

**Claim Handling**

**Accident MT/1105731**

Policy No.	5117291536	Vehicle No.	SLZ9261A	GST Registrati
Certificate No.				
Policyholder Name	YAP MEI LIN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	93399262	Contact No.(Office)		Contact No.(Hr
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

**Accident Details**

Report Date	06/10/2020 15:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/10/2020	Time of Accident hh:mm	12:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 77 MARINE DR OPEN CARPARK			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
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	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

**Benefits**

Coverage	Sum Insured
Transport Allowance	99999999.99
Excess Waiver	99999999.99

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	7 MARTIA ROAD	Address 2	#03-04 MARTIA RESIDENCE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117291536	

**OI Driver Info**

Driver Name	LEONARD LING YEONG KEE	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7011758D	Driver DOB
Register Date of Driver License	01/01/2010	Driver Age	50	Driving Experit
Contact No.(Mobile)	98231332	Contact No.(Office)		Contact No.(Hr
Address 1	7 MARTIA ROAD	Address 2	#03-04 MARTIA RESIDENCE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-04			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

Modification History	
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Claim Type *	OD-MX	Insured Name	YAI
Contact No.(Mobile)	93399262	Contact No. (Home)	93
Email Address	clarisyp@yahoo.com.sg	OI Vehicle Number	SL
Claim Description	SLZ9261A / YQ1457Z ON 6 Oct 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	06/10/2020 15:23	GIA report	Received
Report Taken By	SHAN HUI		
		Claim Close Date	



06 Oct 2020 15:24



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Video List

Uploaded By/Date	Folder Date	File Name	
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