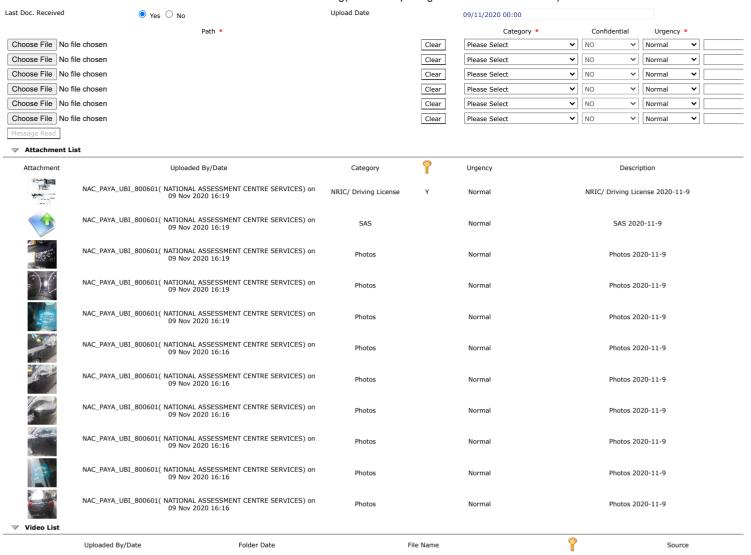
Claim Handling

Accident MT/1109506						
Policy No.	5112954690	Vehicle No.	SKN5878Y	GST Regist	ration No.	
Certificate No.						
Policyholder Name	ANG HOE HENG			Policyholde	r NRIC	S1793393J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	Loading Contact No.(Home)	
Contact No.(Mobile)	90111558	Contact No.(Office)	0	Contact No		
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No Yes	eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire		Yes
▼ Accident Details	110	ries Endiement(70)	o .	· · · · · · · · · · · · · · · · · · ·	-	103
	00/44/2020 45 42	Assidant Banart Within 24 hrs	Vos	Assidant Ti		Cido Curino
Report Date	09/11/2020 16:13	Accident Report Within 24 hrs	Yes	Accident Ty		Side Swipe
Date of Accident	09/11/2020	Time of Accident hh:mm	12:15	Country of	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	ALONG CLEMENTI AVE 3 B4 COMMONWEA	LTH AVE WEST				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00			Covered
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Co	overed?	
Additional Excess	0.00					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00			
▼ Benefits						
GST Registered Informat	tion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified		Yes	
Modification History						
▼ Policyholder Mailing Add	ress					
Address 1	11 LORONG 28 GEYLANG	Address 2	#08-20 ATRIUM RESIDENCES	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		398416
Unit No.	08-20	Related Policy Number	5112954690			
▼ OI Driver Info						
Driver Name	ANG HOE HENG	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S1793393J	Driver DOE	Driver DOB	
Register Date of Driver License	27/08/1987	Driver Age	53	Driving Exp	Driving Experience	
Contact No.(Mobile)	90111558	Contact No.(Office)	0	Contact No	Contact No.(Home)	
Address 1	11 LORONG 28 GEYLANG	Address 2	ATRIUM RESIDENCES		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	#08-20		3			398416
Does he own a Singapore		Driver Vehicle No.		Driver Inc.	war Campany	
Registered car?	◯ Yes ⊚ No	Driver venicie No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Plodification History						
Claim 001 OD-MX New						
Claim Type *			OD-MX	Insured Name	ANG HOE HENG	Insured NRIC
				Contact		Contact
Contact No.(Mobile)				No. (Home)	NIL	No. (Office)
E 1411				OI		TP
Email Address				Vehicle Number	SKN5878Y	Vehicle Number
Claim Description			CVNE979V / C	BS6371R ON 9 Nov 2020		Name of Preferred
Claim Description			SKN30701 / 3	B30371R ON 9 NOV 2020		Worksho
Preferred Workshop	Insured Liability Not at F	ault				
Workshop Regreace No. Finalisation	Preferered		~			
Date Registered	Option	Тероп	09/11/2020 10	6:20 Claim Close		Date
			[Date		Received
Report Taken By			ROSLINDA	Workshop Repairer		Total Los but
				керапет		Repaired
Print AK letter						
			Save Submit			
Attachment						
_						
▼						
Accident No.	MT/1109506	Claim No.	001			



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