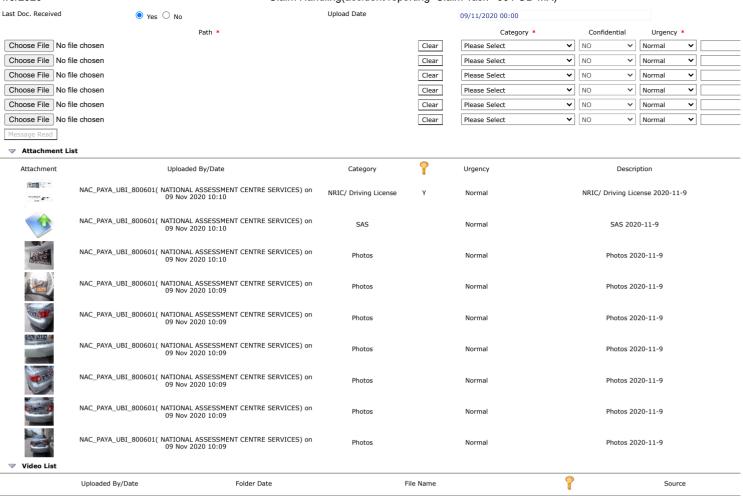
Claim Handling

Accident MT/1109396					
Policy No.	5084514433-03	Vehicle No.	SJL8538G	GST Registration No.	
Certificate No.					
Policyholder Name	TWINCAR RENTAL			Policyholder NRIC	53092815M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	88285151	Contact No.(Office)	68420051	Contact No.(Home)	0
Email Address		Special Remark		eCode	No 🕶
KFK	No	TCA	No	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	09/11/2020 09:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	05/11/2020	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOA PAYOH LOR 6 TWDS TOA PAYOH LOR	4 AFT STADIUM			
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
▽ GST Registered Informat	tion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History	09/11/2020 10:04:33 Sy	stem changed GST Status Verified from No	to Yes		
▼ Policyholder Mailing Add					
Address 1	52 JALAN SENANG	Address 2	SINGAPORE 418343	Address 3	
Address 4		Address Type	Singapore address	Post Code	418343
Unit No.		Related Policy Number	5075189495-05		
▽ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HON NGIAK	Driver NRIC	S7634649F	Driver DOB	26/10/1976
Register Date of Driver License	04/02/1995	Driver Age	44	Driving Experience	25
Contact No.(Mobile)	98519221	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 116	Address 2	HO CHING ROAD	Address 3	HO CHING COURT
Address 4	SINGAPORE 610116	Address Type	Singapore address	Post Code	610116
Unit No.	#05-27				
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
Dankantian					
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	Yes No		
Modification History					
E					
Claim 001 OD-MX New					
Claim Type *			OD-MX	▼ Insured Name TWINCAR RENTAL	Insured NRIC
				Contact	Contact
Contact No.(Mobile)			96868628	No. NIL (Home)	No. (Office)
Email Address				OI Vehicle SJL8538G	TP Vehicle
Ellidii Address				Number SJE8538G	Number
Claim Description			SJL8538G / FBQ489	5U ON 5 Nov 2020	Name of Preferred
Preferred					Worksho
Workshop	Insured Liability Not at F				
Finalisation Lies	Repair Preferred Workshop Option	, Name unknown V Received		Claim	Date
Date Registered			09/11/2020 10:11	Close Date	Received
				Workshop	Total Los
Report Taken By			ROSLINDA	Repairer	but Repaired
Print AK letter					
			Save Submit		
Attachment					
₩					
Accident No.	MT/1109396	Claim No.	001		



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