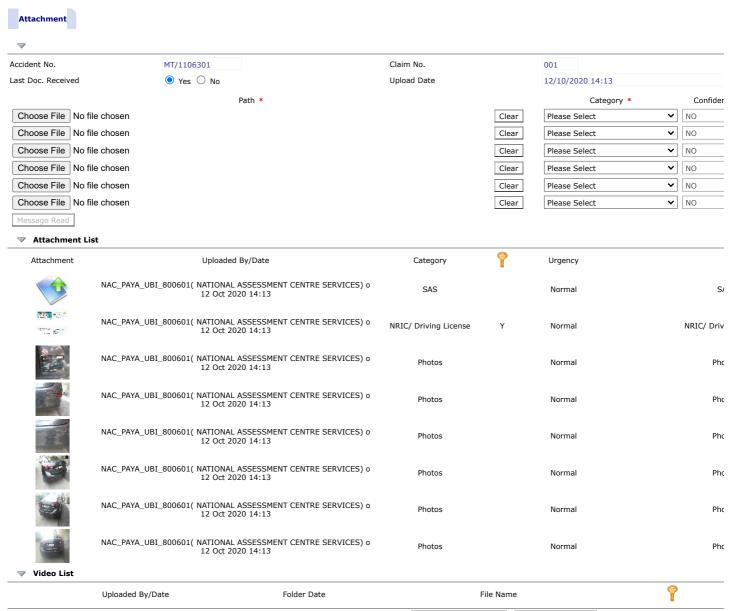
Claim Handling

Accident MT/1106301

Policy No.	5119106209		Vehicle No.	SLP6607J		(GST Regis	strati
Certificate No.								
Policyholder Name	SU JIN YONG					1	Policyhold	Jer NI
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		ı	Loading	
Contact No.(Mobile)	97934802		Contact No.(Office)			(Contact N	10.(H
Email Address			Special Remark			(eCode	
KFK	No ○ Yes		TCA	No Yes		(eCode Re	ason
NCD Protection	No		NCD Entitlement(%)	0		1	Private Hi	ire
Accident Details								
Report Date	12/10/2020 14::	10	Accident Report Within 24 hrs	Yes			Accident 1	Туре
Date of Accident	11/10/2020		Time of Accident hh:mm	16:10		(Country o	of Acc
Reporting Centre			Orange Force				ICM No.	
Accident Location	BUANGKOK DR TWDS BUANGKOK EAST							
▼ 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		ı	Driver is (Cover
Additional Excess	0							
Total OD Excess Applicable	600.00		Total TP Excess Applicable	0.00				
▼ Benefits			•					
	ion							
GST Registered		No		GST Registr	ration Date			
GST Registration No.			GST Status					Yes
Modification History								
▼ Policyholder Mailing Add	ress							
Address 1	BLK 83B #06-16		Address 2	CIRCUIT ROAD			Address 3	3
Address 4	SINGAPORE 372083		Address Type	Singapore address			Post Code	9
Unit No.	06-16		Related Policy Number	5119106209				
OI Driver Info								
Driver Name	SU JIN YONG		Driver Type	Main Driver				
Unnamed driver Name			Driver NRIC	S8780087C		I	Driver DO	ЭВ
Register Date of Driver License	14/09/2020		Driver Age	32			Driving Ex	xperie
Contact No.(Mobile)	97934802		Contact No.(Office)				Contact N	10.(H
Address 1	BLK 83B #06-16		Address 2	CIRCUIT ROAD	CIRCUIT ROAD		Address 3	
Address 4	SINGAPORE 372083		Address Type	Singapore address		ſ	Post Code	9
Unit No.	06-16							
Does he own a Singapore	Yes No		Driver Vehicle No.			,	Driver Ins	surer
Registered car?								
Declaration								
Breathalyser or Blood Test				0 11 0 11				
Reading?	0 mg		Any injury?	Yes No				
Modification History								
Claim 001 New								
Claire Torre #					T		Insured	
Claim Type *					OD-MX	~	Name	50
Contact No.(Mobile)					97934802		Contact No.	63
							(Home) 、OI	
Email Address					jamesboy1031@ho	otmail.com	Vehicle	
						Number		
Claim Description		SLP660			SLP6607J / SGE74	48L ON 11 O	ct 2020	
Preferred								
Workshop	Prefer		GIA		I			
Finalisation Lies	✓ Repair Option		p, Name unknown report Receiv	ed 🗸			Claim	
ate Registered				12/10/2020 14:13		Close Date		
Report Taken By					LIEW SHAN HUI			
Print AK letter								

Save Submit



Display in New Window

Scan and uploading