## Claim Handling

Accident MT/1112686						
Policy No.	5104617544-02	Vehicle No.	FBN4677Z	GST Regis	stration No.	
Certificate No.						
Policyholder Name	FOO KEN KOK			Policyhold	er NRIC	S8575335E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading		0
Contact No.(Mobile)	96552323	Contact No.(Office)	0	Contact N	o.(Home)	0
Email Address		Special Remark		eCode		No 🕶
KFK	No	TCA	No ○ Yes	eCode Rea	ason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hi	re	No
▼ Accident Details						
Report Date	07/12/2020 16:46	Accident Report Within 24 hrs	Yes	Accident 1	уре	Collision - Head to
Date of Accident	03/12/2020	Time of Accident hh:mm	12:35	Country o	f Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	TYRWHITT ROAD					
<b>▼ Total Excess Applicable</b>						
Excess Type	Per Accident	Windscreen Excess				
OD Standard Excess	0.00	TP Standard Excess	0.0	10		
YIED OD Excess	0.00	YIED TP Excess	0.0		Covered?	Not Covered
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.0	0		
	tion					
GST Registered	No		GST Registration Date	<u> </u>		
GST Registration No.			GST Status Verified		Yes	
Modification History						
▼ Policyholder Mailing Add	ress					
Address 1	BLK 267 #03-745	Address 2	BOON LAY DRIVE	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		SINGAPORE 6402 640267
Unit No.		Related Policy Number	5104617544-02			
▼ OI Driver Info						
Driver Name	FOO KEN KOK	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S8575335E	Driver DO	Driver DOB	
Register Date of Driver License	24/06/2009	Driver Age	35	Driving Ex	perience	11
Contact No.(Mobile)	96552323	Contact No.(Office)	0	Contact N	o.(Home)	0
Address 1	BLK 267	Address 2	BOON LAY DRIVE	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		640267
Unit No.	#03-745					
Does he own a Singapore Registered car?	○ Yes   No	Driver Vehicle No.	Driver Vehicle No.		Driver Insurer Company	
•						
Declaration  Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
Claim Type *			OD MV	✓ Insured Name	FOO KEN KOK	Insured
Claim Type *			OD-MX	Name Contact	FOO KEN KOK	NRIC Contact
Contact No.(Mobile)			96552323			No. (Office)
Email Address				OI	EDN/46777	TP Vehicle
Email Address			Kenkoktoo	o@gmail.com Vehicle Number	FBN4677Z	Number Name of
Claim Description			FBN46772	Z / UNKNOWN ON 3 Dec 2020		Preferred Worksho
Preferred Workshop	Insured Liability Preference	Fault 🗸				
Workshop <b>Rent</b> संख No. Finalisation	✓ Repair Preferred Workshop,		~			
Date Registered	Option	Teport	07/12/20	)20 16:50 Claim Close		Date Received
				Date		Total Los
Report Taken By			ROSLIND	Workshop Repairer		but Repaired
						Repaired
Print AK letter						
			Save Submit			
Attachment						
₩						
Accident No.	MT/1112686	Claim No.	001			

