

Claim Handling

Accident MT/1110200

|                     |                                                               |                     |                                                               |                      |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|
| Policy No.          | 5114388907                                                    | Vehicle No.         | FBQ6670M                                                      | GST Registration No. |
| Certificate No.     |                                                               |                     |                                                               |                      |
| Policyholder Name   | FUNG HO YIN                                                   |                     |                                                               | Policyholder NRIC    |
| Product Code        | MOTORCYCLE INSURANCE                                          | Cover Type          | Third Party, Fire & Theft                                     | Loading              |
| Contact No.(Mobile) | 97851171                                                      | Contact No.(Office) |                                                               | Contact No.(Home)    |
| Email Address       | dicksonfhy555@gmail.com                                       | Special Remark      |                                                               | eCode                |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |
| NCD Protection      | No                                                            | NCD Entitlement(%)  | 0                                                             | Private Hire         |

▼ Accident Details

|                   |                             |                               |       |                     |
|-------------------|-----------------------------|-------------------------------|-------|---------------------|
| Report Date       | 16/11/2020 13:58            | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 10/11/2020                  | Time of Accident hh:mm        | 20:30 | Country of Accident |
| Reporting Centre  |                             | Orange Force                  |       | ICM No.             |
| Accident Location | AIRPORT ROAD CROSS JUNCTION |                               |       |                     |

▼ Total Excess Applicable

|                            |              |                            |      |                    |
|----------------------------|--------------|----------------------------|------|--------------------|
| Excess Type                | Per Accident | Windscreen Excess          |      |                    |
| OD Standard Excess         | 0.00         | TP Standard Excess         | 0.00 |                    |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00 | Driver is Covered? |
| Additional Excess          |              |                            |      |                    |
| Total OD Excess Applicable | 0.00         | Total TP Excess Applicable | 0.00 |                    |

▼ Benefits

▼ GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

▼ Policyholder Mailing Address

|           |                  |                       |                   |           |
|-----------|------------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 2 #10-509    | Address 2             | HAIG ROAD         | Address 3 |
| Address 4 | SINGAPORE 430002 | Address Type          | Singapore address | Post Code |
| Unit No.  | 10-509           | Related Policy Number | 5114388907        |           |

▼ OI Driver Info

|                                         |                                                               |                     |                   |                    |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|--------------------|
| Driver Name                             | FUNG HO YIN                                                   | Driver Type         | Main Driver       |                    |
| Unnamed driver Name                     |                                                               | Driver NRIC         | S8585725H         | Driver DOB         |
| Register Date of Driver License         | 19/07/2016                                                    | Driver Age          | 34                | Driving Experience |
| Contact No.(Mobile)                     |                                                               | Contact No.(Office) |                   | Contact No.(Home)  |
| Address 1                               | BLK 2 #10-509                                                 | Address 2           | HAIG ROAD         | Address 3          |
| Address 4                               | SINGAPORE 430002                                              | Address Type        | Singapore address | Post Code          |
| Unit No.                                | 10-509                                                        |                     |                   |                    |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  | FBQ6670M          | Driver Insurer Com |

Declaration

|                                     |      |             |                                                               |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001 OD-MX

New

|                          |                                    |                         |                                  |
|--------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type *             | OD-MX                              | Insured Name            | FUNG HO YIN                      |
| Contact No.(Mobile)      | 97851171                           | Contact No. (Home)      |                                  |
| Email Address            | DICKSONFHY555@GMAIL.COM            | OI Vehicle Number       | FBQ6670M                         |
| Claim Description        | FBQ6670M / SKA7799Y ON 10 Nov 2020 |                         |                                  |
| Preferred Workshop       |                                    | Insured Liability       | Not at Fault                     |
| Contact No. Finalisation | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered          |                                    | GIA report              | Received                         |
|                          |                                    |                         | 16/11/2020 14:05                 |
|                          |                                    |                         | Claim Close Date                 |

