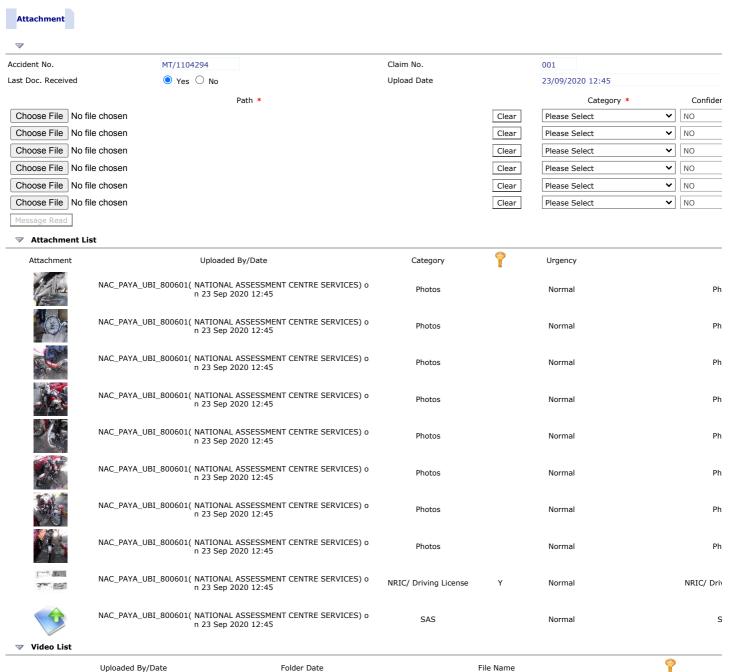
Claim Handling							
Accident MT/1104294							
Policy No.	5035940709-11		Vehicle No.	FBB4371T		GST Registrati	
Certificate No.							
Policyholder Name	WAI KOK MUN					Policyholder NI	
Product Code	MOTORCYCLE INSURANCE		Cover Type	Third Party		Loading	
Contact No.(Mobile)	84826692		Contact No.(Office)			Contact No.(Ho	
Email Address			Special Remark			eCode	
KFK	No		TCA	No Yes		eCode Reason	
NCD Protection	No		NCD Entitlement(%)	15		Private Hire	
Accident Details							
Report Date	23/09/2020 12:42		Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	22/09/2020		Time of Accident hh:mm	08:15		Country of Acc	
Reporting Centre			Orange Force			ICM No.	
Accident Location	ALONG COLLEG	E ROAD BEFORE MACALIS	STER ROAD				
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 is Cover	
Additional Excess							
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00		
▼ Benefits		5155	, , , , , , , , , , , , , , , , , , ,				
	tion						
	Lion	Ne		CCT Dogistr	ation Data		
GST Registered GST Registration No.		No		GST Registr GST Status		Yes	
Modification History				CS1 Status	vermed	Tes	
riodification rifstory							
Policyholder Mailing Add	Irocc						
Policyholder Mailing Add							
Address 1	BLK 435 #09-655		Address 2	BUKIT PANJANG RIN	IG ROAD	Address 3	
Address 4			Address Type Singapore address			Post Code	
Unit No.			Related Policy Number	5035940709-11			
▼ OI Driver Info							
Driver Name	WAI KOK MUN		Driver Type	Main Driver			
Unnamed driver Name			Driver NRIC	S1570408Z	Driver DOE		
Register Date of Driver License	22/10/1985		Driver Age	58	\$		
Contact No.(Mobile)	84826692		Contact No.(Office)			Contact No.(Ho	
Address 1	BLK 435 #09-655		Address 2	BUKIT PANJANG RIN	IG ROAD	Address 3	
Address 4			Address Type	Singapore address		Post Code	
Unit No.							
Does he own a Singapore	Yes No		Driver Vehicle No.	FBB4371T		Driver Insurer	
Registered car?	) ies a no			10013711			
Declaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No			
Modification History							
Modification history							
Claim 001 New							
Claim Type *					OD-MX	Insured WA	
						Name Contact	
Contact No.(Mobile)					84826695	No. (Home)	
						OI	
Email Address						Vehicle FBI Number	
						Number	
Claim Description					FBB4371T / SHD2532C (	ON 22 Sept 2020	
Preferred		Tanana d Linkilika					
Workshop	Prefer		GIA	d <b>~</b>			
Finalisation Lies	▼ Repair Preferred Worksho		, Name unknown V Received Received		23/09/2020 12:45	Claim	
Date Registered						Close Date	
Report Taken By							
					ROSLI WAHAB		
Print AK letter							
- I IIIIC AN IELLEI							

Save Submit



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