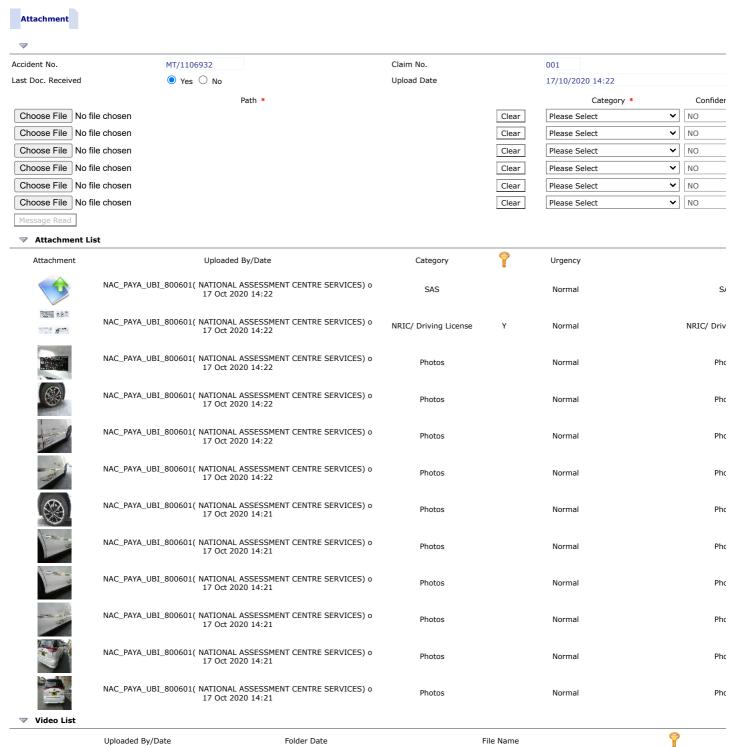
## **Claim Handling**

Accident	MT/110693
Policy No.	

Policy No.	5106550819-01		Vehicle No.	SKZ7792J		GST Registration
Certificate No.						
Policyholder Name	HO CHUI SHENG					Policyholder NI
Product Code	PRIVATE CAR INS	SURANCE	Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	97902244		Contact No.(Office)			Contact No.(Ho
Email Address			Special Remark			eCode
KFK	No Yes		TCA	No Yes		eCode Reason
NCD Protection	No		NCD Entitlement(%)	50		Private Hire
Accident Details						
Report Date	17/10/2020 14:1	19	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	17/10/2020		Time of Accident hh:mm	01:40		Country of Acc
Reporting Centre	17,10,2020		Orange Force	01110		ICM No.
Accident Location	ALONG CLIVE ST		5.5.95.5.55			
▼ Total Excess Applicable	ALONG CLIVE ST					
Excess Type	Per Accident		Windscreen Excess		100.00	
Licess Type	rei Accident		Wildscreen 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			0.00	
Total OD Excess Applicable		600.00	Total TP Excess Applicable		0.00	
<b>▼ Benefits</b>		000.00	Total TI Excess Applicable		0.00	
	i.a.					
	ion	NI-		CCT De siete		
GST Registered GST Registration No.		No		GST Registr GST Status		Yes
Modification History				G31 Status	vermeu	res
Pidameation Flistory						
▼ Policyholder Mailing Add	race					
			Address 2			Add: 2
Address 1	BLK 115 #11-19		Address 2	RIVERVALE WALK		Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.			Related Policy Number	5106550819-01		
OI Driver Info						
Driver Name	HO CHUI SHENG		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S8026233G		Driver DOB
Register Date of Driver License	13/08/2004		Driver Age	40		Driving Experie
Contact No.(Mobile)	97902244		Contact No.(Office)			Contact No.(Ho
Address 1	BLK 115 #11-19		Address 2	RIVERVALE WALK		Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.						
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.			Driver Insurer
Registered car:						
Declaration						
Breathalyser or Blood Test	0 ma		Any injum?			
Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
						Insured III
Claim Type *					OD-MX	Name HU
Contact No.(Mobile)					97902244	Contact No. 67
, , , , ,						(Home)
Email Address						OI Vehicle SK
						Number
Claim Description					SKZ7792J / SKC7928G	ON 17 Oct 2020
Proformed						
Preferred Workshop	Prefere	nsured Liability Not at				
रिश्रमसंस्य No. Finalisation	➤ Repair Option	Preferred Worksho	p, Name unknown   GIA report  Received	•		Claim
Date Registered	Орион				17/10/2020 14:21	Close
Report Taken By					SHAN HUI	
• •						
Print AK letter						

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