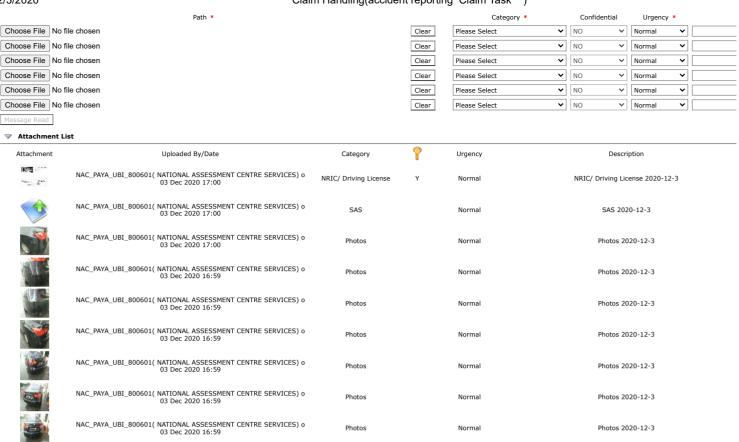
Claim Handling

Accident MT/1112273								
Policy No.	5077896948-04	Vehicle No.	SJC6384T		GST Registration No.			
Certificate No.								
Policyholder Name	ERIC CHAN				Policyhold	er NRIC	S2652469E	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Darby		Loading		0	
			Third Party		Contact No.(Home)		U	
Contact No.(Mobile)	96374835	Contact No.(Office)				o.(nome)		
Email Address		Special Remark			eCode		No 🗸	
KFK	No Yes	TCA	No Yes		eCode Rea	ason		
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hi	re	No	
Accident Details								
Report Date	03/12/2020 16:57	Accident Report Within 24 hrs	Yes		Accident 1	уре	Collision - Head	to
Date of Accident	03/12/2020	Time of Accident hh:mm	14:30		Country o		Singapore	
	03/12/2020		14.30		ICM No.	Accident	Siligapore	
Reporting Centre		Orange Force			TCM NO.			
Accident Location	STILL RD SOUTH JUNCTION							
▼ Total Excess Applicable								
Excess Type	Per Accident	Windscreen Excess		0.00				
OD Standard Excess	0.00	TP Standard Excess		0.00				
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is 0	Covered?	Covered	
Additional Excess								
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00				
▽ GST Registered Informat	dam.							_
GST Registered	No		GST Registra					
GST Registration No.			GST Status V	erified		Yes		
Modification History								
▼ Policyholder Mailing Add	ress							
Address 1	BLK 808 #02-4235	Address 2	YISHUN RING RD		Address 3		SINGAPORE 760	080
Address 4		Address Type	Singapore address		Post Code		760808	
Unit No.		Related Policy Number	5077896948-04					
▼ OI Driver Info								
Driver Name	ERIC CHAN	Driver Type	Main Driver					_
Unnamed driver Name	ERIC CHAIV	Driver NRIC	S2652469E		Driver DO	ь	06/04/1053	
	2.122.1122.1						06/04/1953	
Register Date of Driver License	01/08/1974	Driver Age	67		Driving Ex		46	
Contact No.(Mobile)	96374835	Contact No.(Office)			Contact N	o.(Home)		
Address 1	BLK 808 #02-4235	Address 2	YISHUN RING RD		Address 3		SINGAPORE 760)80
Address 4		Address Type	Singapore address		Post Code		760808	
Unit No.								
Does he own a Singapore	Yes No	Driver Vehicle No.			Driver Ins	urer Company		
Registered car?						,		
5 J:								
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No					
3								
Modification History								
Harris Alberta Della Del								
Claim 001 New								
					☐ Insured		Insured	_
Claim Type *				OD-MX	Insured Name	ERIC CHAN	NRIC	
Contact No.(Mobile)				06374935	Contact No.	06374935	Contact No.	
contact No.(Ploblie)				96374835	(Home)	96374835	(Office)	
Email Address					OI	G1G520.4T	TP Valida	
Email Address					Vehicle Number	SJC6384T	Vehicle Number	r
a							Name of	
Claim Description				SJC6384T / FBF7148G ON 3 D	ec 2020		Preferre Worksho	:a op
Preferred	Insured Liability Not at E							
Workshop Regutake No. V	Preference Not de l'		j v					
Require No. Finalisation	Repair Preferred Workshop Option	, Name unknown report Received			Claim		Date	
Date Registered				03/12/2020 16:59	Close Date		Receive	d
Report Taken By				SHAN HUI				
					_			
Print AK letter								
= FIIIIL AK IELLEF								
			Save Submit					
Attachment								
₩								_
Accident No.	MT/1112273	Claim No.	00	11				
Last Doc. Received	● Yes ○ No	Upload Date	03	3/12/2020 17:00				

▼ Video List

Uploaded By/Date



Display in New Window Scan and uploading

File Name

Folder Date

Source