

Claim Handling

Accident MT/1106600

Policy No.	5112049327-01	Vehicle No.	SMN7560B	GST Registrati
Certificate No.				
Policyholder Name	TANG SIAK WANG (CHEN XIWANG)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	93364796	Contact No.(Office)		Contact No.(H
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	No	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	14/10/2020 17:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/10/2020	Time of Accident hh:mm	18:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLOCK 505 TAMPINES CENTRAL 1 OPEN CARPARK			

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	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 880 #04-286	Address 2	TAMPINES AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-346	Related Policy Number	5112049327-01	

OI Driver Info

Driver Name	TANG SIAK WANG (CHEN XIWANG)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8239772H	Driver DOB
Register Date of Driver License	30/06/2005	Driver Age	37	Driving Experie
Contact No.(Mobile)	93364796	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 880 #04-286	Address 2	TAMPINES AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-346			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMN7560B	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 001 **New**

Claim Type *	OD-MX	Insured Name	TA
Contact No.(Mobile)	93364796	Contact No. (Home)	64
Email Address	anthony.tang2013@gmail.com	OI Vehicle Number	SM
Claim Description	SMN7560B / SJV4026R ON 13 Oct 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	14/10/2020 18:01	GIA report	Received
Report Taken By	ROSLI WAHAB		

Print AK letter

