Claim Handling

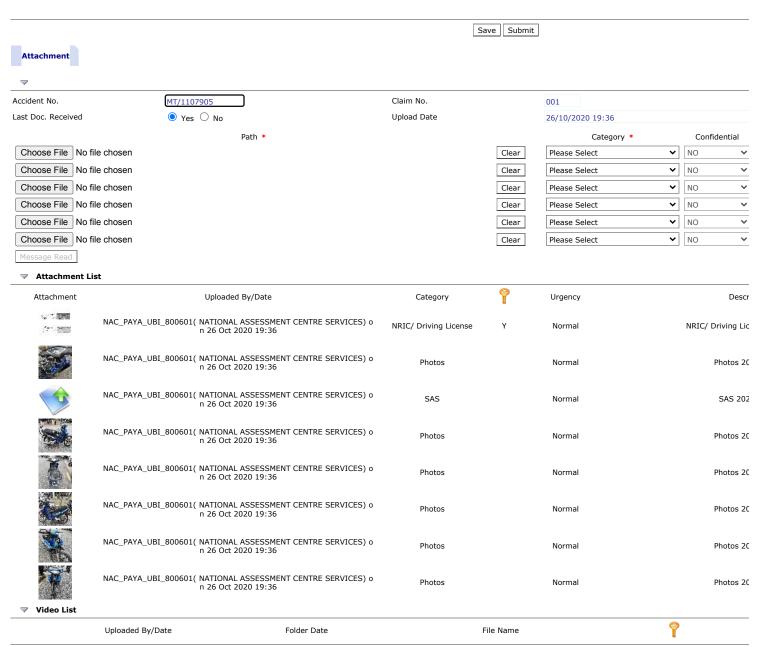
Accident MT/1107905

Policy No. Certificate No.	5098626697-02	Vehicle No.	FBM7281S	GST Registration No.
Policyholder Name	CHIN KHOOK ENG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	98713792	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
Accident Details				
Report Date	26/10/2020 19:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/10/2020	Time of Accident hh:mm	07:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG GUL WAY			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Informa	tion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				
▼ Policyholder Mailing Add	ress			
Address 1	BLK 952 #09-721	Address 2	JURONG WEST STREET 91	Address 3
Address 4	BER 332 #03 721	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098626697-02	1 ost code
▽ OI Driver Info		Related Folley Number	3030020037 02	
Driver Name	CHIN KHOOK ENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2132507D	Driver DOB
Register Date of Driver License	13/07/1978	Driver Age	76	Driving Experience
Contact No.(Mobile)	98713792	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 952 #09-721	Address 2	JURONG WEST STREET 91	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore	Yes No	Driver Vehicle No.	FBM7281S	Driver Insurer Comp
Registered car?			. 5.172010	
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	Yes No	
Reading?	5 mg	rary injury.	0 163 @ 116	
Modification History				
Claim 001 New				
ciaiii oo1 itew				
Claim Type *			OD-MX	Insured Name CHIN KH
				Contact
Contact No.(Mobile)			98713792	No. (6791397)
Email Address				OI Vahida ERM7301
Liliali Address				Vehicle FBM7281 Number
Claim Description			FBM72815 / Y	N214E ON 23 Oct 2020
·			15/1/2015/1	
Preferred Workshop	Insured Liability Not at			
Rentact No. Finalisation Yes		pp, Name unknown V GIA report Received	.	Claim
Date Registered	ορασιί		26/10/2020 19	
				Dutt

Report Taken By

ROSLI WAHAB

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