## **Claim Handling**

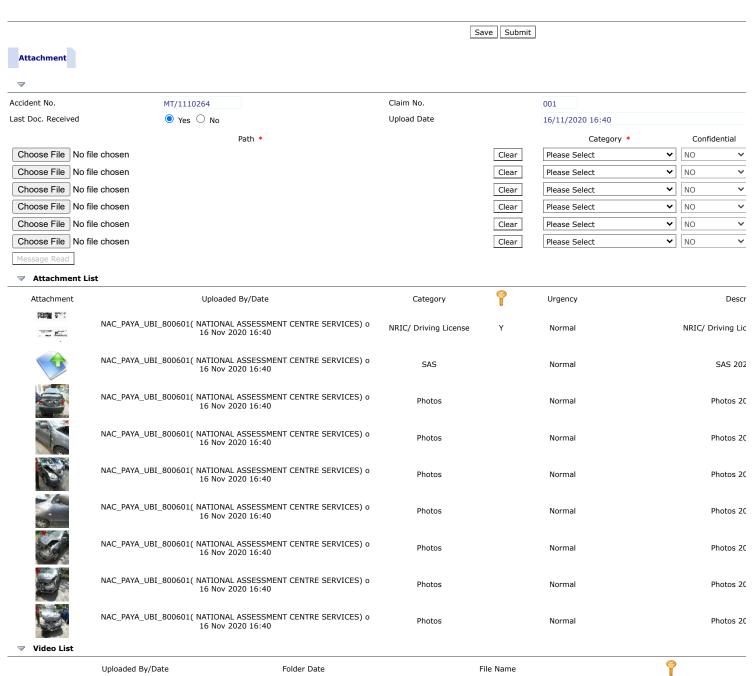
## Accident MT/1110264

Policy No. Certificate No.	5081692743-03	Vehicle No.	SJB3317M	GST Registration No.
Policyholder Name	PEARLYN SEET			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96748051	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No  Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	30	Private Hire
Accident Details				
Report Date	16/11/2020 16:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/11/2020	Time of Accident hh:mm	08:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TWDS JURONG TOWN NEAR ERP TO	TOWN		
▼ Total Excess Applicable				
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?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
<b>▼ GST Registered Informat</b>				
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	Yes
Modification History			GST Status verified	res
Troumed con Triscory				
▼ Policyholder Mailing Add	ress			
Address 1	BLK 287A #07-346	Address 2	JURONG EAST STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5081692743-03	
▼ OI Driver Info		, , , , , , , , , , , , , , , , , , , ,		
Driver Name	SEET CHOH MUAR	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S0153795D	Driver DOB
Register Date of Driver License	01/12/2013	Driver Age	71	Driving Experience
Contact No.(Mobile)	90408690	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 287A #07-346	Address 2	JURONG EAST STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-346			
Does he own a Singapore Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver Insurer Comp
Registered car:				
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	Yes No	
Reading?		, 3. ,		
Modification History				
Claim 001 New				
Claim Type *			OD-MD	▼ Insured Name PEARLYN
				Contact
Contact No.(Mobile)			NIL	No. NIL (Home)
Email Address				OI Vehicle SJB33170
Email Address				Number
Claim Description			SJB3317M / S.	JD34M ON 13 Nov 2020
·			, , ,	
Preferred Workshop	Insured Liability Fully a	at Fault		
Regulation Yes	Repair Option income to assign	workshop   GIA  report Received	•	Claim
Date Registered	·r··		16/11/2020 16	

Report Taken By

LIEW SHAN HUI

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