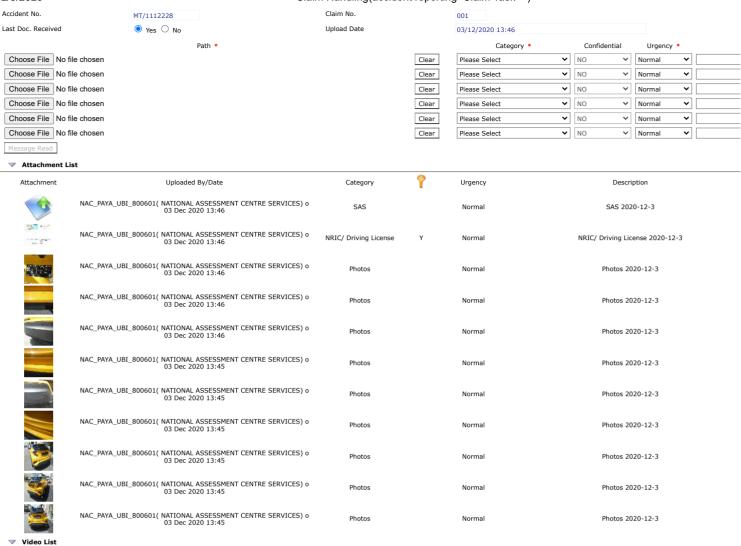
Claim Handling

Accident MT/1112228								
Policy No.	5094488271-03	3	Vehicle No.	SLS8153Y		GST Regi	stration No.	
Certificate No.								
Policyholder Name	DYLAN ZHANG YINGJIE					Policyholo	ler NRIC	S8335770C
Product Code	PRIVATE CAR INSURANCE		Cover Type	Cover Type drivo CLASSIC		Loading		0
Contact No.(Mobile)	81618819		Contact No.(Office)			Contact No.(Home)		
Email Address			Special Remark			eCode		No 🗸
KFK	No ○ Yes		TCA	No Yes		eCode Re	ason	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire		No
▼ Accident Details	103		nes Endement(79)	30		· · · · · · · · · · · · · · · · · · ·		
	02/42/2020 42	12	Accident Report Within 24 hrs	Vos		Accident	- Funo	Chain Collision
Report Date	03/12/2020 13:	:43		Yes				
Date of Accident	03/12/2020		Time of Accident hh:mm	08:50			r Accident	Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location	PIE ENTERING I	INTO ECP						
▼ Total Excess Applicable								
Excess Type	Per Accident		Windscreen Excess		100.00			
OD Ctdd 5		0.00	TD Chandard France		0.00			
OD Standard Excess		0.00	TP Standard Excess	0.00				
YIED OD Excess		0.00	YIED TP Excess	0.00		Driver is	Lovered?	Covered
Additional Excess		0						
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00			
▼ Benefits								
Coverage				Sum Insured				
Excess Waiver				99999999.9	9			
	tion							
GST Registered		No		GST Registration Date				
GST Registration No.				GST Status V	/erified		Yes	
Modification History								
▼ Policyholder Mailing Add	iress							
Address 1	195B JALAN LO	YANG BESAR	Address 2	#04-10 BLUWATERS		Address 3		SINGAPORE 50696
Address 4			Address Type	Singapore address		Post Code		506961
Unit No.	04-10		Related Policy Number	5094488271-03				
▼ OI Driver Info								
Driver Name	DYLAN ZHANG YINGJIE		Driver Type	Main Driver				
Unnamed driver Name			Driver NRIC	S8335770C		Driver DOB 0		09/11/1983
Register Date of Driver License	08/03/2006		Driver Age	37		Driving Experience		14
Contact No.(Mobile)	81618819		Contact No.(Office)			Contact No.(Home)		
Address 1	195B JALAN LOYANG BESAR		Address 2	#04-10 BLUWATERS		Address 3		SINGAPORE 50696
Address 4			Address Type	Singapore address		Post Code	•	506961
Unit No.	04-10							
Does he own a Singapore	Yes No		Driver Vehicle No.			Driver Insurer Company		
Registered car?								
Declaration								
-	0		American 2	○ V ○ N-				
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No				
Modification History								
Claim 001 New								
						Incured		Insured
Claim Type *					OD-MX	Insured Name	DYLAN ZHANG YING	NRIC NRIC
Contact No.(Mobile)					81618819	Contact No.	68931321	Contact No.
,					01010015	(Home)	00331321	(Office)
Email Address					yjzhang83@gmail.com	OI Vehicle	SLS8153Y	TP Vehicle
					(/)=ge= c g	Number	Numb	
Claim Description					SLS8153Y / SLE3793G ON 3	3 Dec 2020		Name of Preferred
D ()								Workshop
Preferred Workshop	Prefer	Insured Liability Not at	t Fault 💙					
Rentakt No. Finalisation Yes	▼ Repai Optio	ir Preferred Worksh	op, Name unknown SIA Received	•		Claim		
Date Registered	Орио	""			03/12/2020 13:45	Close		Date Received
Report Taken By					SHAN HUI	Date		
Report Taken by					SHANTIOI			
Print AK letter								
- FILL AN LETTER								
				Save Submit				
Attachus								
Attachment								
₩								



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File Name

Folder Date

Uploaded By/Date