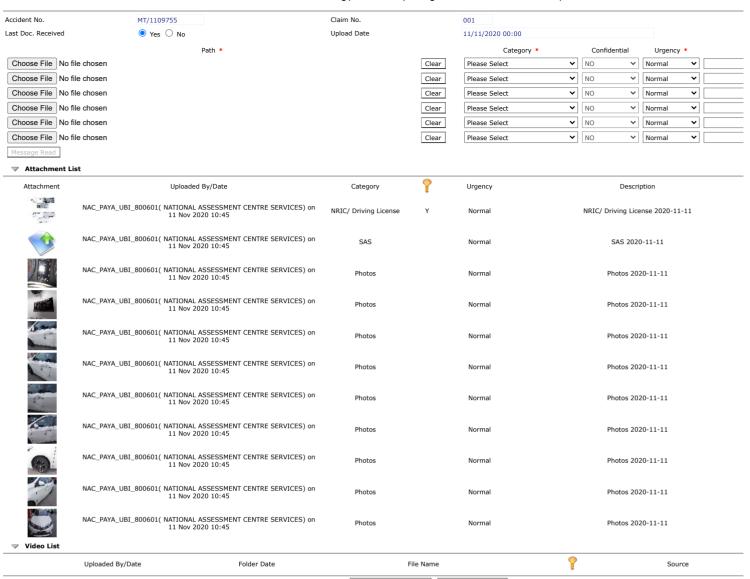
Claim Handling

Accident MT/1109755									
Policy No.	5085297931-04		Vehicle No.	SLH4338R		GST Regis	tration No.		
Certificate No.									
Policyholder Name	ALL DIRECTION S	SERVICES				Policyhold	er NRIC	5334578	85L
Product Code	PRIVATE CAR INSURANCE		Cover Type	Cover Type drivo PREMIUM		Loading		0	
Contact No.(Mobile)	93693001		Contact No.(Office)			Contact No.(Home)		0	
Email Address			Special Remark			eCode		No 🗸	
	◎ No ○ Yes							140 4	
KFK	No Yes			TCA No Yes		eCode Reason			
NCD Protection	No		NCD Entitlement(%)	40		Private Hi	re	Yes	
Accident Details									
Report Date	11/11/2020 10:	40	Accident Report Within 24 hrs	Yes		Accident 7	уре	Side Swi	pe
Date of Accident	10/11/2020		Time of Accident hh:mm	15:35		Country of Accident Sin		Singapor	re
Reporting Centre			Orange Force			ICM No.			
Accident Location	ALONG ESSO PE	TROL KIOSK TAMPINES A	VE 7						
▼ Total Excess Applicable									
			we to 5						
Excess Type	Per Accident		Windscreen Excess		100.00				
OD Standard Excess		3 000 00	TP Standard Excess		1,500.00				
	2,000.00					5 · · ·			
YIED OD Excess	0.00		YIED TP Excess	0.00		Driver is Covered?		Not Appl	icable
Additional Excess		0.00							
Total OD Excess Applicable		2,000.00	Total TP Excess Applicable		1,500.00				
Coverage				Sum Insu	red				
Transport Allowance				9999999	9.99				
	ion								
GST Registered		No		GST Regis	stration Date				
GST Registration No.				GST Status Verified			Yes		
Modification History		11/11/2020 10:42:52 Sy	rstem changed GST Status Verified from No	to Yes					
,									
▼ Policyholder Mailing Addı	ross								
Address 1	BLK 601 #04-123		Address 2	HOUGANG AVENUE 4		Address 3			ORE 5306
Address 4			Address Type	Singapore address		Post Code		530601	
Unit No.	04-123		Related Policy Number	5085297931-04					
▼ OI Driver Info									
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver					
Unnamed driver Name	HO HUAT HENG		Driver NRIC	S0153448C		Driver DC	В	04/12/1	951
Register Date of Driver License	22/07/2099		Driver Age	68		Driving Experience		-78	
Contact No.(Mobile)	93693001		Contact No.(Office)	0		Contact No.(Home)		0	
			Address 2	HOUGANG AVENUE 4		Address 3			ODE 5300
Address 1	BLK 601								ORE 5306
Address 4			Address Type	Singapore address		Post Code		530601	
Unit No.	#04-123								
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.			Driver Ins	urer Company		
.,									
Declaration									
Breathalyser or Blood Test	0 mg		Any injury?	∇os					
Breathalyser or Blood Test Reading?	o mg		Ally injury:	Yes No					
Modification History									
Claim 001 OD-MX New	l								
Claim Type *					OD-MX	Insured Name	ALL DIRECTION SERV	/ICES	Insured
						Name Contact			NRIC Contact
Contact No.(Mobile)						No.	NIL		No.
						(Home)			(Office) . TP
Email Address						Vehicle	SLH4338R		Vehicle
						Number			Number Name of
Claim Description					SLH4338R / GBG7774T O	N 10 Nov 2020			Preferred
Durafarurad									Workshop
Preferred Workshop	I Prefere	nsured Liability Not at F	ault						
Rentiact No. Finalisation	✔ Repair	Preferred Workshop	, Name unknown V GIA report Received	•		Claim			
Date Registered	Option	ı	*P * *		11/11/2020 10:50	Claim Close			Date Received
						Date			
Report Taken By					ROSLINDA	Workshop Repairer	1		Total Loss but
						Ivchailel			Repaired
Print AK letter									
				Save Submit					
				Save Submit					
Attachment									



Display in New Window Scan and uploading