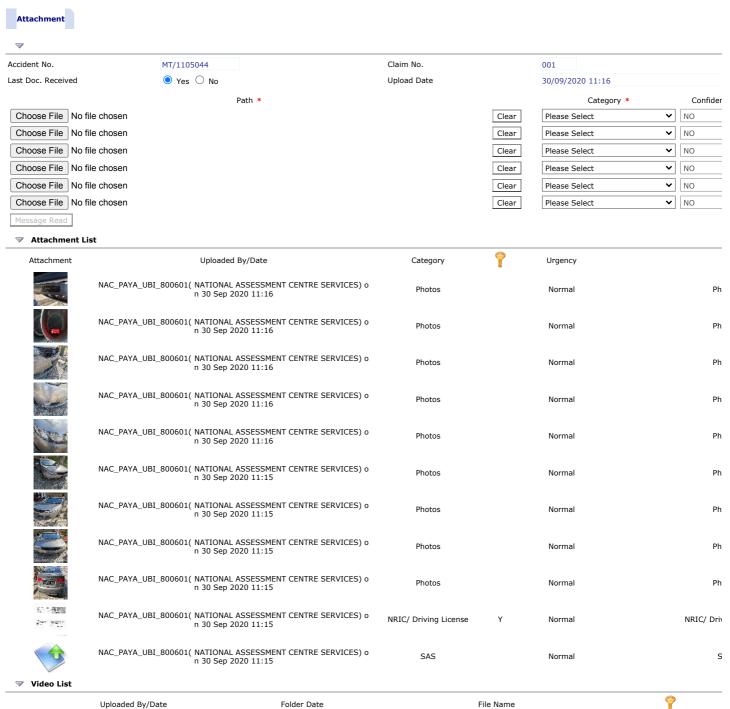
Claim Handling

Accident MT/1105044							
Policy No.	5116785717		Vehicle No.	SJW4320K		GST Registrati	
Certificate No.							
Policyholder Name	YEO ZHI BIN, AARON					Policyholder N	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	81683294		Contact No.(Office)			Contact No.(H	
Email Address			Special Remark			eCode	
KFK	No		TCA	No ○Yes		eCode Reason	
ICD Protection No		NCD Entitlement(%)	0		Private Hire		
Accident Details							
Report Date	30/09/2020 11:	12	Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	29/09/2020		Time of Accident hh:mm	20:15		Country of Acc	
Reporting Centre	23/03/2020		Orange Force	20.13		ICM No.	
Accident Location			-				
▼ Total Excess Applicable	SHEARES AVE S	ONCTION TORN LETT TON	WINDS THIRD DEVE				
Excess Type	Per Accident		Windscreen Excess		100.00		
LXCess Type	rei Accident		Willdscreen Excess	100.00			
OD Standard Excess	2,000.00		TP Standard Excess		1,500.00		
YIED OD Excess	0.00		YIED TP Excess		0.00	Driver is Cove	
Additional Excess	0						
Total OD Excess Applicable			Total TP Excess Applicable		1,500.00		
▼ Benefits		2000.00	rotal II Excess rippiicasie		1,500.00		
▽ GST Registered Informat	ion						
GST Registered		No		GST Registra	ation Date		
GST Registered		NO		GST Status		Yes	
Modification History						1.00	
,							
▼ Policyholder Mailing Add	ress						
Address 1	BLK 44 #03-147	76	Address 2	BENDEMEER ROAD		Address 3	
Address 4	SER 11 # 03 1470		Address Type	Singapore address		Post Code	
Unit No.			Related Policy Number	5116785717			
▼ OI Driver Info			related Folie, Hambel	3110703717			
Driver Name	YEO ZHI BIN AAI	RON	Driver Type	Main Driver			
Unnamed driver Name	TEO ZIII BIN AANON		Driver NRIC	S9444474H		Driver DOB	
Register Date of Driver License	28/01/2013		Driver Age			Driving Experi	
_	81683294		Contact No.(Office)	25		Contact No.(H	
Contact No.(Mobile) Address 1	BLK 44 #03-1476		Address 2	DENDEMEED DOAD		Address 3	
	DLK 44 #U3-14/0			BENDEMEER ROAD			
Address 4			Address Type	Singapore address		Post Code	
Unit No. Does he own a Singapore	own a Cingaporo						
Registered car?			Driver Vehicle No.	SJW4320K		Driver Insurer	
Declaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No			
Modification History							
Troumed don't notory							
Claim 001 New							
Claim Type *					OD-MX	✓ Insured YE	
Contact No.(Mobile)					81683294	Contact No. 63	
Contact No.(Nobile)					61003294	(Home)	
Email Address					YEOAARON94@GMAI	L.COM Vehicle SJ	
					Number		
Claim Description					SJW4320K / SMN601	.2Z ON 29 Sept 2020	
Preferred							
Workshop	I Prefer	Insured Liability Fully at	t Fault V				
रिश्रासंस्थि No. Finalisation	➤ Repair Option	r Preferred Worksho	p, Name unknown V GIA report Received	.		Claim	
Date Registered	Орабі				30/09/2020 11:15	Close	
Report Taken By					ROSLI WAHAB		
✓ Print AK letter							

Save Submit



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