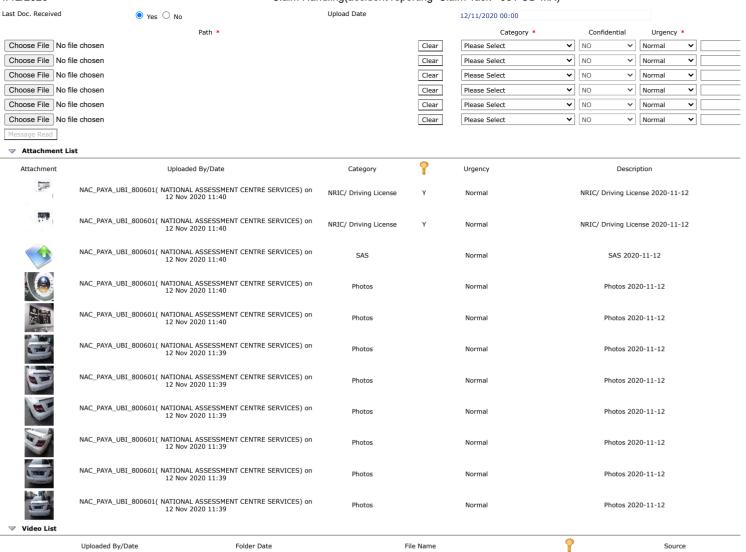
## Claim Handling

Accident MT/1109878							
Policy No.	5119481903	Vehicle No.	SLV7837Z		GST Regis	tration No.	
Certificate No.							
Policyholder Name	PHUA WEE HAO				Policyholde	er NRIC	S8711301I
Product Code	PRIVATE CAR INSURANCE	Cover Type	T1: 10 ·		Loading		0
			Third Party				
Contact No.(Mobile)	93391782	Contact No.(Office)	0		Contact No.(Home)		0
Email Address		Special Remark			eCode		No 🗸
KFK	No Yes	TCA	No Yes		eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	0		Private Hir	e	No
Accident Details							
Report Date	12/11/2020 11:35	Accident Report Within 24 hrs	Yes		Accident T	уре	Collision - Head to
Date of Accident	10/11/2020	Time of Accident hh:mm	09:35		Country of Accident		Singapore
	10/11/2020		09.55			Accident	Singapore
Reporting Centre		Orange Force			ICM No.		
Accident Location	SCOTTS ROAD						
▼ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		0.00			
OD Standard Excess	0.00	TP Standard Excess		0.00			
					5		6 1
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is C	overed?	Covered
Additional Excess							
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00			
	ion						
GST Registered	No		GST Regist	ration Date			
GST Registration No.			GST Status			Yes	
Modification History							
,							
▼ Policyholder Mailing Addr	ress						
Address 1	BLK 627 #14-182	Address 2	SENJA ROAD		Address 3		SINGAPORE 6706:
Address 4		Address Type	Singapore address		Post Code		670627
	11.100				rost code		070027
Unit No.	14-182	Related Policy Number	5119481903				
<b>▽ OI Driver Info</b>							
Driver Name	PHUA WEE HAO (PAN WEIHAO)	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	S8711301I		Driver DOB		27/04/1987
Register Date of Driver License	15/01/2010	Driver Age	33		Driving Ex	perience	10
Contact No.(Mobile)	93391782	Contact No.(Office)	0		Contact No	o.(Home)	0
		Address 2					
Address 1	BLK 627		SENJA ROAD		Address 3		SINGAPORE 6706:
Address 4		Address Type	Singapore address		Post Code		670627
Unit No.	#14-182						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer Company		
negistered car.							
Declaration							
Breathalyser or Blood Test	0 mg	Any injury?	Yes No				
Reading?	g	ruly ingery.	(a) 165 () 116				
M-Jifiantian History							
Modification History							
Claim 001 OD-MX New							
	l .						
					1.7		
Claim Type *				OD-MX ✓	Insured Name	PHUA WEE HAO	Insured NRIC
					Contact		Contact
Contact No.(Mobile)				81188746	No. (Home)	NIL	No. (Office)
					, OI		TP
Email Address				SUBMISSION@ASSUREINSURA	Vehicle	SLV7837Z	Vehicle
					Number		Number Name of
Claim Description				SLV7837Z / SMH7415U ON 10 I	Nov 2020		Preferred
							Workshop
Preferred Workshop	Insured Liability Not at Fo	ault 🗸					
Workshop Rentwee No. Finalisation	➤ Repair Preferred Workshop		~				
Date Registered	Option	report		12/11/2020 11:40	Claim Close		Date
Date Registered				12/11/2020 11.40	Date		Received
Report Taken By				ROSLINDA	Workshop		Total Loss but
Report Taken by				ROSLINDA	Repairer		Repaired
Print AK letter							
			Save Submit				
m							
Attachment							
			_				
Accident No.	MT/1109878	Claim No.		001			



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