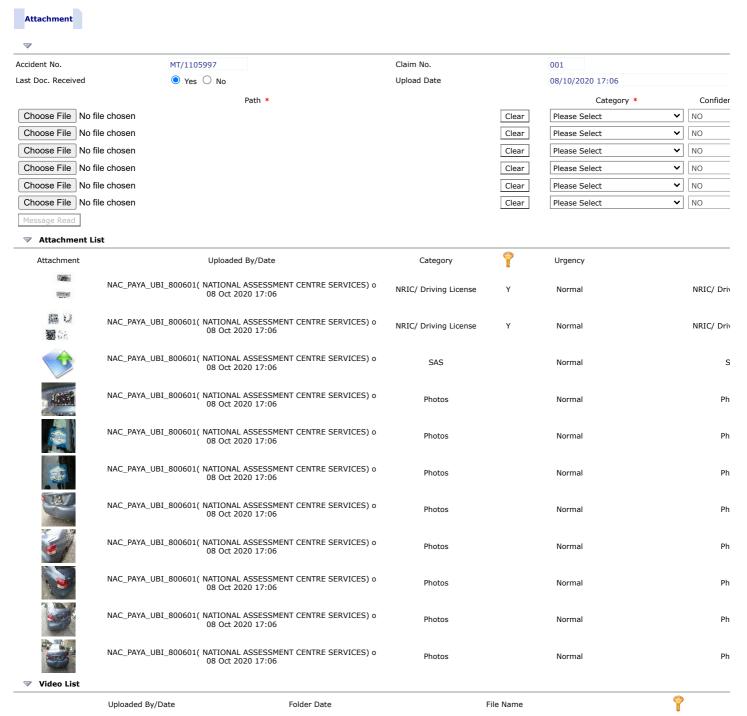
Claim Handling

Accident MT/1105997

Policy No.	5093375113-02	Vehicle No.	SJA518A		GST Registration	
Certificate No.						
Policyholder Name	PAUL HOE ENTERPRISE PTE LTD				Policyholder NI	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading	
Contact No.(Mobile)	96235068	Contact No.(Office)			Contact No.(Ho	
Email Address		Special Remark			eCode	
KFK	No Yes	TCA	No Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30		Private Hire	
Accident Details						
Report Date	08/10/2020 17:02	Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	07/10/2020	Time of Accident hh:mm	18:15		Country of Acc	
Reporting Centre		Orange Force			ICM No.	
Accident Location	SERANGOON RD					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		0.00		
Excess Type	rei Accident	Willuscreen Excess		0.00		
OD Standard Excess	0.00	TP Standard Excess		1,500.00		
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Cover	
Additional Excess	0			0.00		
Total OD Excess Applicable	0.00	Total TP Excess Applicable		1,500.00		
▼ Benefits	0.00	lotal II Excess Applicable		1,300.00		
▼ GST Registered Informat	ian.					
			GST Registrat	ion Data		
GST Registered GST Registration No.	No		GST Status Ve		Yes	
Modification History	08/10/2020 17:04:53 Sy	ystem changed GST Status Verified from I		crined	163	
Troumcation Tribeory	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	,g				
▼ Policyholder Mailing Add	ress					
Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-107 AUTOBAY @	KAKI BUŁ	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	11-07	Related Policy Number	5113517637-01			
OI Driver Info			311331733731			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	ISHAM BIN SALIM @ISHAM NO	Driver NRIC	S7222443D		Driver DOB	
Register Date of Driver License		Driver Age	48		Driving Experie	
Contact No.(Mobile)	28/09/1995	Contact No.(Office)	40		Contact No.(He	
	91095755	Address 2	D. (ED. (A) E D. D. (E			
Address 1	BLK 189C #07-996		RIVERVALE DRIVE		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	07-996					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes \(\) No			
, ,						
Modification History						
Claim 001 New						
Claim Type *				OD-MX	Insured PAI	
			-		Contact	
Contact No.(Mobile)					No. (Home)	
					OI	
Email Address					Vehicle SJ/ Number	
			Г			
Claim Description			L	SJA518A / SLG5238U C	N 7 Oct 2020	
Preferred	Insured Liability Not at	Foult				
Workshop Require No. Finalization Yes	Preferered Preferred Worksho	n Namo unknown GIA	ved 🗸			
Finalisation Date Registered	Option Preferred Worksho	report Receiv		09/10/2020 17:06	Claim Close	
Date Negistereu			L	08/10/2020 17:06	Date	
Report Taken By				LIEW SHAN HUI		
Print AK letter						

Save Submit



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