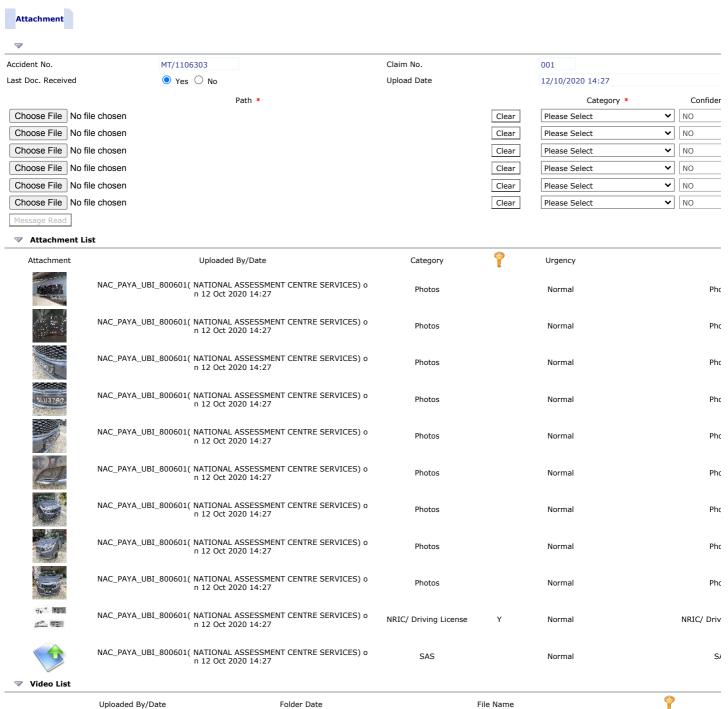
## **Claim Handling**

Accident MT/1106303					
Policy No.	5105252672-01		Vehicle No.	SLU3780J	GST Registrati
Certificate No.					
Policyholder Name	YONG CHEE SENG				Policyholder NI
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97698661		Contact No.(Office)		Contact No.(Ho
Email Address			Special Remark		eCode
KFK	No ○ Yes		TCA	No Yes	eCode Reason
NCD Protection			NCD Entitlement(%)	20	Private Hire
Accident Details			,		
Report Date	12/10/2020 14:	21	Accident Report Within 24 hrs	rs Yes	Accident Type
Date of Accident	12/10/2020 14:21		Time of Accident hh:mm		Country of Acc
Reporting Centre	11/10/2020		Orange Force	16:45	ICM No.
Accident Location	ALONG BIDEFO	DD DOAD	Orange Force		ICH NO.
▼ Total Excess Applicable	ALONG BIDEFO	RD ROAD			
	Dan Assidant		Windows Fuere		100.00
Excess Type	Per Accident		Windscreen Excess		100.00
OD Standard Excess	2,000.00		TP Standard Excess	1.1	500.00
YIED OD Excess	0.00		YIED TP Excess	17-	0.00 Driver is Cover
Additional Excess	0		TIED IT EXCESS		0.00 Priver is cover
Total OD Excess Applicable			Total TP Excess Applicable	1.1	500.00
<b>▼ Benefits</b>		2000.00	Total II Excess Applicable	1,.	300.00
<b>▽ GST Registered Informat</b>	ion				
GST Registered		No		GST Registration	Date
GST Registered GST Registration No.		NO		GST Status Verif	
Modification History					
,					
▼ Policyholder Mailing Add	ress				
Address 1	BLK 52 #13-84		Address 2	TELOK BLANGAH DRIVE	Address 3
Address 4	BEIX BE # 15 0 !		Address Type	Singapore address	Post Code
Unit No.			Related Policy Number	5105252672-01	
▼ OI Driver Info			Monated Folia, Manuae.	3103232072 01	
Driver Name	Yong Chee Seng		Driver Type	Main Driver	
Unnamed driver Name	Tong thee seng		Driver NRIC	S1829934H	Driver DOB
Register Date of Driver License	17/05/1985		Driver Age	53	Driving Experie
Contact No.(Mobile)	97698661		Contact No.(Office)	33	Contact No.(Ho
Address 1	BLK 52 #13-84		Address 2	TELOK BLANGAH DRIVE	Address 3
Address 4	DLN 32 #13-04		Address Type	Singapore address	Post Code
Unit No.			Address Type	Singapore address	r ost code
Does he own a Singapore	O.V. O.V.				
Registered car?	Yes No		Driver Vehicle No.	SLU3780J	Driver Insurer
Declaration					
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No	
Modification History					
Modification history					
Claim 001 New					
Claim Type *				OD	D-MX Insured Name
Contact No.(Mobile)					Contact No. 62
Contact No.(Mobile)					(Home)
Email Address				ixo	ye@singnet.com.sg OI Vehicle SLI
				<u></u>	Number
Claim Description				SLU	J3780J / SLP6053G ON 11 Oct 2020
Duefermed					-
Preferred Workshop	Prefer	Insured Liability Fully	at Fault		
रिश्रमधंस्य No. Finalisation	<b>∨</b> Repai Optio	r Preferred Works	hop, Name unknown   GIA report  Rece	eived 🗸	Claim
Date Registered	Οριίοι			12/	/10/2020 14:27 Close Date
Report Taken By				RO	SLI WAHAB
				į itos	
Print AK letter					
Time AN letter					

Save Submit



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