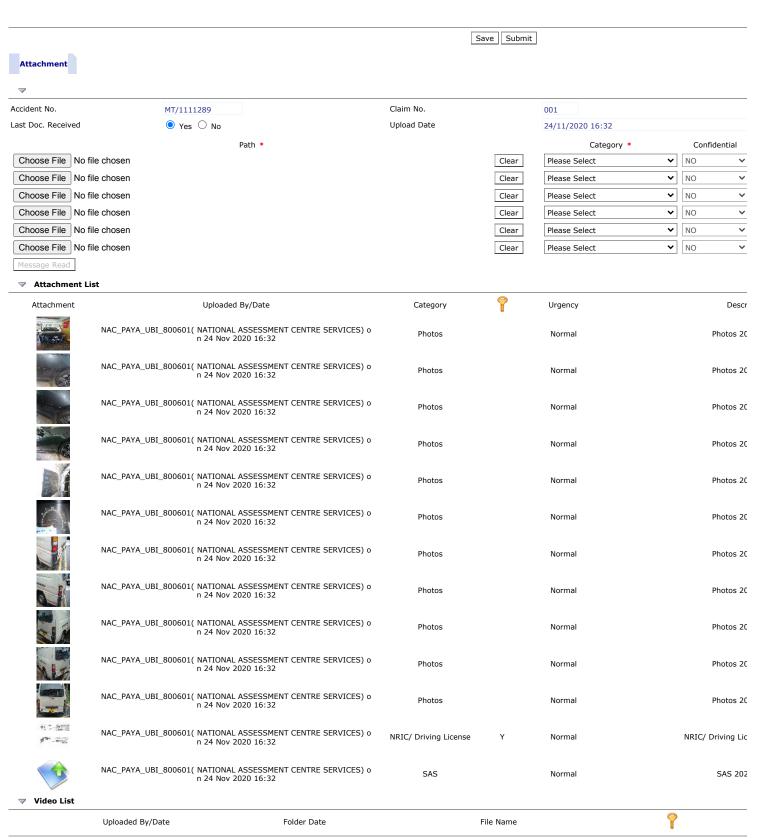
Claim Handling

Accident MT/1111289

Policy No.	5010556818-13			Vehicle No.	GT8771S		GST Registration No.
Certificate No.							
Policyholder Name	SUN YEE CHEONG LAUNDRY						Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA			Cover Type	Third Party		Loading
Contact No.(Mobile)	91460703			Contact No.(Office)			Contact No.(Home) eCode
Email Address				Special Remark			
KFK	No Yes			TCA	No		eCode Reason
NCD Protection	No			NCD Entitlement(%)	20		Private Hire
Accident Details							
Report Date	24/11/2020 16:2	27		Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	21/11/2020			Time of Accident hh:mm	22:30		Country of Accident
Reporting Centre	21/11/2020			Orange Force	22.30		ICM No.
Accident Location	BLK 119A KIM T	TAN POAD MSCP		orange roree			10.1.1101
▼ Excess	DER 115/(RITT)	DAIL ROAD FISCI					
Own damage Excess		0.00		Additional Excess			Windscreen Excess
Unnamed Driver Excess		0.00					Willuscreen Excess
		0.00		Outside Singapore OD Excess			
Third Party Excess		0.00		Outside Singapore TP Excess			
▼ Benefits							
▼ GST Registered Informat	ion	1			007.0		
GST Registered GST Registration No.		No			GST Regist GST Status	ration Date	Vos
Modification History					G51 Status	s verified	Yes
Trodificación Triscory							
▼ Policyholder Mailing Add	ress						
Address 1				Address 2			Address 3
	NIL				Cingapara address		Post Code
Address 4				Address Type	Singapore address		
Unit No.				Related Policy Number	5010556818-13		
▼ OI Driver Info	Hannand Driver			Datings Time	Hannand Dairen		
Driver Name	Unnamed Driver			Driver Type	Unnamed Driver		Daires DOB
Unnamed driver Name	KWOK KIN YEW			Driver NRIC	S0236135C		Driver DOB
Register Date of Driver License	18/10/1967			Driver Age	70		Driving Experience
Contact No.(Mobile)	91460703			Contact No.(Office)			Contact No.(Home)
Address 1	BLK 93 #07-228			Address 2	HENDERSON ROAD)	Address 3
Address 4				Address Type	Foreign address		Post Code
Unit No.	07-228						
Does he own a Singapore Registered car?	Yes No			Driver Vehicle No.	GT8771S		Driver Insurer Compa
Declaration							
Breathalyser or Blood Test Reading?	0 mg			Any injury?	Yes No		
reading:							
Modification History							
Claim 001 New							
Claim Type *						OD-MX	▼ Insured Name SUN YEE
							Contact
Contact No.(Mobile)							No. (Home)
Fire I Add to							OI
Email Address							Vehicle GT8771S Number
Claim Description						GT9771C / CMD77250	C ON 21 Nov 2020
скани резсприон						GT8771S / SMP77255	2 OIN 21 INUV 2UZU
Preferred Workshop	I	nsured Liability	Not at Fault	~			
रिश्रमधंरि No. Finalisation	Prefen ✓ Repair	Preferred W	/orkshop, Name	GIΔ	ed 🗸]	o
Date Registered	Option			терогі		24/11/2020 16:31	Claim Close
							Date
Report Taken By						ROSLI WAHAB	
Print AK letter							



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