Claim Handling

Accident MT/1103949								
Policy No.	5105184320-01	Vehicle No.	EP5196S		GST Registr	ation No.		
Certificate No.								
Policyholder Name	LEE YOKE PUNG				Policyholder	· NRIC		S1154192E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading			0
Contact No.(Mobile)	96943920	Contact No.(Office)				(Home)		0
Email Address	90943920	Special Remark	U		eCode	(Home)		
		•	O.N. O.V.					No 🗸
KFK	No Yes	TCA	No Yes		eCode Reas			
NCD Protection	No	NCD Entitlement(%)	50		Private Hire			No
Report Date	19/09/2020 16:36	Accident Report Within 24 hrs	Yes		Accident Typ	pe		Collision - F
Date of Accident	19/09/2020	Time of Accident hh:mm	13:30		Country of A	Accident		Singapore
Reporting Centre	13/03/2020	Orange Force	15150		ICM No.		3	
· -	DE COUNTRY DO SUNOS SUE	ordinge Force			1011110.			
Accident Location	PIE (CHANGI)TWDS EUNOS EXIT							
▼ 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	Driver is Covered? Covere			Covered
Additional Excess	0.00							
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00				
	tion							
GST Registered			GST Registration	on Dato				
GST Registration No.	No		GST Status Ve		Yes			
			GS1 Status ve	Tilled	T	es		
Modification History								
▼ Policyholder Mailing Add	ress							
Address 1	77B JALAN SENANG	Address 2	YONG SENG ESTATE	NG SENG ESTATE		Address 3		SINGAPORI
Address 4		Address Type	Singapore address	Singapore address		Post Code		418405
Unit No.		Related Policy Number	5105184320-01					
▼ OI Driver Info								
Driver Name	Lee Yoke Pung	Driver Type	Main Driver					
Unnamed driver Name	zee roke rung	Driver NRIC	S1154192E		Driver DOB			28/09/1950
Register Date of Driver License	01/01/2016	Driver Age				Driving Experience		4
Contact No.(Mobile)	96943920	Contact No.(Office)			Contact No.	Contact No.(Home)		0
Address 1	77B JALAN SENANG	Address 2	YONG SENG ESTATE		Address 3			SINGAPORI
Address 4		Address Type	Singapore address		Post Code			418405
Unit No.								
Does he own a Singapore	Yes No	Driver Vehicle No.			Driver Insur	rer Compan	ıv	
Registered car?	0.65 0.16	Biller Veillele Hei			Direct Indu	ci compan	,	
B. I:								
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No					
M 100 11 111 1								
Modification History								
Claim 001 OD-MX New								
Clailli 001 OD-MX								
Claim Type *				5.407	Insured	LEE VOICE		In:
Claim Type *			0	D-MX 🗸	Ivairie	LEE YOKE	PUNG	NF
Contact No.(Mobile)			Qe	5943920	Contact No.	68911282		Co No
			[96		(Home)	20211202		(0
Email Address			l e	EYOKEPUNG@HOTMAIL.COM	OI Vehicle	EP5196S		TP Ve
Email Madi C55			LE	LIONLFUNG@HUIMAIL.CUM	Number	FL71202		Nu Nu
Claim Description				05106C / CPR6201M ON 10 C	nt 2020			Na Pro
Claim Description			EF	P5196S / GBB6201M ON 19 Se	pt 2020			Pri Wo
Preferred	Insured Liability Not at Ea							
Workshop है •कासंबंध No. Finalisation	Preferered Workshop,	Name of GIA	· •					
	Option Preferred Workshop,	report Received			Claim			Da
Date Registered			19	9/09/2020 16:40	Close Date			Re
					Workshop			To
Report Taken By			RO	OSLINDA	Repairer			bu Re
✓ Print AK letter								
- Fillit AK letter								
			Save Submit					
- N								
Attachment								
₩								
Accident No.	MT/1103949	Claim No.	001					
Last Doc. Received	● Yes ○ No	Upload Date	19/0	09/2020 00:00				
			(23)			dont:-!		. •
OI	Path *			Category *		dential	Urgency	
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Choose File No file chosen			Clear	ease Select	∨ NO	~	Normal	~

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