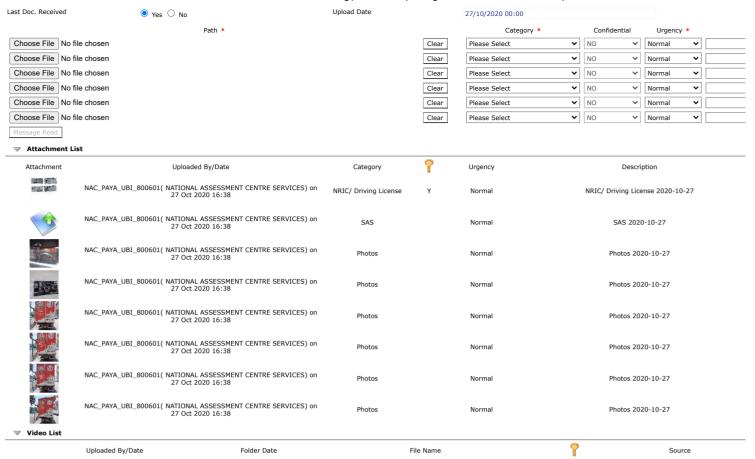
## Claim Handling

Accident 111/1100042						
Policy No.	5113523779-01	Vehicle No.	YQ1848D		GST Registration No.	M200673751
Certificate No.						
Policyholder Name	HOCK HIN FOODSTUFFS MANUFACTURING PTE LT	D			Policyholder NRIC	198403613N
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62834125		Contact No.(Home)	0
Email Address		Special Remark			eCode	No 🗸
KFK	⊚ No	TCA	No Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		Private Hire	No
▼ Accident Details						
Report Date	27/10/2020 16:33	Accident Report Within 24 hrs	Yes		Accident Type	Others
Date of Accident	26/10/2020	Time of Accident hh:mm	17:50		Country of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	
Accident Location	50 GAMBAS CRESCENT #08-12 PROXIMA @ GAM	BAS				
<b>▼ Total Excess Applicable</b>						
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 Covered?	Covered
Additional Excess	0.00	TES IT EXCESS		0.00	Silver is covered.	covered
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
<b>▽</b> Benefits	000.00			0.00		
▼ GST Registered Informat	tion					
GST Registered	Yes		GST Registration	Date	01/04/1994	
GST Registration No.	M200673751		GST Status Verif		Yes	
Modification History	27/10/2020 16:36:20 System cl	nanged GST Registration Date from	01/01/2015 to 01/04/1994			
	2//10/2020 16:36:20 System of	nanged GST Status Verified from No	to Yes			
▼ Policyholder Mailing Add	lress					
Address 1	5 HARRISON ROAD	Address 2	#06-01 YAN XIAN BUILD	ING	Address 3	SINGAPORE 369
Address 4		Address Type	Singapore address		Post Code	369645
Unit No.		Related Policy Number	5113523779-01			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	LIM KIAN HOE	Driver NRIC	S1420135A		Driver DOB	27/06/1960
Register Date of Driver License	19/04/1978	Driver Age	60		Driving Experience	42
Contact No.(Mobile)	81045280	Contact No.(Office)	0		Contact No.(Home)	0
Address 1	BLK 418	Address 2	FAJAR ROAD		Address 3	SINGAPORE 670
Address 4		Address Type	Singapore address		Post Code	670418
Unit No.	#07-433					
Does he own a Singapore	○ Yes    No	Driver Vehicle No.			Driver Insurer Company	
Registered car?						
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	Yes No			
Reading?	•	, , ,	0 11 9 1			
Modification History						
Claim 001 OD-MX New						
and the state of t						
Claim Type *			OD-	MX 🗸	Insured HOCK HIN FOO	DDSTUFFS MANUI Insured NRIC
					Contact	Contact
Contact No.(Mobile)					No. (Home)	No. (Office)
Email Address					OI Vehicle YQ1848D	TP Vehicle
Liliali Address					Number	Number
Claim Description			YO1	848D / SMV8248E ON 26 O	ct 2020	Name of Preferre
						Worksho
Preferred Workshop	Insured Liability Fully at Fault	▼ GIA				
Rentike No. Finalisation Yes	Repair Option Preferred Workshop, Name	unknown V GIA report Received			, Claim	Date
Date Registered			27/1	10/2020 16:38	Close Date	Received
					Workshop	Total Lo
Report Taken By			ROS	LINDA	Repairer	but Repaired
Print AK letter						
			Save Submit			
Attachment						
₩						
Accident No.	MT/1108042	Claim No.	001			



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