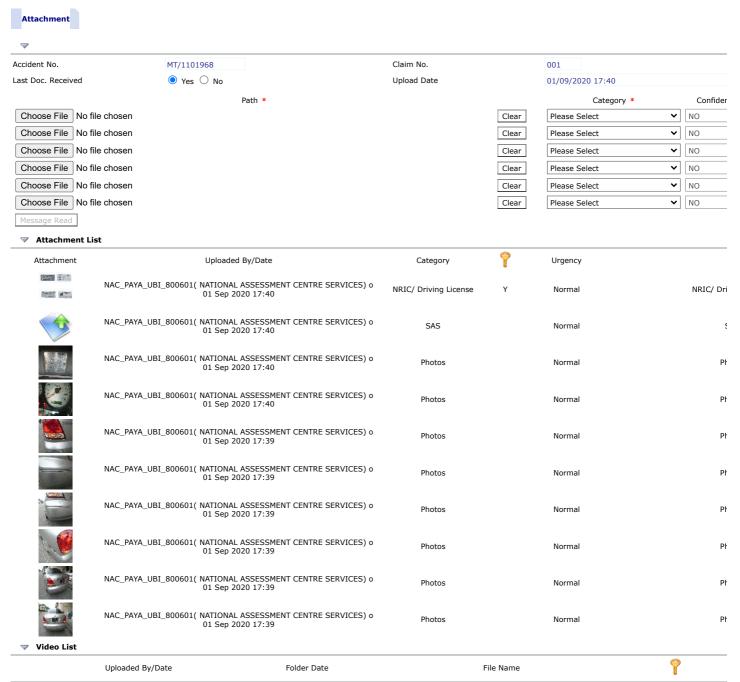
Claim Handling									
Accident MT/1101968									
Policy No.	5116394761		Vehicle No.	SJU3797K		G	ST Regis	trati	
Certificate No.									
Policyholder Name	LIM CHIN CHAI						P	olicyhold	er Ni
Product Code	PRIVATE CAR INSURANCE			Cover Type	drivo CLASSIC		L	oading	
Contact No.(Mobile)	83388043			Contact No.(Office)			С	ontact N	o.(H
Email Address				Special Remark			e	Code	
KFK	No Yes			TCA	No Yes		e	Code Rea	ason
NCD Protection	Yes			NCD Entitlement(%)	50		P	rivate Hi	re
Accident Details									
Report Date	01/09/2020 17	:37		Accident Report Within 24 hrs	Yes		А	ccident 1	уре
Date of Accident	01/09/2020			Time of Accident hh:mm	07:20			ountry o	f Acc
Reporting Centre				Orange Force			I	CM No.	
Accident Location	BKE TWDS SLE								
▼ 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 (:over
Additional Excess		0							
Total OD Excess Applicable		600.00		Total TP Excess Applicable		0.00			
■ Benefits									
▼ GST Registered Informat	ion								
GST Registered	No					ration Date			.,
GST Registration No.					GST Status	s Verified			Yes
Modification History									
▼ Policyholder Mailing Add									
				Add 3				44	
Address 1	BLK 546 #07-209			Address 2	WOODLANDS DRIV	/E 16		ddress 3	
Address 4				Address Type	Singapore address		P	ost Code	
Unit No.				Related Policy Number	5116394761				
▼ OI Driver Info Driver Name	LIM CHIN CHAI			Driver Type	Main Driver				
Unnamed driver Name	LIM CHIN CHAI			Driver Type Driver NRIC			Г	river DO	B
Register Date of Driver License	01/01/2009			Driver Age	S6822106D 52			riving Ex	
Contact No.(Mobile)	83388043			Contact No.(Office)	52			ontact N	
Address 1	BLK 546 #07-209			Address 2	WOODLANDS DRIV	ANDS DRIVE 16		ddress 3	
Address 4	BLK 340 #07-209			Address Type	Singapore address			ost Code	
Unit No.				Address Type	Singapore address			ost code	
Does he own a Singapore	O Van O Na			Driver Vehicle No.			_		
Registered car?	◯ Yes ⊚ No			Driver venicie No.			D	river Ins	urer
5 1 11									
Declaration Blood Test									
Breathalyser or Blood Test Reading?	0 mg			Any injury?	Yes No				
Modification History									
Claim 001 New									
Claire Trans.								Insured	
Claim Type *						OD-MX		Name	LIN
Contact No.(Mobile)						83388043		Contact No.	NII
								(Home) OI	
Email Address						STEVENLIMCC@YAHOO.	COM.SC	Vehicle	SJI
								Number	
Claim Description						SJU3797K / FBM1467M	ON 1 Se	ot 2020	
Preferred		Insured Liability							
Workshop देशमधंद No. Finalisation	Prefe Repai	rered'	Not at Fault	unknown ✓ GIA Received	· ·]			
	Optio		orkshop, Name u	report Received		01/00/2020 17:20		Claim Close	
Date Registered						01/09/2020 17:39		Date	
Report Taken By						LIEW SHAN HUI			
Print AK letter									

Save Submit



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